



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

Ceisteanna - Questions	2
Priority Questions	2
Arts Plan	2
National Monuments	4
Acht na dTeangacha Oifigiúla	7
Cruthú Fostaíochta	9
Other Questions	11
Wildlife Conservation	11
Arts Council Expenditure	13
Inland Waterways By-laws	15
Stádas na Gaeilge san Eoraip	17
Film Industry Development	18
National Archives	20
Message from Select Committee	21
White Paper on Universal Health Insurance: Statements (Resumed)	21
Topical Issue Matters	38
Leaders' Questions	38
Order of Business	47
Ministerial Rota for Parliamentary Questions: Motion	52
White Paper on Universal Health Insurance: Statements (Resumed)	53
Topical Issues	92
Regional Development	92
Special Educational Needs Services Provision	96
Special Educational Needs Data	98

DÁIL ÉIREANN

Déardaoin, 17 Aibreán 2014

Thursday, 17 April 2014

Chuaigh an Ceann Comhairle i gceannas ar 9.30 a.m.

Paidir.

Prayer.

Ceisteanna - Questions

Priority Questions

Arts Plan

1. **Deputy Seán Ó Fearghaíl** asked the Minister for Arts, Heritage and the Gaeltacht the actions he has taken to enhance inter-departmental co-operation in the arts; the way he has sought to engage more young persons in the arts; if he has discussed with the Department of Education and Skills the possibility of integrating the arts further into the primary and secondary school curriculums; and if he will make a statement on the matter. [18130/14]

Deputy Seán Ó Fearghaíl: This question is straightforward as it seeks to establish from the Minister what is being done to target the audience of between 800,000 and 1 million young people and encourage them to have a greater interest and focus on the arts. In particular, what is being done by the Department to engage with the Department of Education and Skills to encourage more formal activation by the Department in its curriculum development both at primary and post-primary levels?

Minister for Arts, Heritage and the Gaeltacht (Deputy Jimmy Deenihan): In January 2013, the Minister for Education and Skills, Deputy Ruairí Quinn, and I jointly launched the arts in education charter. This charter places new responsibilities on Departments, agencies, cultural institutions and arts organisations to provide and promote arts education to children and young people. The charter will facilitate organisations like the Arts Council, the national cultural institutions, the colleges of education and the National Council for Curriculum and Assessment working with both Departments in order to bring the arts into the classroom and learners into the institutes for the arts.

17 April 2014

A high-level implementation group, chaired by Professor John Coolahan, professor emeritus at NUI Maynooth, was established to oversee the implementation of the arts in education charter. Its membership includes the director of the Arts Council, a representative of the Irish World Academy of Music and Dance at the University of Limerick and senior officials from my Department and the Department of Education and Skills. The group has been meeting regularly and has been proactive in meeting organisations from both the arts and education sectors. It presented its first formal report to the Minister, Deputy Quinn, and me on 3 September 2013 and its second on 9 April 2014.

Progress is being made on a number of initiatives, including engagement with the wider education agenda through participation in key events and conferences; ongoing dialogue with the national cultural institutions, and particularly with the education, community and outreach grouping; engagement on the development of collaborative partnerships between strategic groups such as the National Council for Curriculum and Assessment and the Arts Council; gathering of information on research that has been undertaken with a relevance to arts education and arts in education; development of a website as a key communications and information channel for both the education and arts sectors; development of proposals for an arts-rich schools scheme to raise interest among school communities in cultivating the arts as a desired feature of school life and for artists to become involved in the programme; and consideration of the best means of providing updated information and guidance on arts-in-education activities. My Department, together with the Department of Education and Skills, plans to hold a joint symposium next month to further contribute to and enhance the engagement and working relationships between the higher education and the arts sectors.

Deputy Seán Ó Fearghail: I thank the Minister as his response is very positive. I am glad he is taking that proactive approach and we all accept that increasing the level of interest in the arts among young people in general but specifically in schools is of enormous importance. We know from visits to primary schools the significant amount of work being done by teachers there, with visible evidence of an interest in the arts and its activities. There is possibly less evidence of that in some post-primary schools, and the appointment of somebody of the stature of Professor Coolahan is most welcome, as he brings a reputation in the education area that will enhance the sort of endeavour outlined by the Minister. The Minister should be commended but the area needs further energy and some further expenditure.

Deputy Jimmy Deenihan: I acknowledge the Deputy's comments about Professor Coolahan, who accepted the position of chair of the implementation group on condition that this initiative would be taken very seriously and not just another publication. He wants the recommendations in the charter to be implemented and I am very pleased with the outcomes to date. The web portal to be set up will be very important, and according to Professor Coolahan this could be something of major international significance. I acknowledge the work of the implementation group for the charter on arts in education, as well as the work of the Minister for Education and Skills, who has appointed Dr. Brigid Sweeney, who has a background in arts and education, to co-ordinate the response in his Department. The Minister, Deputy Quinn, is very enthusiastic about this aspect.

There is a very strong case to be made for promoting arts in education in the broader community from the perspective of developing more creative thinkers among young people and helping them to become better at problem solving. There is a direct connection between the arts and these issues.

Deputy Seán Ó Fearghaíl: Is the Minister prepared to move to formalise the advisory role of the Arts Council to the National Council for Curriculum and Assessment? Is he prepared to establish an advisory role for the national cultural institutions so their expertise can feed into the National Council for Curriculum and Assessment? These matters must be undertaken with the Minister for Education and Skills. It is very important that we consider building on co-operation from the arts charter, set up as a dedicated national arts and education development unit. That would bear real fruit.

Is the Minister prepared to cost and consider the implementation of the recommendations of the 1979 Arts Council review to increase music provision in primary schools? There is very often great disappointment felt by parents that music is not a far more prominent part of the local curriculum at primary level. The idea of providing temporary teachers to provide such a service could be advanced.

Deputy Jimmy Deenihan: Deputy Ó Fearghaíl made a number of suggestions which I will certainly take on board and have discussed by the implementation group to see if they can fit into its remit. Great progress is being made promoting music in schools. In many cases, it is done by outside agencies and I would like to recognise the work of Comhaltas Ceoltóirí Éireann, for example, which has a very proactive and successful programme in schools. Comhaltas Ceoltóirí Éireann has a programme in my local school and all the pupils from second class to sixth class learn how to master instruments, and by sixth class, some of them can master five instruments. That is just an example of how one organisation is having a profound impact on schools. In many counties, there are county schools of music, which are also very effective. There is also what is contained in the education curriculum. Much is happening in regard to music but I agree with the Deputy that it is to be hoped more will happen in future.

National Monuments

2. **Deputy Sandra McLellan** asked the Minister for Arts, Heritage and the Gaeltacht if he will provide an update on the development of the national monument on Moore Street. [18129/14]

3. **Deputy Maureen O'Sullivan** asked the Minister for Arts, Heritage and the Gaeltacht in view of the fact that a survey by three structural engineers concluded that 18 Moore Street is pre-1916, if he will commit to seeking independent expert advice on the status of the structure of 18 Moore Street and all 1916 buildings in the GPO-Moore Street area, described as the most important site in modern Irish history by the National Museum of Ireland. [18132/14]

Deputy Sandra McLellan: Given that Moore Street is the most important historic site in modern Irish history, will the Minister give us an update on the development of Moore Street?

Deputy Jimmy Deenihan: I propose to take Questions Nos. 2 and 3 together.

As the Deputies are aware, 14 to 17 Moore Street are the subject of a preservation order under section 8 of the National Monuments Act 1930. The preservation order was made on the grounds that the protection of 16 Moore Street is of national importance by reason of its historical significance as the site of the final council of war and final headquarters of the leaders of the 1916 Rising. To achieve that objective, the order also covers 14, 15 and 17 Moore Street and includes the yards to the rear of 15 and 16, extending to 8 and 9 Moore Lane.

17 April 2014

In July 2013, I made a determination under the National Monuments Acts on the consent application and related environmental impact statement submitted by the owners in regard to their proposals for the national monument at 14 to 17 Moore Street. My decision provided, *inter alia*, for the full repair and restoration of the monument buildings and the creation of a commemorative centre to honour the leaders of the 1916 Rising.

The national monument is in private ownership and, accordingly, the advancement of proposals that reflect the terms of the consent I have granted is a matter for the owners. The consent was, however, conditional on a revised project design that took full account of the terms of my decision being submitted within nine months to verify their compliance with the consent order. The final design proposals for the approved works have been received by my Department. They are being assessed and I will complete my examination as quickly as possible.

The position regarding the area outside the bounds of the preservation order, including 18 Moore Street, is set out in the planning permissions granted by Dublin City Council and An Bord Pleanála. My function, as Minister, in regard to 18 Moore Street is to ensure any works to that building do not adversely impact on the adjacent national monument.

Deputy Sandra McLellan: I know the Minister will agree that there is a need to protect and develop the Moore Street national monument. That is a given. As I said, Moore Street is an area acknowledged as the most important modern historic site in Ireland. Unfortunately, the Government has taken a light approach to the development of Moore Street. The Government's proposals to turn 14 to 17 Moore Street into an interpretative centre are welcome but are totally inadequate and fail to match the reality that this is the most important historic site in modern Irish history. The rest of the terrace is to be demolished and the lanes surrounding Moore Street are to be bulldozed and covered by a mall.

We have sent the Minister a report on 18 Moore Street and I gather he has read it. Does he agree with its conclusion that the building should be fully surveyed and recorded in detail? Does the Minister agree no building should be demolished until his Department agrees to have a full report on 18 Moore Street compiled and made public? Does he have verified evidence contrary to that report?

Deputy Jimmy Deenihan: As I have explained several times in this House, planning permission has been granted by Dublin City Council, which includes members of the Deputy's party, and An Bord Pleanála for the Moore Street development. I am responsible for 14 to 17 Moore Street, the national monument. I have been quite clear about this. Planning permission has been granted on the rest of that site. Neither the Government nor I have any involvement in the planning permission that has been granted.

Not too long ago, planning permission was granted to demolish all of Moore Street. I agree with the Deputy that Moore Street is of major significance, but the fact is that planning permission has been granted on it, except for 14 to 17 Moore Street, which is my responsibility. I received the report and I thank the Deputy for sending it to me. I am sure that is the report to which Deputy Maureen O'Sullivan referred in her question.

Deputy Sandra McLellan: I accept the Minister has responsibility for 14 to 17 Moore Street, but if there is evidence that some of the other fixtures predate 1916, that would be his responsibility. In another state, these laneways of history would be preserved and would be a vital place of remembrance. The entire Moore Street battlefield site should be developed and

protected as a national monument. This would be a fitting centrepiece for the centenary and an economic boost to the north inner city as well as a prestigious international education and tourist facility.

The Oireachtas group, of which Deputy O'Sullivan is a member, and the Moore Street relatives of 1916 have sought a meeting with the Minister on this matter. The Minister had agreed to meet following the submission of the new plans from Chartered Land. They have now been submitted so I ask the Minister to consider meeting us without delay. Could he give us a date for the meeting today?

Deputy Jimmy Deenihan: I have met every request for meetings since I took on this position. I have no problem meeting groups. I have met members of the families who are for and who are opposed to the proposed development on the historic monument. I have also met members of the Oireachtas group. I have had many discussions.

I have no issue at all meeting Deputy McLellan's group and I have set time aside next Thursday when I hope to be able to meet a number of the groups. I have received the report, to which the Deputy referred, but I repeat that my responsibility is for 14 to 17 Moore Street. If anything is proposed that would affect 14 to 17 Moore Street, I have a responsibility to ensure it does not impact on the national monument site. The report itself is quite interesting and I have noted it.

Deputy Maureen O'Sullivan: I still find it really bizarre that the site of Moore Street and the area from the GPO, which was described by the National Museum of Ireland as the most important site in modern Irish history, should be in private ownership and in the hands of a developer who is in NAMA and owes billions of euro to the State and that the Minister for Arts, Heritage and the Gaeltacht and the Oireachtas can do nothing about it. The Minister talked about planning permission and An Bord Pleanála. That was given under a flawed premise because no independent assessment and survey was done of that whole site. The relatives eventually gained access to 18 Moore Street - the Minister knows how difficult that was and only for his intervention, they probably would not have been able to do so - and discovered that it is pre-1916. What else may be discovered if there is an independent assessment of that whole battlefield site?

We will be there next Sunday to commemorate the Easter Rising and, in two years' time, there will be a massive commemoration because of the centenary. Imagine what it will be like walking from the new museum in the GPO along a whole area still derelict into Moore Street where four buildings will be in some way preserved while the rest of place will be demolished.

Deputy Jimmy Deenihan: It goes back to the decision by Dublin City Council - of which Deputy O'Sullivan may have been a member at the time-----

Deputy Maureen O'Sullivan: I was not a member at that time.

Deputy Jimmy Deenihan: I am sure she knew people who were on the council. They made that decision at the time which was upheld by An Bord Pleanála. That is the current legal position. I have responsibility for 14 to 17 Moore Street on which I have made a determination. I rejected the full proposal last June. I asked the developers to come up with a new proposal in order to meet the conditions I had set. They have come up with that proposal. I have not seen the proposal yet but my officials have considered it. I hope to look at the proposal today or early next week on Tuesday. As I promised, I am meeting with the various interest groups in this development in order to discuss the proposal.

17 April 2014

I reiterate that I am in complete agreement with the Deputy about the importance of the site but legal planning permission has been granted by Dublin City Council and by An Bord Pleanála. I do not disagree with the Deputy. It could be a great historical development but I am legally prohibited from doing anything about it.

Deputy Maureen O’Sullivan: I return to the point that we still do not know the significance of the remaining buildings in the area and therefore there is a vital need to have an independent assessment done as quickly as possible on that whole battlefield site. I do not think anyone in the House would disagree if the Minister with responsibility for arts and heritage were more proactive on this matter. I accept his point about An Bord Pleanála but I maintain it made a decision on a flawed report. I know the relatives are keen to meet the Taoiseach, and whoever is Taoiseach of the day when the commemoration is held will be only delighted to be seen with the relatives. However, now is the time to get this right. There is also a need to consider having a public consultation to find out the views of members of the public about the area and the preservation of what was the battlefield site. Will there be an independent assessment?

Deputy Jimmy Deenihan: So far as I am aware there was an assessment of the buildings. I refer to the report which Deputy O’Sullivan sent me which shows that No. 18 has been substantially altered and rebuilt in the years since 1916. I am aware of documentary evidence in valuation records from 1911 to 1915 and 1915 to 1925 in Thom’s Directory which show that this building was in ruins prior to the 1916 Rising. The opening up of plaster work has revealed concrete block party walls confirming the post-1916 date. The report commissioned by the relatives notes that none of the windows or the shop-front are original, as is none of the brickwork over the first floor windows or the chimney. The report indicates that the building was reduced from three to two storeys between 1930 and 1950, meaning that the roof is also new. The report also notes that none of the original features in the interior survive, such as stairs, cornices, doors or partition walls. The report highlights that some fabric of the lower part of the front facade may predate 1916 but the clear evidence is that the structure, shape, layout, fittings, finishes, that now exist in No. 18, were not there in 1916. The report to which I refer is the report submitted by Deputy Maureen O’Sullivan.

What is found in No. 18 is in stark contrast to Nos. 14 to 17, where all four houses retain significant 18th century elements, including staircases, internal walls, doors, partitions, floors, fittings and plaster work. More important, the 18th century building, form and profiles, also survive. I reiterate that this is the report on No. 18 which the Deputy submitted to me.

Acht na dTeangacha Oifigiúla

4. D’fhiafraigh **Deputy Michael P. Kitt** den an Aire Ealaíon, Oidhreacht agus Gaeltachta cad é an dul chun cinn atá déanta maidir le hAcht na dTeangacha Oifigiúla, ceannteidil an Bhille a fhoilsiú, neamhspleáchas Oifig an Choimisinéara a chosaint; agus an ndéanfaidh sé ráiteas ina thaobh. [18131/14]

Deputy Michael P. Kitt: Tá deireadh curtha leis an bplean Oifig an Choimisinéara Teanga a chónascadh le hOifig an Ombudsman agus cuirim fáilte roimh an gcinneadh sin. Is cinneadh praiticiúil é seo a chosnaíonn neamhspleáchas Oifig an Choimisinéara Teanga. Céard atá i ndán anois d’Oifig an Choimisinéara Teanga agus cén stádas a bheidh ag an oifig amach anseo?

Minister of State at the Department of Arts, Heritage and the Gaeltacht (Deputy Din-

ny McGinley): I gcomhréir leis an ghealltanas atá tugtha i gclár an Rialtais, tá athbhreithniú déanta ag mo Roinn ar Acht na dTeangacha Oifigiúla 2003. Ba í aidhm an athbhreithnithe a chinntiú go mbainfear an leas is fearr as caiteachas ar an nGaeilge chun an teanga a fhorbairt agus go bhforchuirtear dualgas go cuí de réir éilimh ó shaoránaigh.

Ag eascairt as an athbhreithniú, thóg an Rialtas cinneadh ar 1 Aibreán 2014 Bille a dhréachtú chun leasuithe a dhéanamh ar Acht na dTeangacha Oifigiúla 2003. Is í an phríomhaidhm a bheidh ag Bille na dTeangacha Oifigiúla (Leasú) 2014 ná an tAcht a leasú chun a chinntiú go leanfaidh sé de bheith ina thacaíocht éifeachtach do gach duine ar mian leis nó léi seirbhísí d'ardchaighdeán i nGaeilge a fháil ón Stát.

I gcomhréir le polasaí an Rialtais, tá ceannteidil an Bhille curtha faoi bhráid an Chomhchoiste um Chomhshaol, Chultúr agus an Ghaeltacht. Chomh maith leis sin, tá na ceannteidil foilsithe ar shuíomh gréasáin mo Roinne, www.ahg.gov.ie, in éineacht leis an tuairisc ar an athbhreithniú agus na haighneachtaí a fuarthas uathu siúd a chuir in iúl go raibh siad sásta go bhfoilseofaí iad. I gcomhthéacs an athbhreithnithe, tá cinneadh tógtha ag an Rialtas gan Oifig an Choimisinéara Teanga a chónascadh le hOifig an Ombudsman.

Deputy Michael P. Kitt: Is maith an rud é go bhfuil neamhspleáchas Oifig an Choimisinéara Teanga bainte amach againn agus níl a fhios ag aon duine cén fáth gur fhógair an Rialtas go mbeadh cónascadh ann ar an gcéad dul síos. An gceapann an tAire Stáit go bhfuil seans anois, le leasú an Achta, go mbeidh cearta teanga níos láidre ar fáil do lucht labhartha na Gaeilge? Tá sé an-tábhachtach, sa Ghaeltacht agus taobh amuigh den Ghaeltacht go gcuirtear an plean sin i gcrích. Tá daoine ag gearán faoi sheirbhísí trí Ghaeilge agus is maith an rud é go bhfuil suim ag daoine sa scéal. Cad iad na céimeanna praiticiúla atá á nglacadh chun na seirbhísí a chur ar fáil?

Deputy Dinny McGinley: Fáiltím roimh an mhéid a bhí le rá ag an Teachta. Ar ndóigh, ó tharla gur seo an chéad uair gur luadh sa Dáil é, ba mhaith liom féin gach rath a ghuí ar an choimisinéir úr atá i mbun oifige. Tá sé lonnaithe sa Ghaeltacht agus beidh sé neamhspleách. Is féidir liom a rá chomh maith go bhfuil athstruchtúrú á dhéanamh ar Oifig an Choimisinéara agus is cinnte go ndéanfaidh sé sin a chuid oibre níos fusa agus, tá súil agam, níos éifeachtaí. Inniu féin, sílim go bhfuil tuairisc an Choimisinéara Teanga ag teacht amach maidir le 2013. Tá an tuarascáil foilsithe agus is dóigh go gcloisfidimid níos mó faoi sin i rith an lae.

Ceann de na dúshláin mhóra atá againn ná seirbhísí trí Ghaeilge a chur ar fáil do mhuintir na Gaeltachta agus do dhaoine a éilíonn seirbhísí mar sin. Is dúshlán mór é sin agus chuir na haighneachtaí a tháinig isteach maidir le hathbhreithniú ar an Acht é sin in iúl dúinn. Mar sin, tá roinnt céimeanna á nglacadh. Ar dtús, tá sé glactha ag an Rialtas agus ag an Roinn Caiteachais Phoiblí anois go mbeidh cuóta nó painéal speisialta ann de dhaoine a bhfuil ardchumas Gaeilge acu aon uair a bheidh earcaíocht á déanamh d'oifigigh don Státseirbhís. Chomh maith leis sin, tá scrúdú á dhéanamh sna Ranna go léir le fáil amach cén áit a bhfuil gá le daoine a bhfuil Gaeilge acu. Mar sin, tá céimeanna cinnte á nglacadh i láthair na huaire chun tabhairt faoin fhadhb seo. Aithním go bhfuil fadhb ann, ach táim ag tabhairt faoi í a réiteach.

Deputy Michael P. Kitt: An bhfuil aon rud le rá ag an Aire Stáit faoi mholtaí an Choimisinéara Teanga, bunaithe ar na deich mbliana a chaith sé mar choimisinéir? Ba mhaith liom mo bhuíochas a ghabháil le Seán Ó Cuirreáin agus fáilte a chur roimh an gcoimisinéir nua. An mbeidh na moltaí seo á chur i bhfeidhm ag an Rialtas?

Tá a lán ceistanna le freagairt faoi ghnó a dhéanamh trí Ghaeilge. Mar is eol don Aire

17 April 2014

Stáit, bhí máirseáil maidir le seo i mBaile Átha Cliath, ceann eile i nGaillimh agus ceann eile i mBéal Feirste, ag iarraidh chothrom na féinne a fháil do dhaoine a bhfuil Gaeilge acu. Ag na máirseálacha sin, labhair daoine faoi ghlaonna teileafóin nó e-mails chuig na Ranna éagsúla agus dúirt siad nach raibh siad in ann a ngnó a dhéanamh trí Ghaeilge.

Tá mothúchán láidir ann mar go gceapann daoine go bhfuil an Ghaeilge faoi ionsaí. Ba cheart moltaí an choimisinéara a chur i bhfeidhm. An bhfuil aon fhreagra ag an Aire Stáit maidir leis na moltaí sin?

Deputy Dinny McGinley: D'éist mé leis an méid a bhí le rá ag an gcoimisinéir nuair a d'fhreastail sé ar an chomhchoiste. Mar a dúirt mé, tá céimeanna dearfacha á nglacadh i láthair na huaire ag an leibhéal earcaíochta. Bhí scéim bhónais againn go dtí seo, le 40 bliain anuas, ach tá sé soiléir nár éirigh leis an scéim sin daoine leis an soláthar agus leis an gcaighdeán Gaeilge cheart a chur ar fáil sna Ranna Stáit. Nílím ag rá nach bhfuil neart daoine le Gaeilge sa chóras phoiblí agus sa Státsheirbhís, ach go minic ní bhíonn siad ag déileáil go díreach leis an bpobal. Tá scrúdú á dhéanamh ar sin i láthair na huaire.

Freisin, ag an leibhéal earcaíochta, tá tosú á dhéanamh ansin aitheantas a thabhairt nó painéil speisialta a chur ar bun de dhaoine a bhfuil cumas Gaeilge acu. Tá sé ar intinn chomh maith, faoi fhorálacha an leasaithe don Acht go mbeidh seirbhísí eile trí Ghaeilge curtha ar fáil, ar nós seirbhísí aistriúcháin. Beidh deasc ann freisin ionas gur féidir le daoine a éilíonn seirbhís trí Ghaeilge teagmháil a dhéanamh agus go mbeidh an tseirbhís sin ar fáil. Tabharfar roinnt céimeanna mar sin chun cinn agus chun críche nuair a bheidh an Bille achtaithe.

Cruthú Fostaíochta

5. **Deputy Peadar Tóibín** asked the Minister for Arts, Heritage and the Gaeltacht cén sprioc cruthaithe fostaíochta atá ag Údarás na Gaeltachta do 2014 agus cé mhéad post a chruthaigh siad sa chéad cheathrú. [18229/14]

Deputy Peadar Tóibín: Tá rudaí uafásach deacair ag an mbomaite seo sa Ghaeltacht mar gheall ar chúrsaí eacnamaíochta agus fostaíochta. Mar is eol don Aire Stáit, cailleadh 140 post i nGaoth Dobhair i nDún na nGall cúpla seachtain ó shin. Thart timpeall na nGaeltachtaí ar fad, tá géarchéim fostaíochta anois. Ní thugann na meáin mórán airde ar chomhlachtaí Gaeltachta ag an mbomaite seo agus táim ag iarraidh go dtabharfaidh an Rialtas níos mó airde do chúrsaí fostaíochta sna Gaeltachtaí.

Deputy Dinny McGinley: Tuigim ó Údarás na Gaeltachta gurb é an sprioc fostaíochta atá ag an eagraíocht do 2014 ná 520 post nua a chruthú. Tuigim ón údarás fosta go bhfuil siad sásta tar éis na chéad ráithe go mbainfear an sprioc fostaíochta sin amach. Ós rud é go ndéanann an t-údarás suirbhé fostaíochta ar bhonn bliantúil, níl an líon post a cruthaíodh sa chéad ráithe den bhliain ar fáil go fóill. Foilsíonn Údarás na Gaeltachta a chuid figiúirí fostaíochta i dtús na bliana nua, figiúirí a dheimhnítear ina thuarascáil bhliantúil.

Ar deireadh, is fiú a rá gur cruthaíodh 616 post nua in 2013 i gcliantchuideachtaí de chuid an údaráis sa Ghaeltacht. Ag deireadh na bliana sin, bhí 7,650 post i gcliantchuideachtaí de chuid an údaráis, lena n-áirítear 6,970 post lánaimseartha agus 680 post páirtaimseartha.

Tá a fhios againn ar fad go gcailltear poist chomh maith. Bhí líon na bpost a chailleadh le

linn 2013 níos ísle ná le blianta fada.

Deputy Peadar Tóibín: Tá fadhbanna ollmhóra ann agus tá ganntanas post ar an talamh. Ó na figiúirí ar tugadh dúinn, níor chruthaíodh ach 96 post úr san iomlán sna Gaeltachtaí an bhliain seo caite. Tá sin dochreidte nuair a smaoiníonn muid go bhfuil muid i lár na géarchéime eacnamaíochta is measa ar feadh glúine.

Ní féidir an milleán iomlán a chur ar an údarás faoi seo. Níl an t-infreastruchtúr sna Gaeltachtaí, níl na bóithre ann, níl an leathanbhanda ann. Tá easpa foirgneamh ann le haghaidh comhlachtaí nua agus níl an t-airgead ann. Tá buiséad an údaráis tar éis titim 68% ó 2008 go dtí 2012 agus tá sé fós ag titim faoi cheannaireacht an Aire Stáit. Léiríonn sin an easpa airde agus tábhachta atá ag an Rialtas ar chúrsaí eacnamaíochta sa Ghaeltacht ag an mbomaite seo.

Deputy Dinny McGinley: Ba mhaith liom freagra a thabhairt ar sin. Uimhir a haon, d'éirigh linn an deontas caipitil, is é sin an deontas a úsáidtear chun fostaíochta a chruthú sna Gaeltachtaí, a choinneáil ag timpeall €6 mhilliún le ceithre bliana anuas. Is fíor, mar a dúirt an Teachta, gur tháinig titim mhór ar bhuiséad chaipitil Údarás na Gaeltachta. Sa bhliain 2008, bhí buiséad de €26 milliún ann. Sa bhliain 2009, bhí sé anuas go dtí €16 mhilliún. Sa bhliain 2010, bhí sé anuas go dtí €10 milliún agus sa bhliain 2011, nuair a tháinig mise isteach san oifig seo, bhí sé ag €6 mhilliún agus d'éirigh linn é sin a choinneáil.

Sin ráite, caithfidh mé a rá go bhfuil mé thar a bheith sásta go bhfuil obair an-éifeachtach ar siúl ag an údarás leis na hacmhainní teoranta atá acu. Tá 616 post cruthaithe acu agus cruthaíodh níos mó post ná mar a chailleadh. Is dul chun cinn mór é sin. Rinne an Teachta tagairt don mhonarcha i mo cheantar féin - Largo Foods. Tá sé fíor go bhfuil muid ag cailleadh 140 post i gceantar Gaeltachta. Dála an scéil, tá poist á dtairiscint do 70 de na daoine sin, teacht agus obair i gCill Dhéagláin i gContae na Mí. B'fhearr liom dá mbeadh na poist sin sa Ghaeltacht, ach beidh post ansin ag duine ar bith de na daoine sin atá ag iarraidh é a ghlacadh.

Tá grúpa oibre curtha ar bun ag Údarás na Gaeltachta, Enterprise Ireland, an IDA, SOLAS, an Roinn Coimírce Sóisialaí, Comhairle Contae Dhún na nGall atá ar bun le coicís anois agus tá súil agam go mbeidh sé in ann díriú isteach ar an easnamh a fágadh nuair a chailleadh na poist sin i mo cheantar féin. Ar an iomlán, sílim go bhfuil an t-údarás ag déanamh a dhíchill. Blianta ó shin, bhíomar ag cailleadh níos mó post ná mar a bhíomar ag cruthú ach, ar a laghad anuraidh, chruthaíodh níos mó post ná mar a chailleadh.

Deputy Peadar Tóibín: Tá an ceart ag an Aire Stáit. Scríos Fianna Fáil an buiséad agus níl dabht ar bith faoi sin, ach tá an Rialtas ag glacadh leis an baton go huile agus go hiomlán agus ag déanamh an ruda céanna.

An bhfuil a fhios ag an Aire Stáit cé mhéad duine atá dífhostaithe sa Ghaeltacht? Cé mhéad duine atá tar éis dul ar imirce ón Ghaeltacht ó tá an tAire Stáit ina Aire Stáit? Ba cheart go mbeadh an t-eolas tábhachtach sin ar fáil dúinn go léir. Cad atá á dhéanamh ag an Rialtas maidir le rátaí gnó? Cén tionchar atá in úsáid ag an Aire Stáit ag an gCaibinéad chun rátaí gnó a ísliú nó a riar? Cad atá á dhéanamh maidir le costais breosla, costais arda atá ag cur isteach ar chomhlachtaí Gaeltachta thart timpeall na tíre? Cad atá á dhéanamh chun saol chomhlachtaí Gaeltachta a dhéanamh níos éasca.

Ba mhaith liom rud beag a rá i dtaobh na ndaoine atá ag teacht go Cill Dhéagláin. Is rud uafásach é gur chaill siad a bpoist i nGaioth Dobhair. Beidh na daoine seo ag teacht go Contae na Mí i gceann míosa nó dhó. An bhfuil an tAire Stáit sásta oibriú leis na daoine sin agus iad a

17 April 2014

spreagadh cur fúthu i gceachtar den dá Ghaeltacht i gContae na Mí? Nach mbeadh sé iontach dá mbeadh na teaghlaigh sin fós in ann a bheith ina gcónaí i nGaeltacht agus a gcuid páistí a thógáil le Gaeilge agus beocht nua a chur sna Gaeltachtaí i gContae na Mí freisin? An mbeidh an tAire Stáit sásta obair a dhéanamh a deis sin a thapú?

Deputy Dinny McGinley: Is smaoineamh suimiúil é sin. Tá eolas agam ar na Gaeltachtaí i gContae na Mí: i mBaile Ghib agus i Rath Chairn. Tá a fhios agam gur tharla seo roimhe seo, gur cailleadh poist sa tionscal seo agus gur tugadh daoine as Tír Chonaill agus gur thosaigh siad ag obair i gContae na Mí. Sílim go gcaitheann siad trí lá sa tseachtain i gContae na Mí, i gCill Dhéagláin, agus go dtéann siad abhaile an chuid eile den tseachtain. Ach nuair atá deireadh ráite, sílim gur mhaith leis na daoine seo a bheith ina gcónaí ina gceantar féin, i gceantar Gha-oth Dobhair. Nílím ag iarraidh daoine le Gaeilge a chailleadh as an gceantar sin ach oiread. Bíonn daoine ag taisteal i rith na seachtaine. Maireann an shift 12 uair ar feadh 3 lá agus tá na daoine ábalta dul ar ais. Tá an comhlacht ag tabhairt tacaíochta dóibh maidir le costas tacaí agus costas eile, agus molaim an comhlacht as sin. Más rud é go bhfuil daoine a thagann aníos agus a shocraíonn ar chónaí go buan lena dteaghlaigh i gContae na Mí, is smaoineamh an-suimiúil é.

Deputy Peadar Tóibín: B'fhéidir gur plantation nua a bheadh i gceist.

Other Questions

Wildlife Conservation

6. **Deputy Seán Ó Fearghaíl** asked the Minister for Arts, Heritage and the Gaeltacht the recorded number of golden eagles in Ireland; the number of Irish red deer recorded; if he is satisfied with the conservation efforts relating to both species here; his plans regarding same; and if he will make a statement on the matter. [17787/14]

Deputy Seán Ó Fearghaíl: This question aims to give us the opportunity to explore one of the most exciting aspects of the Minister's responsibilities, the whole area of conservation by the National Parks and Wildlife Service and specifically the success to date of the reintroduction of the golden eagle. That project is proceeding. I am aware the Minister has a great interest in it. There is also the conservation effort in terms of the Irish red deer herd. The Minister will also admit to having a particular interest in that project given that Kerry has been the seat of learning, so to speak, in terms of what has been done with the native species.

(Deputy Jimmy Deenihan): A total of 61 golden eagles were released in Glenveagh National Park in Donegal between 2001 and 2012 as part of a reintroduction programme managed by the Golden Eagle Trust in partnership with the National Parks and Wildlife Service of my Department. I am advised that a national census of golden eagles is not feasible as the birds released in Glenveagh have dispersed widely. Some have been seen in counties Kerry and Antrim as well as in Scotland. However, I understand that some 20 birds are known to be in Ireland, with the whereabouts of another 20 or so unknown. At least four birds have died of natural causes and to, my great disappointment, some have been poisoned illegally. To date, ten Irish-bred golden eagle chicks have been reared in Donegal, between 2007 and 2013, and there are now eight golden eagle territories in the county.

Two primary factors impact on the success of the breeding programme. The first is poisoning, aimed at fox and crow control, and the main cause of mortality. My Department has improved the law in regard to poison baits and has a protocol with the regional veterinary laboratories of the Department of Agriculture, Food and the Marine and the State Laboratory to enable quick post mortems and toxicology analysis. Uncontrolled fires and both under-grazing and overgrazing also have an impact. These issues will continue to require significant co-operation by the many stakeholders involved. Overall, I am pleased with progress in the golden eagle reintroduction project. It brought back these spectacular birds to our skies, thereby increasing interest in our biodiversity and boosting local tourism.

With regard to red deer, no national census has been undertaken as many live in dense cover in our forest plantations. However, an academic review by Dr. Ruth Carden concluded that, in the 30 year period up to 2008, the range of red deer had increased significantly - in the order of fivefold. As part of the conservation measures taken to ensure the continued protection of the red deer, the hunting of red deer stags is prohibited in County Kerry. In October 2012, I extended protection to female red deer from County Kerry by removing them from the open seasons order. Overall, given the increase in range of the red deer, I am confident that the conservation measures adopted so far have been effective.

Deputy Seán Ó Fearghail: I thank the Minister for his response and welcome the undoubted progress made in respect of the golden eagle. The whole country was shocked when one of the two chicks from the breeding pair on Lough Derg was found early this year or late last year, having died of starvation. That bird was carrying in the order of 40 pellets when found. What prosecutions have been instigated against those who have been responsible for that incident or other incidents and the destruction of these magnificent birds?

In regard to the herd of Irish deer, at the turn of the last century there were about 1,500 red deer in Kerry due to the work of the Herberts and the Brownes in their large estates. Red deer is the only native Irish species of deer. The number had declined to about 60 in 1960, but the number is increasing again. Does the Minister envisage a count of those deer being undertaken in the near future?

Deputy Jimmy Deenihan: On the matter of prosecution, obviously these incidents are being pursued by the Garda but I am not aware of any prosecution for the incident referred to, which received widespread publicity. I am sure people were very much aware of the incident in that particular area, but as yet I am not aware of any prosecution. We have had discussions with the Garda on this matter and members of the force are carrying out extensive investigations and inquiries. Much depends, however, on the local community coming forward with information because it is impossible for the Garda to monitor everything that happens in rural areas. I hope, with co-operation from local gun clubs and the local population, these incidents will not happen in the future.

On the matter of the red deer, the red deer in Killarney are regularly counted and monitored. There are approximately 600 red deer in the national park. Recent deer census studies of Coillte properties in close proximity to the national park indicate that the population immediately adjacent to the park had declined due to shooting pressures pre-2012. This is one of the primary reasons red hinds have been removed from the open seasons order. Generally the view is that their present status within the park is satisfactory. On the question of further counting, that is an issue I will suggest to the National Parks and Wildlife Service. I think it would be a good idea.

17 April 2014

Deputy Seán Ó Fearghail: I thank the Minister for his response. I suppose all of us here would encourage the public to be vigilant in terms of the golden eagle project and to report to the authorities any activities of an undesirable nature that they see in respect of those magnificent birds. As I have said, there is widespread support for what is being done by the National Parks and Wildlife Service.

In regard to the red deer, it has always struck me as strange that the magnificent Phoenix Park in this city is populated by a herd of fallow deer. One wonders, since fallow deer are quite common, as are the sika species, whether it would be desirable in the short to medium term to consider relocating some of the Kerry deer to the Phoenix Park in order that, in our primary city park, we could have examples of that magnificent species, the Irish red deer. I think visitors to the city would like to see the native species grazing there.

Deputy Jimmy Deenihan: If that is possible, certainly I would support what the Deputy has said and I will ask my officials to examine that. There may be some issue with mixing two species and there may be some reason this has not happened. If it can happen, I agree with the Deputy that red deer would be a major attraction and a major addition to the Phoenix Park, which is one of the most spectacular parks in any city in the world. This is a matter I will suggest to my officials and, if it can be done, it would be another great contribution that my county has made to this wonderful city and this wonderful county. We gave this great city Daniel O'Connell-----

Deputy Sandra McLellan: And red deer.

Deputy Michael P. Kitt: Do not teach them how to play football.

Deputy Jimmy Deenihan: -----who provided Glasnevin Cemetery and other great buildings to the city, and we have made a contribution in other ways as well. This is one contribution I would support.

Arts Council Expenditure

7. **Deputy Seán Ó Fearghail** asked the Minister for Arts, Heritage and the Gaeltacht if he will, in the interest of accountability and full disclosure, call for the salaries of CEOs and directors of arts organisations which are in receipt of Government funding, either from his Department or from the Arts Council, to publish those salaries; and if he will make a statement on the matter. [17786/14]

Deputy Seán Ó Fearghail: On my way in this morning, I listened to the chairman of the Committee of Public Accounts speak about the money the State has provided to Rehab and other section 38 organisations. I am also conscious of the fact that in the area of the arts, about €123 million is being provided by the State to the film industry and to the Arts Council. People are anxious to know how public money is being expended and what salaries are being paid to people who are paid from the public purse.

Deputy Jimmy Deenihan: I believe transparency is a vital element of good governance in all publicly funded organisations. In this regard, the Deputy will be aware of the Department of Public Expenditure and Reform's Code of Practice for the Governance of State Bodies. This code of practice requires that, in the interests of transparency and good governance, State bod-

ies should publish in their annual reports details of fees paid to each of their directors, the expenses paid to the board broken down by category and the salary of the chief executive officer. While the code of practice may be somewhat burdensome for small not-for-profit organisations, the principles of good governance and transparency are the same.

The salaries of the directors of the national cultural institutions, the director of the Arts Council and the CEO of the Irish Film Board are already a matter of public record, as those positions were publicly advertised and details have been furnished to Oireachtas committees in the recent past. Furthermore, I understand that the Arts Council has undertaken a trawl of CEO and director remuneration in the organisations it funds and, in keeping with the arm's length statutory principle enshrined in the Arts Act, it is a matter for the council to determine if and how to disseminate the results of that exercise. I will examine further the issue of publication of the salaries of CEOs and directors in receipt of grants directly from my Department.

Deputy Seán Ó Fearghail: One accepts that the cultural institutions publish precise details of salaries and so forth in their annual reports, but there is now a multiplicity of organisations, venues and facilities across the country whose managers, co-ordinators or chief executives are effectively paid from the public purse. Thankfully over the last decade or more we have built up a very extensive infrastructure of arts services, but their salaries and details of remuneration and expenses are not as readily accessible, if in some cases they are accessible at all, by the public. Notwithstanding the arm's length policy, will the Minister indicate to the Arts Council that it would be his desire to see all of this information made available to the public?

Deputy Jimmy Deenihan: I can certainly issue a policy directive to the council, as I have done on occasion over the past three years such as with regard to a literature policy and touring policy. I am sure it would be within my power to issue a directive stating that where organisations receive funding from the Arts Council the salaries of their CEOs should be made public and should be available for public scrutiny. I will give the Deputy that commitment.

Deputy Seán Ó Fearghail: I welcome the Minister's frank and direct response. I just ask that his commitment be honoured within a relatively short time frame. The public wishes to have this information now in respect of the organisations under the Minister's remit and, indeed, in respect of all publicly funded organisations.

Deputy Jimmy Deenihan: I will honour that commitment immediately. I will also keep in contact with the Deputy to ensure it is progressed.

An Ceann Comhairle: As Deputies Naughten and Kyne are not present, their questions, Nos. 8 and 9, respectively, will be replied to with Written Answers.

Questions Nos. 8 and 9 replied to with Written Answers.

Inland Waterways By-laws

10. **Deputy Bernard J. Durkan** asked the Minister for Arts, Heritage and the Gaeltacht the degree to which he has received any communication from Waterways Ireland arising from its proposals to dramatically increase charges for canal dwellers and canal users with particular reference to the Grand and Royal Canals; if he has given any indication to that body or received any response to the groundswell of opinion submitted to his Department from canal users with

a view to ameliorating measures; and if he will make a statement on the matter. [18045/14]

142. **Deputy Bernard J. Durkan** asked the Minister for Arts, Heritage and the Gaeltacht the extent to which he is aware of continued disquiet among Royal and Grand Canal boat dwellers who are likely to be affected by the proposed new by-laws; if his attention has been drawn to the fact that such dwellers agree with the need for regulation but are concerned at the extent to which their way of life for many years is likely to be affected; the extent to which he continues to have discussions with Waterways Ireland in this regard or will do so in the near future; and if he will make a statement on the matter. [18410/14]

144. **Deputy Bernard J. Durkan** asked the Minister for Arts, Heritage and the Gaeltacht the extent to which he has had further discussions with canal users and dwellers affected by the proposed draft regulations affecting the use of the canals; if he expects to be in a position to offer any measures to accommodate the concerns expressed by traditional canal users; and if he will make a statement on the matter. [18412/14]

Deputy Bernard J. Durkan: These questions relate to the ongoing dialogue with canal users and canal dwellers in respect of the draft by-laws, which would have a very negative impact in terms of cost for canal users. I seek to ascertain the current position regarding the submissions that were made to the Minister and Waterways Ireland within the specified period.

Deputy Jimmy Deenihan: I propose to take Questions Nos. 10, 142 and 144 together.

As the Deputy will be aware, Waterways Ireland undertook a statutory consultation on the proposed by-laws governing the Grand Canal, the Royal Canal and the Barrow navigation which concluded on 3 February last. In line with relevant legislation, Waterways Ireland sought my consent prior to proceeding to consultation on the proposed changes to the by-laws. In addition to the public consultation, views regarding the proposed changes to the by-laws have been raised with my office through correspondence, representations and submissions. These views have been conveyed to Waterways Ireland.

I welcome the assertion by the Deputy that there is general acceptance of the need for regulation of the use of the canals. The proposed by-laws are intended to support the investment already made by Waterways Ireland in new infrastructure and facilities along the canals. They will enhance Waterways Ireland's ability to manage, care for and maintain the canals and to help to develop them as a vibrant recreational and tourist amenity for all waterway users, including those that use the canals for residential purposes, and will help create and develop the canals into a waterways system that is modern and fit for purpose.

While some of the increases in charges originally proposed are quite substantial, other proposed increases are quite modest. For example, while it is proposed to increase the cost of an extended mooring permit in the Grand Canal Dock in Dublin from €152 per annum to €2,500 per annum, in other locations the proposed increase in the cost of an extended mooring permit is from €152 per annum to €160 per annum.

Our waterways make a vital contribution to tourism, attracting visitors from around Ireland and from abroad. There are over 14,000 registered boat owners on the seven waterways managed by Waterways Ireland. I understand that there were over 2,000 submissions made directly to Waterways Ireland in the course of the public consultation process. Waterways Ireland is giving full and careful consideration to all of these submissions and is drafting a report on the issues raised and on possible approaches it might take in response. When the report is concluded,

it will be submitted to my Department and will then be referred to me, with recommendations for consideration and final decision. As I indicated previously, I will afford interested Deputies and Senators an opportunity to discuss the proposals with me prior to making the final decision.

Deputy Bernard J. Durkan: Further to the Minister's reply, when does he expect to receive the response from Waterways Ireland to the submissions that were made? Is it understood that the review will give some indication of a revision of the more punitive costs proposed in the draft regulations? Furthermore, is the Minister aware that some aspects of the draft regulations, apart from the costs, would make it virtually impossible for canal dwellers to continue dwelling on the canals and for some recreational users of the canals to remain on the canal system? Will he review that, in view of the traditional use of the canals by users both for recreational and residential purposes?

Deputy Jimmy Deenihan: I have given a commitment that when I receive the proposals from Waterways Ireland I will consult with Deputies on all sides of the House. It is very important as we are lucky to have 1,000 km of waterways in this country. They are a major resource from a tourism and recreational point of view. Most of these waterways go through the most rural parts of our country, so they bring opportunities to rural areas which are very challenged at this time. That is the reason their regulation is important. On the other hand, the charges for people, especially residents on the waterways, will have to be reasonable. When I receive the proposals I will discuss them with the people who are interfacing with the users on a regular basis, including the local Deputies, to discuss what is reasonable, after which I will determine the by-laws.

Deputy Bernard J. Durkan: I thank the Minister for his further elucidation in that regard. Is he satisfied that Waterways Ireland is conscious of the consequences if the proposed draft regulations are applied and the extent to which they would discommode the traditional canal users? I emphasise that they are traditional canal users both for residential and recreational purposes. The indications given to us by those users are to the effect that they would have to cease virtually all of their recreational and residential activities, as to continue would involve a huge cost.

Deputy Jimmy Deenihan: I remind the Deputy that in the very short space of time under legislation in which people had to respond, over 2,000 people made submissions, so obviously there is huge interest in the changes to the by-laws. Waterways Ireland is now considering the submissions it has received. It is a North-South body and is one of the most effective such bodies on this island. It has made huge investment in our waterways, putting in moorings right across the country, bringing life to little places that did not have it in the past. There have been major developments in places like Killaloe-Ballina in County Clare that have changed those villages, as well as in Boyle in County Roscommon. Waterways Ireland is a very efficient and effective cross-Border body.

An Ceann Comhairle: I ask Deputy Ó Fearghail to be very quick as we are out of time.

Deputy Seán Ó Fearghail: I thank the Minister for his response. I appreciate the valuable work being done by Waterways Ireland. I appreciate its desire to accumulate to invest in the development of the inland waterways, but whereas it is to be complimented on what it is doing in terms of using the waterways and the schedule of charges for tourists that might come into the country, it shows an appalling lack of understanding of the indigenous users - both residential and amenity - of our inland waterways.

An Ceann Comhairle: I think the point has been made. We are out of time and I have to be fair to other Deputies who have questions. I will move on unless you have something very brief to say.

Deputy Jimmy Deenihan: I understand what the Deputy is saying. We need to have regulation of our waterways and we need to have organisation. It is in everyone's interest, even those of the users there at the moment. We need to have some certainty because our 1,000 km of waterways will be a major factor in the recovery of rural areas in the future.

Stádas na Gaeilge san Eoraip

11. D'fhiafraigh **Deputy Michael P. Kitt** den an Aire Ealaíon, Oidhreacht agus Gaeltachta an gcuirfidh sé deireadh leis an mhaolú ar stádas na Gaeilge mar theanga oifigiúil de chuid an Aontais Eorpaigh; agus an ndéanfaidh sé ráiteas ina thaobh. [17777/14]

Deputy Michael P. Kitt: Tá ardú stádais don Ghaeilge san Aontas Eorpach bainte amach le blianta agus tá inní ar a lán daoine faoi céard a tharlóidh tar éis dhá bhliain eile, mar ní rud fadtéarmach atá ann. Céard iad na pleananna atá ag an Aire ráiteas a eisiúint mar gheall ar 2016?

Deputy Dinny McGinley: Beidh cinneadh le tógáil faoi dheireadh na bliana 2015 faoi thodhchaí an mhaolaithe atá i bhfeidhm faoi láthair maidir le húsáid na Gaeilge in institiúidí an Aontais Eorpaigh. Tá plé ar bun ag mo Roinn faoi láthair le páirtithe leasmhara éagsúla, institiúidí an Aontais Eorpaigh san áireamh, ar mhaithe le moltaí sonracha a fhorbairt maidir leis an gcur chuige is fearr le deireadh a chur leis an mhaolú. Beidh an cheist seo le breithniú ag an Rialtas in am trátha. Mar chuid de straitéis an Rialtais chun a chinntiú go mbeidh foireann leordhóthanach cháilithe ann chun freastal ar na riachtanais a eascraíonn as an Ghaeilge a bheith aitheanta mar theanga oifigiúil agus oibre de chuid an Aontais Eorpaigh, cuireann mo Roinn maoiniú substaintiúil ar fáil i gcomhar réimse de shainchúrsaí tríú leibhéal agus chun téarmaíocht Ghaeilge a fhorbairt do bhunachar téarmaíochta an Aontais Eorpaigh dar teideal InterActive Terminology for Europe nó IATE, mar a thugtar go coitianta air.

Deputy Michael P. Kitt: De réir mar a chloisim, tá cinneadh déanta ag Málta agus An Eastóin, dhá thír bheaga, mar gheall ar an mhéid oibre atá ar fáil do dhaoine atá ag lorg post san Eoraip. Táthar ag caint mar gheall ar 183 post agus is poist fhiúntacha iad seo. Táimid ag caint anois mar gheall ar 2016. An mbeidh muid in ann a rá le daoine go mbeidh na poist sin fós ann nó an mbeidh siad caillte? Tá suim ag daoine post a fháil san Eoraip ag plé leis an nGaeilge.

Deputy Dinny McGinley: Mar a dúirt mé, tá an Ghaeilge aitheanta mar theanga oibre san Aontas Eorpach ó mhí Eanáir 2007. Tugadh isteach an maolú ag an uair sin mar nach raibh na daoine leis na cáilíochtaí againn chun na poist sin a ghlacadh. Sa bhliain 2011, cuireadh síneadh cúig bliana le sin. Caithfimid anois cinneadh a dhéanamh roimh dheireadh na bliana seo chugainn, 2015, maidir leis an mbeidh muid ag iarraidh maolaithe eile nó an gcuirfimid deireadh leis. Tá sin á mheas agus á phlé i láthair na huaire ag an Rialtas agus ag na hinstitiúidí Eorpacha chomh maith.

Ar ndóigh, táimid ag déanamh ullmhúcháin agus tá acmhainní á chur ar fáil le go mbeidh na cáilíochtaí ag daoine. Tá an tionscnamh ardscileanna Gaeilge curtha ar fáil lena dhéanamh cinnte de go bhfuil daoine a bhfuil cumas acu agus go mbeidh siad incháilithe na poist seo a ghlacadh san Eoraip. Chomh maith le sin, tá DCU i mbun téarmaíochta a chur le chéile. Tá

corpas mór téarmaíocht déanta amach ag DCU. Tá an obair sin ag dul ar aghaidh. An rud a gcaithfimid a dhéanamh ná a mheas, i gcomhchomhairle leis an Eoraip, cad é an cinneadh ceart. Ba mhaith liom féin go mbeadh an cinneadh déanta níos luaithe seachas níos moille.

Deputy Michael P. Kitt: Go raibh maith agat. An cheist a bhí agam ná an bhfuil aon eolas ag an Aire Stáit faoin gcinneadh atá déanta ag Málta nó An Eastóin, dhá thír bheaga? De réir mar a thuigim, tá siad in ann na poist seo a choinneáil. An bhfuil aon phlean ag an Aire Stáit bualadh leis na hAirí sna tíortha sin chun a fháil amach céard a rinne siadsan chun na poist sin a choinneáil?

Deputy Dinny McGinley: Cosúil linn féin, tá mion teanga ag na tíortha sin chomh maith. Níl a fhios againn conas mar a sheasann rudaí maidir le sin i láthair na huaire. Is féidir a bheith cinnte, leis an tréimhse chomharliúcháin agus measúnachta atá ag dul ar aghaidh i láthair na huaire, go mbeidh muid ag déanamh scrúdaithe dian ní hamháin ar na tíortha atá luaite ag an Teachta, ach ar thíortha eile chomh maith go bhfuil mion teanga iontu, cosúil leis An Spáinn agus mar sin de. Tá go leor mion teangacha agus beimid ag féachaint ar an dearcadh atá acusan agus ar na himpleachtaí a bheidh ann maidir leis na tíortha sin má dhéanann muid cinneadh deireadh a chur leis.

Mar a dúirt mé, tá an cheist á plé agus á meas i láthair na huaire. Tá sé faoi scrúdú agus tá súil agam go mbeimid in ann cinneadh a dhéanamh roimh dheireadh na bliana seo.

Film Industry Development

12. **Deputy Sandra McLellan** asked the Minister for Arts, Heritage and the Gaeltacht when the Finbarr Flood report on the film industry will be published. [17783/14]

Deputy Sandra McLellan: I am asking the Minister when the report by Finbarr Flood on the film industry will be published.

Deputy Jimmy Deenihan: I appointed Mr. Flood in May last year as mediator on industrial relations within the Irish film production sector, with a remit to make contact with representative parties in the film and audiovisual industry with a view to identifying outstanding industrial relations issues and establishing a basis for agreement thereon. The appointment of Mr. Flood arose from a recommendation in the Creative Capital report to convene industry-wide industrial relations consultation in order to expedite fair, flexible, transparent and internationally competitive labour agreements across the audiovisual industry. Since his appointment, there have been several meetings between Mr. Flood, trades union representatives and representatives of the employers in the sector. I have also met Mr. Flood on a number of occasions and he has kept me apprised of developments and progress.

It is Mr. Flood's opinion, and it is one that I share, that there should be no report emanating from these discussions, as they are organic and ongoing. I am sure the Deputy will appreciate that where there is a mediation process, it is normal that it remains confidential between the parties involved. Such confidentiality is necessary and indeed is usually a prerequisite to any hope of success in the difficult process of mediation. The public manifestation of Mr. Flood's work is the ongoing industrial peace in the sector.

Deputy Sandra McLellan: I thank the Minister for his answer. It is an industry that has

yet to reach its full potential. The stated goal is to employ 10,000 people in the film industry by 2016, but in the most recent Creative Capital report, there are claims that 5,000 people were employed in the industry in 2007. However, these figures have been disputed by employees in the industry. The Department of Finance's own report of December 2012 put the total number employed in the industry at 1,600. The industry receives generous tax incentives and we are on record as supporting them but there needs to be more transparency and accountability. Can the Minister account for the huge discrepancies in the figures?

Deputy Jimmy Deenihan: It depends on how one defines the figures. If one accounts for the broader animation sector, the television sector and the film sector together, it is different from accounting for the latter alone. There is considerable employment in the television drama production sector. "Ripper Street" will be returning. Filming of "Penny Dreadful" has concluded in Ardmore. It was very successful. "Vikings" was filmed in Wicklow and another series is to be made here. It created considerable employment. The production of a number of films is ongoing. We have had some very good successes recently. "Calvary", for example, is having a major impact, and "The Stag" has been recognised. The premiere of "Frank" will be held shortly and it is receiving major recognition. The industry is very vibrant at present. In the Creative Capital report, the objective is to increase the number employed in the broader industry to 10,000 and the income derived from the industry to €1 billion. Apparently, we are making progress in this regard. The last figure I received was approximately 6,500.

Deputy Sandra McLellan: I understand there are great difficulties associated with employment contracts, employment and employees in the industry. Is the Minister prepared to convene a meeting of stakeholders, including trade unions, to conclude a new set of agreements that will uphold the rights and entitlements of employees in the film industry?

Deputy Jimmy Deenihan: That is why I asked Mr. Flood to engage in broad discussion with all those with an interest in the film industry. He is recognised as a very good mediator and negotiator, and he is continuing with that process. The current feedback from the industry is that the labour relations position is good. I am quite positive but whether the position remains as it is comprises another issue. People in the industry are very occupied at the moment. There is a lot of work in the film industry and there are some exciting developments throughout the island. "Dracula Untold" helped and provided opportunities for many people from Dublin and elsewhere in the Republic. Whatever happens on the island of Ireland helps the whole film industry. I will be having another meeting with Mr. Flood shortly and I will bring to his attention the points raised by Deputy McLellan this morning. If there is a need for what she is suggesting, I will certainly consider it. I will consult Mr. Flood first.

Deputy Sandra McLellan: My understanding is that there are considerable difficulties with employment contracts.

National Archives

13. **Deputy Catherine Murphy** asked the Minister for Arts, Heritage and the Gaeltacht if the cost-benefit analysis to maximise the use of the Bishop Street premises of the National Archives is complete; if he will share the findings of the analysis; when he expects to make a decision on expanding the capacity of the Bishop Street premises; the timeframe that is envisaged for the expansion; if a new exhibition space will form part of it; and if he will make a statement on the matter. [18047/14]

Deputy Catherine Murphy: A cost-benefit analysis is being carried out on the National Archives in Bishop Street to maximise the use of the space there. Clearly, the space is very deficient. I am trying to find out whether it is expected that a decision will be made on it soon.

(Deputy Jimmy Deenihan): It has been widely accepted for a number of years that the National Archives headquarters at Bishop Street require to be developed to enhance the standard and the quantity of facilities for storage of State archives and future provision. Each year for some years past, special measures had to be taken to accommodate the annual statutory transfer of State records. The building has insufficient linear shelving space in which to store records in an accessible manner and, consequently, is not being used to maximum economic advantage or optimum efficiency. Cognisant of the agreed need for additional space at the National Archives, my Department had requested that the OPW prepare a development plan for the Bishop Street premises. A plan was prepared accordingly for the phased delivery of the necessary works in the National Archives headquarters warehouse. The plan concluded that the construction of a two-storey facility within the existing building will provide an efficient and economically viable solution to the storage needs of the National Archives. A formal cost-benefit analysis in respect of the proposed development was completed in October 2013. It determined that, as the project more than met the Government's rate of return, which is 5%, the result of the analysis is positive.

My Department is continuing to make progress on this project with the OPW and other stakeholders in the context of the decade of commemorations.

Deputy Catherine Murphy: Has the Minister any idea when work is likely to commence given that it is justified and that the National Archives has statutory responsibility to manage its records? Is it planned to include exhibition space? Is the Minister considering the problematic staffing level in the National Archives? He told me previously that 70,000 boxes of records have not been catalogued at this stage. There is a lot of work to be done. The timeline and the exhibition space are the key issues.

Deputy Jimmy Deenihan: This was part of the memorandum presented to the Government recently. In the context of the decade of commemorations, I made a special request in that memorandum concerning the National Archives. There is broad Government support for the proposal. I have to return to the Government in two months with revised proposals but I certainly hope this will be one of the top priorities.

I acknowledge that the Deputy has a special interest in this matter, as do I having used the National Archives in the past. I hope the project will proceed in the context of the decade of commemorations but it will have to be agreed by the Government first. The OPW has carried out extensive investigations into the provision. I hope that if money can be provided, the project will proceed very rapidly. I hope it will be regarded as one of the projects associated with the commemoration in 2016 of the Easter Rising in 1916.

Written Answers follow Adjournment.

17 April 2014

Message from Select Committee

An Ceann Comhairle: The Select Sub-Committee on Finance has concluded its consideration of the Central Bank Bill 2014 without amendment.

White Paper on Universal Health Insurance: Statements (Resumed)

An Ceann Comhairle: Deputy Ó Caoláin is in possession. Unfortunately, as he has not arrived, we have to move on to the Technical Group. Deputies Richard Boyd Barrett, Thomas Pringle, Seamus Healy and Catherine Murphy are sharing time.

Deputy Seamus Healy: I welcome the opportunity to speak on this issue. Having looked at this White Paper, I believe it is not a White Paper at all. It is, in fact, a Green Paper simply dressed up. While the policy statement that, in future, access to health services will be based on medical need alone is obviously welcome, there is little or no detail to allow for a forensic examination of the actual proposal. Therefore, we are at a huge disadvantage.

This appears to introduce what is effectively an additional tax on the public, a tax on top of the local property tax and the water tax, so we will now have a third health tax. There is even a difficulty in regard to that because the Minister, Deputy Reilly, suggests it will be in the region of €900 to €1,000 per person, while the Minister, Deputy Howlin, says it will be in the region of €1,600 per person.

Deputy James Reilly: The Minister, Deputy Howlin, never said that.

Deputy Seamus Healy: These are huge impositions on top of families and individuals who are already hugely hard pressed by the cutbacks and the reductions to services introduced by the Government.

It is suggested in the paper that medical card holders will be subsidised. This brings us to the whole question of medical cards. We have to wonder which individuals will have medical cards at the end of the current process of chaos and policy change in the medical card area. The fact is the Government has changed the policy in regard to medical card eligibility and there is absolute chaos in this area currently.

I come across very difficult cases every day, as I am sure every other Member of this House does, where medical cards have been withdrawn or refused which would have been granted in the past. I will give some examples. I came across a gentleman lately who lost his medical card because he was 8 cent over the limit. I came across a single person on an invalidity pension who had a small occupational pension of €10.25 per week and lost his medical card despite his total income being €213 per week. I came across a very ill young person who is wheelchair bound, has regular epileptic seizures and is suffering from cerebral palsy, but that person's medical card was withdrawn. I come across numerous individuals almost daily who have had medical cards all their lives but whose cards have been refused and withdrawn in the last 12 to 18 months.

There is no doubt that discretionary medical cards are no longer being granted on medical grounds and that the Minister and the HSE have changed policy in this regard. There is great difficulty for individuals who have chronic and serious medical conditions who always had

medical cards but whose cards have been withdrawn or are being refused due to the question of new applicants.

Deputy James Reilly: There is no change in policy.

Deputy Seamus Healy: The other point that appears to be clear from the document is that there will be no extra funding provided for the health service. This brings me to another situation which arises every day throughout the hospital services, namely, the very difficult and chaotic situation in regard to patients on trolleys in hospital emergency departments. I refer specifically to the atrocious and unacceptable position at South Tipperary General Hospital which I have described previously as having Third World conditions. On Tuesday of this week, there were 29 patients on trolleys and on chairs in the emergency department and in the corridor of the emergency department, in the corridors of the hospital and in the main public thoroughfare of the hospital. The patients have no privacy and inadequate or non-existent bathroom and toilet facilities. That situation, which is totally unacceptable, has pertained for quite some time. In fact, in 2011, when this Government came to power, there were 750 patients on trolleys in the hospital and in 2013, there were 3,100 on trolleys, so the figure quadrupled in that period.

This simply cannot continue. We have a situation where the hospital has lost €11 million of its budget since 2008 as well as losing more than 100 staff. The staff are working above and beyond the call of duty every hour of every day, and they simply cannot cope and are struggling to provide a safe service. I call on the Minister to approve immediately the application which he and the HSE have received from the hospital management and the HSE south east management for the opening of an additional 12 bed step-down unit at Our Lady's Hospital, Cashel, to alleviate the difficulties that are seen daily at South Tipperary General Hospital. It is simply unacceptable in this day and age. I urge the Minister, as I urged the Taoiseach during the week, to intervene immediately in this situation and to solve that problem.

Deputy Richard Boyd Barrett: Universal health insurance is another con. It is another regressive tax to be imposed on people who are already struggling and already burdened with a massive tax burden, whether it is the universal social charge, all sorts of indirect stealth taxes and charges, bin charges, the planned water charges, VAT on everything people buy or parking charges. On top of all that, the Minister is going to land them with another flat regressive tax to pay for something they have already paid for through their taxes.

The Minister will be asking them to pay all of this money for a health service that is crumbling. It is extraordinary. This is a health service that has been butchered by the Government and by the Fianna Fáil Government before it, where we have €3 billion taken out of the health service and 10,000 staff gone, including thousands of nurses, where consultants in Dublin's leading hospitals say the hospitals are unsafe, where there is an ongoing crisis in accident and emergency and where we have enormous waiting lists for operations and huge numbers - hundreds of thousands - waiting for consultant appointments. To add insult to this injury and this shambles of a health service, the Minister is proposing to pile on top of that a new health tax. It is scandalous.

11 o'clock o'clock It is like so much we get from this Government. It is the pie-in-the-sky, so-called reform which in reality is just another austerity attack on ordinary people, particularly low and middle-income people, to the benefit of the usual gang of corporate, for-profit cronies. That is what this is really about. It is about using the atmosphere of economic crisis to privatise the health service and hand it over lock, stock and barrel to the private health insurance

companies and the vultures who are moving in on private health care. This is possibly best symbolised by the recent takeover of the Beacon Hospital by one of the country's richest men, Denis O'Brien. One knows that something is going on when these people start moving into health because it is an opportunity to make yet another buck on the back of the misery suffered by ordinary citizens.

When one talks about universal health insurance, the first two words sound lovely and, of course, everybody is in favour of them. Universal health and a single-tier system are what everybody wants but when one adds on the critical word "insurance", one gives the game away because what one is really talking about is the private, for-profit sector moving in on health to make a profit. We know from the US and the Netherlands, home to the so-called Dutch model, that when one moves towards universal health insurance, vast amounts of money are sucked out of the pockets of people and front-line services into the pockets of overpaid executives and overpaid consultants and go towards the costs of billing, advertising and all the paraphernalia that goes with private, for-profit, market competition. The US spends almost twice as much *per capita* on health than any other country in the world but about 40% of what is spent goes on administration, executive salaries, advertising and billing. That is where it will go.

The question the Minister must answer is how much profit these companies will make. Why should they be making profits at all? How can the Minister possibly justify anybody profiting out of our health service when we all know that front-line services are crumbling? Could he explain how this is logical, justified and fair when everybody knows that what we need are nurses, ambulances, new equipment, primary care centres and drugs that are affordable for people. We need the actual service that keeps people alive and healthy. That is where we need to put the money into but as with Irish Water and waste services that were privatised, the Minister wants to put the money into the pockets of private companies who will make a very significant margin.

Once that profit motive is introduced, the idea that the system is single tier will disappear into the mist. While there may be a basic basket of services that the Minister will force people to pay handsomely for against a background where the money going into front-line services is totally inadequate, those people with money will pay for premium insurance cover and get extra services because they can afford to pay for them. That is what happens anywhere the private, for-profit sector operates. The alternative to this is a national health service model where everybody has the right to health care from the cradle to the grave, there is no private, for-profit interest involved, and the entire system is paid for through central taxation. One then does not need vast administration and vast amounts of advertising. Money is not sucked out for profits and executive salaries. The money is paid for through the taxation system administered by Revenue. Is that not more logical, more efficient and fairer?

Deputy Thomas Pringle: I welcome the opportunity to contribute to the statements today on universal health insurance which have come about from the publication of the White Paper by the Department of Health in the past week or so and the discussion on universal health insurance. The one thing about the White Paper is that there is very little information that allows ordinary people across the country to figure out what universal health insurance will mean for them. There is very little information about what it will cost to allow the citizen to see how they can budget for it. There is very little information about what will be included in and excluded from the so-called basket of care. This is one of the key points that will be very significant in respect of universal health insurance coming into effect in the first place.

The Minister has made much of how universal health insurance will be the panacea for our health services. The first worrying thing in the White Paper is the fact that the Government has stated that it will be achieved without increasing expenditure on health. That is not possible. There is no doubt that the health services are in crisis and we need to find a way to fund them and provide equal and fair access for all our citizens. However, we cannot do that without providing extra funding for the health service. Even if the health service became more efficient and dealt with waiting lists and the treatments that are required for patients who need them, it would cost more money. If we ended waiting lists, it would cost. We would get better outcomes and it might work out cheaper for the State in ten or 15 years' time when less serious illness has accumulated because of the lack of waiting time to get treatment, but there is no doubt that it will cost more money. The contention that it can be done more cheaply is the biggest falsehood in respect of universal health insurance because it cannot be done. What will happen under universal health insurance is that the money will be directed away from the health service and towards the profits of private companies and people who want to make money on the back of citizens who require health care.

The Minister intends to establish hospital trusts which will be paid for services by the health insurers. Effectively, we are going to hand over control to the health insurers so we will have the VHI and if we are lucky, we might have two other providers who will dominate the market and control what they pay for the services to the hospital trusts who will try to deal with the patients on their books through the funding they get from private health insurance companies. The State will even take a back seat and be dictated to in terms of what it must contribute. We are handing over total control of our health services and this is seen as being a progressive step and something that will be good for our citizens. I think it is an absolute disaster, it should be scrapped and it should never have got to the stage of being the subject of a White Paper because it will not deal with any of the issues. I would like to think that the Minister believes that it will resolve the issues and difficulties within the health service but there is no way this will happen. If the Government gets back into office and is able to roll out this service, we will be sorry five or ten years down line that we ever did it and will try to roll back from it again.

The Minister talks about how the provision of universal health insurance will not cost the Exchequer any money. Let us look at the case of Letterkenny General Hospital, which is probably one of the most efficient hospitals in the country. Something like 93% of patients dealt with at the hospital are non-elective so it is run very efficiently and effectively, yet the hospital began the year with a deficit of €6.5 million. If universal health insurance comes into effect and there is no extra Exchequer funding and no extra cost to the citizens of the State, how will Letterkenny General Hospital be able to survive and provide the treatment it currently provides with a deficit? The only way that can be done is by restricting access for people who require health care and treatment.

Then we come to the basket of services that will supposedly be available under the standard insurance package. We simply do not know what is going to be in that basket. Another worrying aspect of universal health insurance is that the Minister has already provided for a basket of top-ups. What we will quickly see is movement from the standard basket into the basket of top-ups because this has happened elsewhere. It has happened in the Dutch model of health insurance where services such as physiotherapy have been moved to a top-up payment. Is that what we are going to see here? I would like to hear from the Minister whether MRI scans and such like will be in the standard basket or the top-up basket. Those are the kinds of things that will move very quickly once universal health insurance is implemented. That is the real risk

with this system.

The Government has said that universal health insurance will be gradually rolled out, with full implementation by 2019 at the latest, which is four and a half years from now. That sounds good, but the Dutch model, which no one except the Minister is holding up as a model to aim for, took 20 years to implement. The Dutch worked at it for decades but the Minister has said he will do it in four and a half years. When the Dutch model was introduced first in 2006, there were 18 insurance providers for a market of 20 million people, but today there are only five.

Deputy James Reilly: The market is 17 million.

Deputy Thomas Pringle: Sorry, 17 million people. Still, there were 18 insurance companies in the market in 2005 and today there are five. We have 4.6 million people with three or four insurance companies. How will consolidation not take place? How will consumers benefit from this universal health insurance model? Even if I believed this was the way to go, on pure market terms, we cannot provide for competition or fairness for consumers in a market of our size with so few providers, given that in a market five times the size of ours, the number of providers has fallen by 80% since the implementation of this model. This model cannot work. I hope it never sees the light of day. I hope it stays as White Paper and goes no further.

Deputy Richard Boyd Barrett: That is the most likely scenario.

Deputy Catherine Murphy: If one is to get good outcomes, it is important to have a good process, but we have skipped one of the fundamental processes here, that is, the Green Paper. The Green Paper should have asked what we want and how we will pay for and deliver it. There was a widespread expectation that when this Government took office, there would be very significant changes to the vehicle that delivers most of our health care, the HSE. From now on, people will measure what will be done on the basis of what has happened with the HSE. In essence, the HSE is underpinned by a 19th century health board system with a layer on top. This Government put another layer on top of that instead of radically reforming it. I accept that the current Minister inherited the system but it is in need of radical reform and the Minister said so before taking office. It has not been radically reformed and there is no sign of that happening.

People are asking what vehicle will deliver the health service. I do not believe we have had an NHS moment but we need one. We must look at this in a very broad way, from primary care right up to the most technically advanced units in our hospitals. I want to see a system where medicine is free at the point of delivery and where people are seen on the basis of being a patient rather than a consumer. I believe that we do have to pay for health care but we are already paying quite a sizeable amount of taxation. People are asking me what PRSI is actually for. There used to be a health levy alongside PRSI but they were amalgamated. We are still paying PRSI which now includes a health levy. Then the question is, what is the universal social charge for? What do we get for that? Now we will have universal health insurance too. There is also the new term, “basket” but no one knows what it is in it, which is part of the flaw in this model.

In essence, for many people, this is just another way of extracting taxation and they are not quite sure what they will get for it. Some Ministers have suggested sums of €1,000 or €1,600 which may well be way wide of the mark, but we do not know for sure. It is interesting that this Government is always hugely concerned about uncertainty in the context of the financial markets, for example, but in the context of individual household incomes, people also need certainty. Such certainty is essential, especially given the recently published survey by the Irish

League of Credit Unions on levels of disposable income in Irish households. We need to know what will be in the basket. We also need to know whether it will be a tapered or cut-off model, as with the third level grant system. We need to know what services will be provided.

What is going to happen in the meantime? As colleagues have said today and as I have said to the Minister during Topical Issues debates, we are seeing sick people at the moment struggling to get medical cards while also seeing the roll out of medical cards for children under six, which may or may not work. Ideally, I would like to see children under six being able to go to their GP for free. However, I spoke to the Minister previously about a man who is on dialysis who does not have a medical card, although he is making an argument for one. I know of a child who is just over six and who is being peg fed. Crumlin Hospital would not discharge her until she had a medical card because she would not get services from the public health nurse without one. Recently, I spoke to a man who had his leg amputated. A public health nurse and occupational therapist arrived at his house and the very first question they asked was whether he had a medical card. Once they discovered he did not have a card, a line was drawn under his case and they said “cheerio”, because they could not deal with him. That is the reality for people at the moment.

I am not sure what is going to be delivered from this and I have no confidence in the HSE. I put that on my election leaflet in 2007 which was not appreciated at the time as I was not re-elected. However, I still do not have confidence that the HSE is the vehicle to deliver this. The HSE needs radical reform if we are going to have a vehicle to deliver a decent health care system. That system must be underpinned by a decent primary care system in order that we can keep people well and out of the more expensive hospital system. Unless we get that right and have the right vehicle for delivery, people will resent paying for it. They will feel there is waste in the system and that they are paying for that waste. They had an expectation that the waste would be addressed before they were asked to pay more. I do not believe there is a person in this country who does not want to have confidence in our health system but what is being talked about at the moment is seen by many people as an additional tax rather than something that will pay for a predetermined system that they buy into. I do not believe people will have confidence in this. There are so many mixed messages coming out of this that I do not see how the Minister will build confidence and bring people with him on it. People do not know exactly what they are going to get.

Deputy Jim Daly: Fáiltim roimh an deis labhartha ar an ábhar seo agus cur isteach ar an díospóireacht.

I welcome the opportunity to speak during these statements on the White Paper on universal health insurance. The previous speaker made a good point about having confidence in our ability to reform the health services. We will achieve nothing if we do not have that confidence. If we do not believe it can be done, to quote the Minister for Finance, we may all pack up our tents and go home.

We must have confidence and there is good reason for having it. I have sat in this Chamber for three years and have heard people decry the health system and predict its collapse. Over recent years, €3 billion has been taken out of the health service which now has 10,000 fewer staff. Many Deputies said the system would not work, but in fact there has been an 8% increase in the number of procedures carried out in hospitals in the past 12 months. People can therefore have confidence in the health system. Collectively, we have a responsibility to share that confidence. People should make the distinction between management and policy because this

is a policy shift.

If someone falls down in Bantry General Hospital this evening, it is not the Minister's responsibility, nor is it his job to manage that hospital. His job is to bring about a policy to reform health care. The Minister has a responsibility, and rightly so, to taxpayers who are funding the health service to the tune of almost €14 billion. We must examine what we do and how we do it. Throwing more money at a problem is the political solution to everything, but who will pay for it? Will it be taken from the education or justice budget? We must have radical reform, so I commend the Minister on this initiative and I look forward to seeing it working. I also look forward to being part of that solution, rather than highlighting the problem.

I think everyone in the House accepts that the current system is not working as it should. We inherited a dysfunctional health system, but the question is what we will do about it. It is easy for people to complain about micro issues and say the system is not working. They all know about a lady on a trolley or an ambulance that arrived late. However, we must become part of the solution by supporting the Minister, the Department of Health and the HSE in bringing about the type of changes that are envisaged in the universal health insurance plan.

When there is a change of Government, people wonder if there really will be change or will it just be the same old same old. One of the most striking aspects of health policy since this Government came into office is how it views small hospitals. The day after I was elected, there was a big protest in Clonakilty to keep the local hospital open. At the time there was major unease in many communities about the future of local hospitals. The public rightly have an attachment to small hospitals. The Government sees such hospitals as a solution rather than a problem. It has decided that the only way to take people out of the chronic queues in major centres is by moving patients out to smaller hospitals, with money following the patient. The viability of local hospitals is not built on sentiment or community pride but on practical, procedure-based work. The future of the health care system is to move as many patients as possible from large centres to smaller ones. Hospital trusts have been established to do that. Consultants are no longer appointed to a single big hospital, be it in Galway or Cork. In my own constituency, hospitals in Bantry and Mallow are part of the hospital trusts. A consultant will spend one or two days per week in smaller hospitals to carry out procedures. This significant development is clearly paying dividends and showing great promise for the future.

As it currently exists, private health insurance is a major issue which is spiralling out of control, and the costs cannot be contained. Fewer people are availing of it, it is top heavy with those who are likely to use it, while those unlikely to use it are not paying into it. No Government policy can secure the future of private health insurance. The fundamental basis of any insurance policy is that one has a large broad base of subscribers, which is no less the case to ensure the survival of private health insurance. That cannot be done in the current climate, however, because it is optional. Fewer people are opting into it, so it just does not work. It is going to collapse on its knees, which is what has brought about the idea of making universal health insurance compulsory.

One of the keys to the success of, and building confidence in, UHI is the elimination of waiting lists. The only benefit for people with private health insurance, if they can afford to pay for it, is that they can gain access to health care more quickly. I commend the Department, the HSE and the Minister on the successes to date in eliminating waiting lists. There have been some substantial reductions involving people waiting on trolleys and waiting lists generally. There is a long way to go to get to where we want to be, but I am confident it will happen as a result of

the measures being taken, which include co-sharing theatres and discharging 24-7.

In many hospitals, if a patient comes in for a private procedure and is ready to leave on a Thursday, the next person is due in the following Monday. However, there is every chance that bed will be gone with an accident and emergency case over the weekend, so the consultant will not have a bed for his or her private patient. The Minister has eliminated a lot of those issues by tackling them head on. That is showing significant results, with a 95% reduction in the numbers waiting over eight months for procedures.

Universal health insurance is about fairness, equity and ensuring everyone has access to the health service irrespective of their means. Everyone will contribute also. It is nonsense to say that people who do not have health cover will not have to pay anything, because they are paying anyway through the taxation system. They will also have free general practitioner care as part of the wider health reform plan. People who are paying GP fees at the moment will not have to do so.

The objective and overriding goal of UHI is to reduce the overall cost of the health care system by 15%. That will be a significant reduction in what is a massive bill. The current contribution of €1.5 billion from private health insurance will be spread over the population on a fair and equitable basis.

No one in this House and no commentator outside it has a monopoly on the right thing to do for the future. There is an onus on us, however, to engage rather than just criticising and objecting. It is nauseating to see some of the people who presided over the health system for the past 14 years, and who walked off the stage leaving a crumbling health service for us, now criticising a genuine plan to fix it. I would back anyone who criticised us for not having a plan, but not *vice versa*. Of course, any plan can be held up to scrutiny and debate, but opposition for the sake of it does not do any favours for the future of our health system. I appeal to Members of the Opposition to engage in this UHI plan and support health service staff. Morale is important for the practitioners in our health care system.

Everyone agrees that health service practitioners, including hospital staff, are superb, as is the treatment they provide. They deserve our support, encouragement and confidence concerning this significant reform. We have already touched on the issue of ambulances. My own constituency has seen real reform of the ambulance service through the reconfiguration process. Ambulances have now moved from being on call, whereby one could wait up to 20 minutes to have an ambulance mobilised, to being on duty sooner.

We must address the issue of ambulances being delayed outside accident and emergency departments. This is especially so in a large county like Cork where two or three ambulances serving the west Cork area could be outside an accident and emergency unit at any one time. Irrespective of the nature of the call, ambulances must collect patients and take them to an accident and emergency unit. These issues are being addressed and will form part of the overall solution to providing better health care.

There are many good examples of health care. Unfortunately, I have had first-hand experience of the health care system in Spain due to a serious traffic accident some years ago. It was superb and there were some notable differences in the Spanish system. One difference that has always stood out in my mind was that in Spain, they had very few nurses on the ward. They were more top heavy with doctors. In addition, family members were expected to come in to

help the patient wash and eat in the morning. In the case of elderly patients, it was a particular requirement that the family would be there to contribute. We are, therefore, examining many such health care models.

I look forward to the introduction of universal health insurance, which is one of the most inspiring, innovative and imaginative reforms that I have seen. I am proud to be part of a Government party that is driving that reform. I wish the Minister, his Department and the HSE every success with this proposal.

Deputy Paul J. Connaughton: I am grateful for the opportunity to speak on the debate. I agree with a great deal of what Deputy Jim Daly has already said. My understanding of the proceedings is that they are intended to provide Members with an opportunity over a couple of days to give their opinions and thoughts at the outset of this process. Listening to the last half hour of speeches, it seemed the Deputies wanted to know nothing more about the issue or to see the plan ever get off the ground. A range of problems were raised, but the most basic questions were never asked as to what they were going to get out of this. They have never offered any solutions or alternatives. They are saying they do not like the health service as it stands or what the Minister is offering, but they cannot tell us what they would do differently. They talk about a new tax. I wish I had the luxury of using the same speech no matter what topic was under discussion in the Chamber. Whether it is business, health or education, we hear the same speech.

The Minister's plan is hugely ambitious and he is very motivated about it. It is something he has always wanted to see come to fruition. My concern is the perception of it. People do not have a strong belief in our health service although that is something the Minister is driving to change. We discussed ambulances services last night and there are issues in certain accident and emergency departments across the country. It is a question of trying to marry the Minister's expectation of where the health service can go with what is happening on the ground. There is a great task there and the Minister has set out a road map as to how it will be completed over the next number of years. It is not as if the plan will be implemented next Monday morning. People have an opportunity to partake in the process.

There is an issue among the public. I recently attended an active retirement group in my home town, Mountbellew, and I asked the 40 people in attendance if they believed they would see universal health insurance in the next five years. Only two people put up their hands to say they thought they would. That must be considered against the backdrop of the issue people have within private health insurance and what they see as the problems with the health service. This is a hugely ambitious programme and one I firmly believe can be realised as long as it is taken in an orderly, step-by-step process. To do that there has to be a starting point, which is what today's debate represents. I understand from what I have heard from the Minister and read in the newspapers that the public will be allowed to make submissions on this. That is hugely important. I encourage everybody in every age category to have a say as to what should be contained in a universal health insurance policy.

We can learn from what has happened in countries where this has already been rolled out. There is the Dutch model and other European approaches. We can take into account the concerns and issues which have been raised. A previous speaker said the Dutch model took 20 years to come to fruition. What we are trying to do is to take the good parts from that model and work on those parts which did not work. It should not take us 20 years to do it. We should learn from our colleagues in Europe how best to roll this out.

There are concerns about what will be covered by a universal health insurance policy. While I do not expect the Minister to be able to answer the question today or even within the next six months, it is important that we set out a road map as to how all this can be achieved. It is important also to set out a road map as to how the hospital network and primary care centres will fit in. There is an issue currently involving general practitioners and the contract for under sixes. The point that came across to me in my discussions with general practitioners is that they want to see investment in primary care centres. They can do a lot more work in that context, which would free up a lot of our hospital resources.

It would be remiss of me not to mention Portiuncula Hospital. The Minister will have expected me to say this. It is a hospital which has been underutilised. The Minister is a great believer in moving more services to smaller hospitals. Portiuncula Hospital has a very bright future under the system the Minister envisages, as does Roscommon County Hospital. They can take on a great many of the smaller procedures and free up University Hospital Galway to function as a centre of excellence.

I welcome very much what the Government is attempting to do. It has my full support. I will take part in the process. I urge the public to do the same. More than that, I urge the Opposition to explain, if it has a problem with what is proposed, what it would do differently. The Opposition should cost it differently if it can rather than simply tell us it does not like the health service now and does not like the plan. It is fair enough if that is what it really believes but there is an onus then to give the Irish people a third option, cost it and show how it will work. Otherwise, Members of the Opposition should join in the process and help us to deliver a better health service.

Deputy Brendan Smith: Deputy Jim Daly referred to the establishment of hospital trusts. I am amazed in regard to the specific trust concerning the Cavan-Monaghan hospital group that we are not linked with the Mater hospital. The Minister, Deputy Reilly, knows as a medical doctor and a politician that there is a huge affinity, working relationship and pattern of Cavan people accessing tertiary health services at the Mater hospital. Whenever I have an opportunity to visit a patient there, I am always struck by the number of Cavan people I meet who are accessing services. I do not know if the Minister approved the trusts or if that was done at HSE level but I presume they are set down in stone at this stage. Whoever devised them made a significant mistake in failing to allow Cavan General Hospital and Monaghan Hospital to continue that great tradition of work and accessing of services at the Mater hospital.

Regardless of what funding system is put in place in future, I am anxious that we ensure it is proofed at cross-Border level. The Minister will be aware of the huge potential we have to deliver services on an all-Ireland basis. Representing two Ulster counties, I am aware of the great potential we have at Cavan General Hospital and Monaghan Hospital to work with Enniskillen hospital. Sligo General Hospital also has that opportunity. The Sligo and Letterkenny hospitals can work with Altnagelvin as well. I hope that whatever funding system emerges, it ensures no obstacles are put in place to the collaboration that exists and the potential for greater co-operation on the island in the provision of services.

Not for the first time, the Government has presented the House with a debate which is wrongly titled. Today's business is stated to be on the White Paper on universal health insurance but we are actually making statements on a Green Paper. Let us look at the standard parliamentary definition of a White Paper:

17 April 2014

White papers are documents produced by the Government setting out details of future policy on a particular subject. A White Paper will often be the basis for a Bill to be put before Parliament. The White Paper allows the Government an opportunity to gather feedback before it formally presents the policies as a Bill.

In contrast that with the standard parliamentary definition of a Green Paper:

Green Papers are consultation documents produced by the Government. Often when a government department is considering introducing a new law, it will put together a discussion document called a Green Paper. The aim of this document is to allow people both inside and outside Parliament to debate the subject and give the department feedback on its suggestions.

What the Minister has produced more closely resembles a Green Paper than a White Paper. It raises many more questions than it answers and, certainly, indicates that we are a long way from implementation. A Government Minister was quoted in the national media recently as saying:

He [that is the Minister, who should have been referred to properly] has been allowed to call it a White Paper. He needed that at least but the reality is how is it a White Paper. A White Paper is something you produce when you are ready to go into the Dáil with legislation.

Deputy James Reilly: Is it a named Minister?

Deputy Brendan Smith: No.

Deputy James Reilly: Of course not. It is easy to quote anonymously. Dúirt bean liom go ndúirt bean léi.

Deputy Brendan Smith: It is not a named Minister and unfortunately he or she did not refer to Deputy Reilly by his proper ministerial title either. I do not like that.

Deputy James Reilly: For the Deputy's information, the definitions he referred to are from the English Parliament not the Dáil.

Deputy Brendan Smith: I did not say they were not. There are parliamentary procedures which are quite common to parliaments throughout the world.

Deputy James Reilly: It is common to the Commons.

Deputy Brendan Smith: The Minister's White Paper falls a long way short of the programme for Government commitment which stated that a White Paper on financing universal health insurance would be published early in the Government's first term. We were told it would review cost-effective pricing and funding mechanisms for care and set out the care to be covered under UHI. We are now in the fourth year of the Government's term, which is not early by any stretch of the imagination. Not only is the White Paper late, it lacks any concrete information as to how it will be financed and how much it will cost people if the policy is ever implemented. The truth that the Minister and his White Paper miss is that universal health insurance does not equate to universal health care. What the Minister is proposing here could end up being very expensive for the already hard-pressed middle income earners. All of us who are public representatives know very well that many additional burdens have been placed on the

cohort of people who do not have any more to give to meet extra demands. The White Paper fails to provide clear and concise answers to a range of other big questions, such as what will happen to primary care if the Minister gets his way, and whether, by introducing free GP care, the Minister will effectively make every GP a public servant.

There is no doubt our health system needs further reform so all patients receive health care on clinical need, but there needs to be a real national debate on how best to achieve this. A national debate can contribute to arriving at the proper architecture. There is a need to assess whether the Dutch model, to which the Minister so often refers, is suitable for the Irish health system and whether in reality it will result in better health care. When the Minister was in opposition we constantly heard him refer to the attractions of the Dutch model. While the system has some positives it also has some major negatives, as outlined by two Mullingar general practitioners, Dr. Wilkinson and Dr. Brennan, in an article they wrote some time back for *Forum*, the journal of the Irish College of General Practitioners. They quote the Commonwealth Fund report which ranked the Netherlands second to the UK in its ability to provide same or next day appointments to patients. Although, as they point out, Ireland was not included in this comparison, anecdotal reports from the UK suggest that waiting times for appointments in general practice are shorter in Ireland than in Britain. Will longer GP waiting times be the price of Dr. Reilly's expensive system? Those of us who flick through the news channels when we come home late at night see reports on the British channels of the difficulties people there have in accessing not only hospital care but immediate and ready access to general practitioners. It is a real problem. There is also a problem in some parts of our country, but not the delays we hear about in other countries.

Of more concern is the fact the report rated Dutch patients as second most likely to be hospitalised due to a complication after discharge. As the doctors themselves state, this may be a side-effect of a Dutch health care system where hospitals are paid per patient treated and procedure performed. Dr. Wilkinson and Dr. Brennan quote one of the Dutch delegates to the European Society for Quality and Safety in Family Practice, Dr. Veld, who concedes the Dutch system has its downsides. He states the basic insurance package is expensive and the costs of premia have increased by 40% over a four-year period. Not only have the costs increased but the content of the packages has already been reduced with a range of treatments and medications, such as ulcer drugs, tranquillisers and anti-depressants, being withdrawn and discussions are taking place on how the packages may be reduced further. Dr. Veld sees a threat to risk equalisation as insurers may alter the conditions for supplementary packages for people with pre-existing conditions, making it harder for such patients to change from one insurer to another.

A medical system funded by insurance companies ensures a competitive market. This is acceptable when it comes to routine procedures such as cataract surgery or hip replacements. However, Dr. Veld highlights the ethical issue of hospitals competing financially in their ability to manage life-threatening conditions such as cancer care, which could compromise treatment as a result. As insurers try to source the cheapest generic drugs, many patients obtain pills with different brand names or boxes every three months. The Minister knows better than the rest of us in the House this can prove distressing for patients at times, particularly older people, and compliance is compromised as a result.

Deputy James Reilly: The Deputy would have us pay a premium price for the brand leader.

Deputy Brendan Smith: I am not suggesting that. I suggest that at times people are con-

cerned about a change in the particular drug they take.

The 2010 Dutch Health Care Performance Report discusses the fact that insurance companies mainly compete to limit the cost of health care services, with quality of care being of limited influence. This is a worrying feature of an insurance company-dominated health service. These are not the only issues with the Dutch model but couple these problems with major questions about how the system would be financed and how much extra burden would fall on individual patients and one must ask oneself whether this is really the right model for us to follow.

This is the question Fianna Fáil asked approximately one year ago when Dr. Brian Turner, an economist in University College Cork, prepared an independent assessment for us on what universal health insurance would mean for our citizens. In his report, Dr. Turner concluded it is far from clear the introduction of universal health insurance, as envisaged by the Minister, Deputy Reilly, would be of benefit to the Irish health system.

He went further, and stated, “There is simply insufficient evidence from international systems to suggest a change in the funding mechanism would produce benefits sufficient to justify the disruption that such a change would cause, and indeed there is some evidence to suggest that such a move would lead to higher costs for the Irish public without significant improvements in health outcomes.”

Like all of us, he supports the goals of creating a single-tier health system, removing financial barriers to accessing GP services and reducing waiting times for hospital treatment but, like Fianna Fáil, he fears that what the Minister proposes will not alone fail to achieve these objectives but that radically redesigning the funding mechanism would entail additional costs. This fear of massive additional costs would seem to be borne out by estimates from the Department of Public Expenditure and Reform that this new charge could cost up to €1,600 a year per person.

According to the White Paper we are discussing, every member of the population will purchase a universal health insurance policy from his or her preferred insurer and this policy will provide cover for a comprehensive package of health care services. The package or basket of services is not outlined in the White Paper. It will be the subject of consultation. Neither are their costs as these will not be provided this year. The White Paper states that over the coming 12 months the Department will undertake a major costing exercise to ensure a full and comprehensive analysis of the estimated costs involved is available. However, the Minister, Deputy Reilly, claims we cannot know the costs because we do not know the tax rates which will prevail in 2019. This is fairly clear to all of us.

Deputy James Reilly: What is not clear is Fianna Fáil’s policy.

Deputy Brendan Smith: We are discussing the Minister’s White Paper, and from some commentary it appears to be the Minister’s White Paper rather than the Government’s White Paper.

Deputy James Reilly: We have a vacuum on the other side of the House and it is not a Dyson.

Deputy Brendan Smith: That is not true. We are discussing the Minister’s White Paper. Why, in his fourth year in office, could he not provide costings based on 2014 prices and tax rates? It is very clear from the contents of the White Paper the practicalities of universal health

insurance have yet to be clearly established. It is clear the Government does not know the balance of funding for universal health insurance between tax revenue, co-payments and insurance premia.

Deputy James Reilly: What did Fianna Fáil do for 14 years in government?

Deputy Brendan Smith: There were serious difficulties in many areas-----

Deputy James Reilly: You made a complete hames of it.

An Leas-Cheann Comhairle: The Deputy has only a minute and a half remaining.

Deputy Brendan Smith: There were many improvements.

Deputy James Reilly: Fianna Fáil had 14 years when it could have fixed it. Instead it wrecked the economy and the health service.

Deputy Brendan Smith: Many improvements were made and the Minister railed against some of them with regard to cancer reorganisation. I hear some of the Minister's party speak laudably about the cancer treatment services available throughout the country, and they are right to laud them, but many members of the Minister's party opposed the changes when they were made.

Deputy James Reilly: Forget about the 569 people who lay on trolleys on one day after 14 years in government.

Deputy Brendan Smith: The Minister is selective.

Deputy James Reilly: No I am not.

Deputy Brendan Smith: I could give him figures also.

Deputy James Reilly: You would not even count the number of people on outpatient waiting lists. Tens of thousands of people were waiting years.

An Leas-Cheann Comhairle: Deputy Smith without interruption please.

Deputy Brendan Smith: People cannot get on the waiting list now because they cannot get an assessment done.

Deputy James Reilly: They can and we measure it.

Deputy Brendan Smith: The Minister should speak to the people waiting for an orthopaedic assessment in the north east.

Deputy James Reilly: Yes.

Deputy Brendan Smith: We table parliamentary questions but we do not receive answers. People are not even called for an assessment.

Deputy James Reilly: They are.

Deputy Brendan Smith: It is hard to get on a waiting list if one is not even called to be assessed.

17 April 2014

Deputy James Reilly: Fianna Fáil did not even count them.

Deputy Brendan Smith: I will not take the figures the Minister selectively quoted. We can all select statistics from a particular day or month to suit the argument we are putting forward.

Deputy James Reilly: Let us talk about the relevant statistics. The previous Government did not even have waiting lists for outpatients.

Deputy Brendan Smith: The Minister quoted figures from January and February 2011 when there was a huge number of admissions to hospitals because people were afflicted with injuries due to the climate conditions and harsh weather. This could apply in any particular year and it can be cyclical.

Last week the Minister was in Cavan. He saw the improvements that have been brought about at Cavan General Hospital on foot of the substantial investment that was made in new facilities at the hospital between 2000 and 2010. He will be aware that many of the additional services which have been provided at the hospital were not available ten or 12 years ago. That creates extra demand on the hospital. I am sure some of those involved at management level at the hospital had an opportunity to mention to the Minister last Friday that the accident and emergency unit needs new facilities. The number of people attending that unit has increased on foot of population growth in the area and the downgrading of services at Monaghan General Hospital. I hope the Minister will ensure the proposal to provide new-build facilities is advanced as quickly as possible through the HSE. The next time I table a parliamentary question to the Minister on this issue, which is of great importance to the people of Cavan and Monaghan, I hope he will be able to give me a more positive response than I have received up to now.

Deputy Paudie Coffey: I would like to share time with Deputy Heydon.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Deputy Paudie Coffey: I welcome the opportunity to contribute to this important debate. Health services should always be a priority for any politician or public representative. This debate is well worth having.

I wondered about certain things as I listened to Deputy Smith's contribution. His party was in government for 14 years, at a time when unprecedented levels of money were available. I do not normally play politics, especially when we are discussing health services, but unfortunately I have to say it was very hard to listen to the Deputy's criticism of this Government. At a time when a very restricted budget is available, the Government is trying its damndest to reform the health system in the best interests of patients. The previous Government did not avail of the opportunity it had over 14 years to reform the health service, to put the patient first and to deliver a service we can be proud of.

It is sad to have to say there is a two-tier health system in this country, but we all know that is the case. Under this form of health apartheid, those who can afford the high cost of private health insurance can access essential health services while those who do not have enough money have to remain on waiting lists for long periods of time. The progress that is being made on waiting lists, in spite of the budgetary restrictions we are facing, will not suffice in the absence of major reform of the health service. We need to put the patient first and treat him or her as the priority.

We need to make the best possible use of the resources in the health sector to deliver a high-quality and efficient service of which the people can be proud. Reform does not come easy. It involves change, as we all know. Change often leads to concern, doubt and uncertainty. I do not underestimate the challenge the Government is facing as it seeks to introduce universal health insurance. I believe all public representatives have a responsibility to be honest and open with the electorate. The health services should not be used as a political football, especially at this time.

The publication of the White Paper on Universal Health Insurance gives us a welcome opportunity to engage in a debate on this issue. Under the proposed health insurance model, the State will have to play an important role in protecting those who are most vulnerable. It is acknowledged in the White Paper that the State's role will involve paying for children, students and people on medical cards and their families and subsidising those on low incomes. All insurance companies will be required to offer a standard package of health insurance that will cover all key services, such as hospital care, GP care and maternity care.

The system of community rating that is to be introduced will ensure that no insurance company can discriminate on the basis of age, sex or health status. The State will also be responsible for regulating the system and ensuring safety and quality are maintained to the highest levels. It will also be responsible for funding services that will not be covered by universal health insurance, such as long-term care, mental health and disease prevention. Public hospitals will remain under public ownership. They will be given much more freedom to run themselves. That is to be welcomed.

I have mentioned some of the challenges that exist. A public debate on the primary care sector is taking place at the moment. The Government has given a commitment to deliver free GP care to those under the age of six. Its long-term intention is to deliver free GP care for all. I appreciate that there is a genuine intention to be proactive in terms of health. The best place to do that is on the front line in the communities. GP practices should have a role in educating and building health awareness within our populace so that we do not have to react to long-term illnesses like diabetes at a later stage. Substantial resources can be required to deal with complicated illnesses that develop at a later stage of life. GPs on the ground are voicing their concerns. As I have said, change and reform are always accompanied by uncertainty.

I ask the Government to reassure the public that a quality primary care service can and will be delivered through GP practices, which will require resources. Everybody knows there is capacity and flexibility in the system to introduce specialist nurses in areas like diabetes care. Rather than taking up the time of our GPs, we should train our nursing staff to deliver services in specific areas of expertise. The same thing applies to consultants. We should train our GPs to do minor elective surgeries so that such practices are taken out of our acute hospitals. I would have no issue with that. If we are to manage that process, we are going to need all stakeholders, including GPs and their staff and the public, to buy into it. I believe these reforms will work as long as they are managed and resourced well. We should all remain focused on them.

I would like to speak about acute hospitals. As the Minister knows, there was a great deal of concern in the south east when the new hospital boards were announced last year. We were told that Waterford Regional Hospital, as it has always been known, would be taken into the southern hospital group. I welcomed the reassurances we were given by the Department of Health and the HSE last year to the effect that Waterford Regional Hospital would become a university hospital. The appointment of people to academic posts will enhance the hospital's capacity to

17 April 2014

bring in trainees and enhance services in specialised areas like accident and emergency, orthopaedics and cancer care.

I have a particular concern with regard to cardiology. In 2008, the cardiology unit at Waterford Regional Hospital had just two days' cover. In 2014, the same unit has five days' cover. The entire region is still not covered at evenings and weekends, unfortunately. I ask the Minister to ensure the appointment of a cardiologist at the hospital will happen as quickly as possible. I understand that someone is to be appointed in September. Cardiology services need to be available at Waterford Regional Hospital 24 hours a day, seven days a year, to service the whole south-east region. This should be an essential component of equality of access to health care, particularly emergency services.

Deputy Martin Heydon: I am delighted to have an opportunity to speak on what is undoubtedly the most reforming health care measure to have been introduced since the foundation of the State. It will have an impact on the lives of every citizen in the State for generations to come. The main purpose of this proposal is to deal with a health system that is not fit for purpose and is incapable of meeting the challenges it will face in the future. Some 41% of people have medical cards at present. A further 45% of people have private health insurance, but this figure is decreasing due to the strains of the economic times we are enduring.

People pay for private health insurance to give themselves access to health services. They want to reduce the amount of time they spend on waiting lists and in queues. Universal health care is fundamentally about equal access for all. One's ability to pay for insurance or services should not determine how long it takes one to receive a colonoscopy, a mammogram or some other service. That has been the case in the past, unfortunately. We have to move away from that situation. The universal health insurance system is going to have work in the context of a reduced health care budget. If we have learned anything from the previous Government's handling of the health service, it should be that money does not solve all our problems. That country threw money at the health service when this country was awash with money, but it did not solve our problems.

The importance of introducing this new structure now is evident when one examines this country's demographics. Older people place the greatest strain on any health system because they need a greater amount of care than younger people. The proportion of the population of Ireland aged 65 and over is 11%, compared to an OECD average of 15%. This should translate into expenditure on health care that is lower than average. However, Ireland's *per capita* spend in 2011, the latest date for which data are available from the OECD, was \$3,700, compared with an OECD average of \$3,300.

Topical Issue Matters

An Leas-Cheann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 27A and the name of the Member in each case: (1) Deputy Michael McNamara - the need to address the crisis in beef prices by facilitating live exports; (2) Deputy Thomas P. Broughan - the need to protect the special amenity area status of the Howth Peninsula; (3) Deputy John Deasy - the need to balance regional distribution of the Ireland Strategic Investment Fund; (4) Deputy Michelle Mulherin - the need to provide funding for the Monasteries of the Moy greenway; (5) Deputy Pádraig Mac Lochlainn - the impact of the closure of the Lough Swilly Bus Company on jobs and public transport pro-

vision; (6) Deputy Charlie McConalogue - the impact of the closure of the Lough Swilly Bus Company on jobs and public transport provision; (7) Deputy Dessie Ellis - the use of hotels and bed and breakfasts to accommodate families experiencing homelessness; (8) Deputy Clare Daly - the need for the State to cast the vote of its shareholding against the bonus of the chief executive officer at Aer Lingus; (9) Deputy Mick Wallace - the need to include architectural technologists on the construction professionals building regulations list; (10) Deputy Seán Ó Fearghaíl - the strategic plan in place for the provision of ASD units and-or other special education units in post-primary schools; and (11) Deputy Richard Boyd Barrett - the need to establish a commission of investigation into the case of a person, details supplied.

The matters raised by Deputies John Deasy, Michael McNamara, Seán Ó Fearghaíl and Thomas P. Broughan have been selected for discussion.

Leaders' Questions

Deputy Willie O'Dea: A great deal of controversy has attended the leaking of the Government memorandum on water charges. I have several questions for the Tánaiste in this regard. I do not raise them from a political perspective but because they echo the questions I am being asked by members of the public. As the local and European elections campaign intensifies, these questions are coming up at almost every doorstep. They are the same questions that are being raised by members of the Tánaiste's party - rightly, in my view. They are the same questions that were raised by the Minister of State, Deputy Jan O'Sullivan, on "Morning Ireland". I hope the Tánaiste will agree it is only right, fair and just that the public should have the fullest possible information on these matters before it is called to cast its vote on 23 May.

Will ability to pay be a central feature of the new regime? In other words, will people be entitled to exemption or part-exemption based on their income? Second, can the Tánaiste confirm the figure given by the Taoiseach of an average charge of €240, notwithstanding the indication by the Minister of State, Deputy Jan O'Sullivan, that it does not mean very much in the present context? Is that figure applicable to the first quarter or the first year? Will the overall charge be fixed for a number of years or is it subject to change after the first quarter or the first year? Third, what will be the position of those people whose homes have not been metered by the time the charge kicks in on 1 October, a situation which will apply to some three quarters of prospective water tax payers? Finally, does the Government intend to publish the detailed legislation on this matter before the local elections?

The Tánaiste: In our programme for Government, we indicated that charging for water would be based on usage after a free household allowance was applied and measured on a metering system, which would have the advantage of enabling people to conserve water and thereby reduce their household bill. Work has been ongoing on this scheme and, as the Taoiseach confirmed yesterday, the Central Statistics Office has calculated a figure of €240 as the average annual charge which would be required to keep water off balance sheet.

There are still a number of issues that need to be addressed. I wish they had been addressed some months ago, but they remain to be done. First, there is the question of metering. The best estimate is that the number of households that will be metered by the end of the year is some 400,000. This means that approximately three out of every four households would not be metered by the time the charge is introduced. That raises the question of how those householders will be charged. Several questions have yet to be addressed in this regard. The first is whether

the pace of metering can be accelerated to increase the number of households that are metered. The second is whether some type of rebating arrangement can be introduced as households are metered after the charge is introduced. These are questions that need to be addressed and concluded.

The second issue that needs to be addressed is the question of ability to pay. The figure of €240 the Central Statistics Office has come up with is less than what was being proposed earlier in the year and certainly less than some of the very exaggerated figures that have been in the public domain in the meantime. Likewise, it certainly is less than the €400 charge Fianna Fáil would have introduced from an earlier stage. Nevertheless, it is still a very large bill for any household that is having difficulty paying it. I am thinking particularly of older people, pensioners and people on low incomes. Therefore, it will be necessary to have an ability to pay provision or measures which address the issue of ability to pay before we settle and agree on what the charge will be and how the regime will work. I want to see these decisions made quickly because I want there to be certainty and answers provided for people. It is important that we get the decision right and address the question adequately and satisfactorily of how households that will not be metered by the end of the year will be treated and, in particular, how the issue of ability to pay will be addressed for people who are in difficult financial circumstances.

Deputy Willie O'Dea: I thank the Tánaiste for his clarification. As I said, these questions are being raised on every doorstep, as I am sure my constituency colleague, the Minister of State, Deputy Jan O'Sullivan, will confirm. In respect of people on social welfare, pensioners and people on low incomes, do I take it from the Tánaiste's reply that the question of their ability to pay will definitely be a feature of the new regime? Can I also deduce from the Tánaiste's reply that under the estimated system, which will apply to three quarters of households when the charge kicks in on 1 October, if what is payable is more than households would otherwise have paid, then a rebate system will apply? Finally, will the Tánaiste indicate when the Government will be in a position to publish the legislation?

The Tánaiste: No decisions have yet been made on any of these issues and the first discussion took place at Cabinet only yesterday. We have to find a way of dealing with the issue of households that will not be metered by the end of the year. If we want a water-charging regime which encourages water conservation and enables households to reduce their bill, we will have to deal with that issue. My own view is that we should see what we can do to accelerate the metering programme in order to maximise the number of households that are metered by the end of the year. As households are metered thereafter, we should have a rebate system so that if household usage is lower, the bill can be adjusted. We also have to take into account the differences between households. In many ways, there is no such thing as an average household. For example, medical need may be a factor in water usage rates. Such factors have to be worked into the equation as well.

On the issue of ability to pay, we will have to find a way of easing the burden on those households that will find paying the bill very difficult. As I said, I have in mind in particular older people, pensioners and people on low incomes. The CSO figure of €240 is less than what Fianna Fáil would have done and less than what was talked about earlier in the year, but it is still a very big bill for a household on a low income. That issue will have to be addressed before we conclude on it. It is an issue I want to see addressed as quickly as possible.

Deputy Caoimhghín Ó Caoláin: Does the Tánaiste recall the Labour Party advertisement from the most recent general election campaign which bore the legends "Look what Fine Gael

have in store for you!” and “Fine Gael - Every Little Hurts”?

Deputy Robert Troy: That is what parties do at election time.

Deputy Caoimhghín Ó Caoláin: Prominently featured in that advertisement was a reference to water tax, at a suggested cost of €238 per annum.

Deputy Barry Cowen: On the button.

Deputy Robert Troy: Is that not what parties do at election time?

Deputy Caoimhghín Ó Caoláin: Yesterday, the Taoiseach confirmed the accuracy of that Labour Party advertisement by stating that the average water tax to be imposed on people by this Government will be €240 per annum. Does the Tánaiste agree that the imposition of water tax is half-baked and that the Government has not thought through details of key issues such as metering, standing charges, ability to pay and conservation? Does he further agree that the tax will not survive public scrutiny if left in its current form? Does the Tánaiste agree with those sentiments, which were expressed by a member of the Labour Party to *The Irish Times* yesterday? Is he of the view that his party is at one with Fine Gael in respect of these matters? Are members of the Labour Party at one with each other, particularly in the context of what is being said? How can the Tánaiste reconcile the statements to which I refer with the fact that despite all the warnings they issued to the electorate in 2011, those in the Labour Party - with their eyes wide open - negotiated a programme for Government and then entered office with Fine Gael? The Labour Party actually supported the inclusion of water tax in the programme for Government and on every occasion it has supported that proposition, including on the final sitting day of 2013 when the parties in government rushed through legislation in the absence of either scrutiny or proper debate. Where does the Labour Party stand in the context of what is now proposed?

Deputy Finian McGrath: On its head.

The Tánaiste: This is typical of Sinn Féin.

Deputy Caoimhghín Ó Caoláin: I was merely talking about what is typical of the Labour Party.

The Tánaiste: Sinn Féin does not give a curse as to how it will impact on people. All it cares about is how it will play politically.

Deputies: Hear, hear.

Deputy Caoimhghín Ó Caoláin: Those opposite should dig their own holes for themselves.

(Interruptions).

An Ceann Comhairle: There is no need for the chorus.

Deputy Timmy Dooley: It is typical of the Tánaiste to play politics at election time.

(Interruptions).

17 April 2014

The Tánaiste: What we never hear from Sinn Féin is how it proposes to ensure that the people of this country will have an adequate, clean and satisfactory supply of water into the years ahead. Sinn Féin has never made a proposal in respect of this matter.

Deputy Peadar Tóibín: We have done so and we posted a copy of it to the Tánaiste as well.

The Tánaiste: Sinn Féin has never made a proposal as to how water is going to be supplied.

(Interruptions).

Deputy Peadar Tóibín: I have a copy of it here.

An Ceann Comhairle: Deputy Tóibín should put away that document. He cannot display it in the House.

The Tánaiste: Those in Sinn Féin conveniently ignore the fact that the previous Government agreed-----

Deputy Caoimhghín Ó Caoláin: We never ignore those who were in that Government.

The Tánaiste: -----in the memorandum of understanding it signed with the troika, that charging for water would be done on a full cost-recovery basis. The latter would, at a minimum, involve a charge of approximately €400 per annum per house, regardless of size.

Deputy Barry Cowen: No waivers. No rebates.

The Tánaiste: As Deputy Ó Caoláin knows, the proposal the Government is considering involves a sizeable subsidy from the State in respect of the provision of water. Issues relating to the scale of the charge and how it will be structured are being considered by the Government. As stated earlier, we are examining this matter in the context of how metering will proceed in the fairest and most reasonable way and how we might ensure that the issue of ability to pay will be addressed. Of course, the Deputy is not interested in that because he is away living in some kind of fairy tale. The only matter about which we can be sure is that if Sinn Féin had its way, this country would not only have remained in the bailout into which it was plunged by the previous Government but it would also have entered a second such bailout. The latter would have enormous consequences for public expenditure, taxation and the delivery of services to the people.

Deputy Timmy Dooley: Would that be the Labour Party's way?

Deputy Barry Cowen: It would be Frankfurt's way.

Deputy Caoimhghín Ó Caoláin: There is no surer indication that one is hitting the right button than when the heat comes back at one like that. The Tánaiste's earlier response to Deputy O'Dea was marked by its calm nature. We are right on the button in our criticism. Let us eliminate-----

An Ceann Comhairle: No, let us have a supplementary question.

Deputy Caoimhghín Ó Caoláin: -----the anonymity in respect of Labour Party commentary to the media and quote what one of its Deputy's said this morning.

Deputy Anne Ferris: What is the level of the charge in Northern Ireland?

Deputy Caoimhghín Ó Caoláin: Does the Tánaiste agree with the statement made this morning by the Labour Party's Deputy Kevin Humphreys to the effect that Fine Gael in government has "acted in a dishonourable manner". Does the Tánaiste agree with Deputy Humphreys?

Deputy Arthur Spring: We could say a great deal more about those in the Deputy's party.

Deputy Caoimhghín Ó Caoláin: Is it not the truth that the Labour Party decided long ago to impose the water tax on every household throughout the State, irrespective of people's ability to pay?

Deputy Anne Ferris: It is the same in Northern Ireland.

Deputy Caoimhghín Ó Caoláin: When one hears this kind of nonsense coming back, one knows that the Labour Party is under pressure and it is not just pressure in respect of the issue of water charges.

(Interruptions).

Deputy Caoimhghín Ó Caoláin: Is it not the case that the Labour Party has participated staunchly in the process to which I refer from the outset and that it is a co-facilitator of the introduction of what is now proposed? Is it not also the case that all of the posturing by the Tánaiste on our television screens and all of the other commentary by the Labour Party to which I have just referred relate to the fact that the party will be obliged to face the electorate on 23 May-----

Deputy Brendan Howlin: The only thing those in Sinn Féin think about is-----

Deputy Caoimhghín Ó Caoláin: -----and that it is trying, by any and every means, to limit the negative impact of having sold out in respect of the positions it held for many years and abandoning its voters?

Deputy Arthur Spring: Those in Sinn Féin are cowards who would not go into government.

(Interruptions).

Deputy Caoimhghín Ó Caoláin: We are in government in Northern Ireland.

The Tánaiste: There is one thing of which I cannot be accused, namely, making decisions to court popularity.

(Interruptions).

A Deputy: The Tánaiste could get a job as a comedian.

Deputy Barry Cowen: Amnesia. The Tánaiste got where he is today with that sort of utterance.

(Interruptions).

Deputy Dara Calleary: Labour's way or Frankfurt's way.

An Ceann Comhairle: If some Members insist on continuing to be disruptive, they will find themselves outside the door.

17 April 2014

Deputy Timmy Dooley: The Ceann Comhairle is right. We need a moment of silence.

Deputy Barry Cowen: The Tánaiste is like Reggie Perrin.

Deputy Peadar Tóibín: What is proposed is a flat tax on low and middle-income earners.

The Tánaiste: In light of the decisions this Government has made and following what it has done in recent years in the interests of assisting the country to recover, we are certainly not in that situation. When it comes to posturing, Sinn Féin comes second to no one.

Deputy Caoimhghín Ó Caoláin: Why does the Tánaiste not answer the question?

The Tánaiste: His party is presiding over a regime in Northern Ireland where the average amount people pay in property tax and water charges is €950.

Deputy Anne Ferris: Hear, hear.

(Interruptions).

Deputy Caoimhghín Ó Caoláin: The Tánaiste is spinning again. They do not pay for water.

Deputy Bernard J. Durkan: Sorry about that, Deputy Ó Caoláin.

An Ceann Comhairle: Will Deputy Durkan please stay quiet?

(Interruptions).

An Ceann Comhairle: The Tánaiste is not being listened to. Would he mind concluding, particularly as we are over time?

Deputy Dessie Ellis: The Tánaiste is making a very watery argument.

The Tánaiste: The only thing I can say to Deputy Ó Caoláin is that what he is saying is partitionist hypocrisy.

Deputy Caoimhghín Ó Caoláin: The Tánaiste wrote the book on that.

Deputy Bernard J. Durkan: Sorry about that, Deputy Ó Caoláin.

Deputy Joan Collins: I am confused with regard to what the so-called row between the Tánaiste and the Taoiseach - and their respective parties - which began yesterday and which has continued this morning, is actually about. We know that the introduction of water charges was proposed by Fianna Fáil and that the Labour Party has agreed to this new austerity tax. There is also no dispute that the Government has set a target of raising €500 million from this tax on water in 2015 and that in order to achieve this, the average charge per household will be at least €240 next year. There is also no dispute that the standing charge which will apply will be €50 and that the free allowance will be 30,000 litres for an adult or 65,000 litres for a child. All of these matters have been discussed by the Economic Management Council for a period of weeks.

Deputy Brendan Howlin: Not true.

Deputy Joan Collins: There is broad agreement between the Labour Party and Fine Gael with regard to the various issues to which I refer. What, therefore, is in dispute? Why have

members become so indignant and angry in the Chamber in recent days?

Does not the real issue relate to the fact that the Labour Party wants to delay the final decision and announcement relating to water charges until after the local elections next month? I put it to the Tánaiste that his party is not concerned about the effect of the new tax on families, the unemployed or those with illnesses or disabilities but rather about the impact its introduction will have on its share of the vote.

The Commission for Energy Regulation, CER, has come out in the past half an hour stating that there will be no ability-to-pay clauses in the payment. The Central Statistics Office figures released yesterday showed that disposable income has fallen by €3,000 since 2008. People now face a new tax on the household on top of the property tax. The new tax will be a major burden on the 27% of the population, or 1.2 million people, who suffer deprivation and the 13% who cannot properly heat their homes. One in three children are in this situation and 16.4% of people in work suffer deprivation, two and a half times more than in 2008.

It may be that we did not understand that defending the vulnerable meant not defending any of those who did not cause the crisis. Those people have become economic units in this country rather than citizens. Is it about defending the vulnerable in the Labour Party? The party is likely to get a hiding in the May local elections.

The Tánaiste: The energy regulator has begun a consultative process on the issue of water charges. It will be done in two parts: first, in respect of the structure of the charge and second, in respect of the amount of the charge itself. As Deputy Collins should know from the legislation, there is provision for the Minister to give direction to the energy regulator in respect of certain matters. As I stated earlier, these matters will have to include how the situation of households which will not be metered by the time the charges come to apply will be dealt with. That must be addressed. As I noted earlier, there are several possibilities but we must make a decision in that regard. That is the substantial issue.

The position as things stand is that three out of every four households will not be metered by the time the charge comes into effect and we need to have a fair way of dealing with that. I do not believe it is acceptable to have a charging based on some kind of crude decision based on the type of house concerned. We must consider the issue of water usage in the house and the size of the family and their needs.

As I noted earlier, the second issue relates to ability to pay. A figure of €240 has been recommended by the Central Statistics Office but no decision has yet been made by the Government. Admittedly, that figure is less than what was discussed earlier and less than the Fianna Fáil figure of €400, but it is still a large figure for a family having a difficulty to pay it.

Deputy Billy Kelleher: Our figure was zero.

The Tánaiste: The issue of ability to pay must be addressed. All of these issues will be considered by the Government before a complete and comprehensive decision is made on the water charges regime that will apply. Then, based on that decision, various directions will be given to the energy regulator which will inform the consultative process.

Deputy Joan Collins: How the worm has turned. In 1997 those in the Labour Party opposed and campaigned against water taxes. They applauded and took the accolades when they were abolished in 1997. Now the Tánaiste is standing in the Dáil trying to make excuses for

why people are going to be imposed with more taxes like water charges.

Is it not the case that water and access to water is a basic human right? An allocation of between 2,000 and 3,000 litres of water per person would allow for two showers per week, two flushes of the toilet per day and possibly a couple of cups of water out of the kettle. It is deplorable coming from a so-called Labour Party in government. They should hang their heads in shame.

A woman e-mailed me yesterday.

An Ceann Comhairle: A question, please.

Deputy Joan Collins: She said she suspected that legally we are entitled to water. She had no problem with excessive use of water and people being forced to pay for that. She makes the point that the Labour Party has become poacher turned gamekeeper and I believe she is correct in this regard. Can the Tánaiste stand over imposing another tax on all these people - the lowest 10% of people have only 3% of all the income - and leave the top 10%, which has 24% of the income, with practically no tax? The top 300 richest people in the country increased their wealth by €6 billion last year. They increased their wealth over two years in 2011 and 2012 by nearly €10 billion. The Tánaiste presided over that. They are not even asked to pay a 10% tax on that. A 10% tax on that wealth of €7 billion would amount to €700 million to invest in our water services.

Deputy Finian McGrath: They cannot even get a shower.

Deputy Brendan Howlin: They can all stay here and pay then.

The Tánaiste: The Deputy is right that water is a basic human right. That is why we must ensure that the people have an adequate clean and safe supply of water for the years ahead. We know as a result of the neglect of the water services by the previous government that we already have a serious problem in respect of our water supplies.

Deputy Billy Kelleher: Therefore, the Tánaiste was wrong before when he opposed the charges.

The Tánaiste: In the greater Dublin area-----

(Interruptions).

An Ceann Comhairle: Sorry, please.

The Tánaiste: In the greater Dublin area, we are already at a point where there is a risk to continued supply.

Deputy Finian McGrath: What about the leaks in Donnycarney?

The Tánaiste: There are already 18,000 people on boiled water notices. We are told by the Environmental Protection Agency that 16% of supplies are at risk if remedial action is not taken. The approach that the Government has taken on this issue is to establish a state-owned water utility to ensure that our water resources are maintained in public ownership and that there is investment in water in future.

Deputy Collins referred to people who are on the lowest level of income. We do not need

any dictation from Deputy Collins on the matter. As I stated earlier, that is precisely why we must address the issue of ability to pay. We must address the situation of those households and families who will find the water charge difficult to pay.

(Interruptions).

The Tánaiste: That is why we must address the issue of ability to pay as part of the decision that we must make. Furthermore, we must address the issue of metering so that individual households will be able to reduce their Bill by conserving water. That is the sensible way of doing it.

Deputy Joan Collins: It is not.

(Interruptions).

The Tánaiste: It is the way that takes account of all of the-----

(Interruptions).

The Tánaiste: Shouting slogans at it does not resolve it. It is about making decisions that are based on the needs of people, ensuring that those who are on the lowest income are protected, that the burden on them is eased and ensuring that families will be able to reduce their bill by water conservation.

Deputy Joan Collins: How the worm has turned.

Order of Business

The Tánaiste: It is proposed to take No. *b9*, motion re Ministerial Rota for Parliamentary Questions; and No. 20, statements on the White Paper on Universal Health Insurance (resumed). It is proposed, notwithstanding anything in Standing Orders, that No. *b9* shall be decided without debate; for the purposes of Standing Order 21(1)(a), the next fortnightly Friday sitting after 9 May 2014 shall be on 6 June 2014, the time and date by which notice of a Bill for the 6 June sitting shall be received by the Clerk shall be 11 a.m. on 9 May, and related Standing Orders shall apply accordingly; and the Dáil on its rising today shall adjourn until Wednesday, 30 April 2014 at 2.30 p.m.

An Ceann Comhairle: There are three proposals to be put to the House. Is the proposal for dealing with No. *b9*, without debate, agreed to? Agreed. Is the proposal for dealing with the sitting and business of the Dáil on Friday, 6 June 2014 agreed to? Agreed. Is the proposal that the Dáil on its rising today shall adjourn until 2.30 p.m. on Wednesday, 30 April 2014 agreed to? Agreed.

Deputy Willie O'Dea: I note the change in the schedule. The Dáil is coming back a week earlier than had originally been planned. Will the Tánaiste indicate whether it is intended to move the writs for the two by-elections on 30 April or thereabouts?

I wish to ask the Tánaiste about the legislation on water charges. Can the Tánaiste give me an approximate date when it might be published? It is important that it is published before the European and local elections so people will be in a position to make an informed judgment about it when they are casting their votes. Is there a possibility that the Government will be in

a position to publish it before 23 May?

The Tánaiste: As the Deputy stated, the House will return on 30 April, the week after Easter. There is no justification for the House adjourning for a week longer. The public would find it difficult to understand why the House-----

Deputy Barry Cowen: The Government scheduled it wrong.

The Tánaiste: -----would not return until May.

Deputy Billy Kelleher: The Government is safer here than outside.

The Tánaiste: The water charges legislation has been enacted. Regarding the possibility of by-elections, in fairness, the cause giving rise to those was recent. As a matter of decency, it would not be appropriate to discuss the holding of by-elections at this early stage.

Deputy Caoimhghín Ó Caoláin: The programme for Government commits to the introduction of legislation to allow for collective bargaining rights. When will the industrial relations (amendment) (No. 2) Bill be presented? Can we with certainty look forward to its successful passage through the House in a short time? We have waited a long time for this to present.

Regarding the regulation of lobbying Bill, there is significant concern about the special relationship that has applied heretofore - perhaps continuing - between known and unknown lobbyists, some with close relationships with political entities in this institution, who swan and have swanned around this building over many years. This is a matter that needs to be addressed. There is great public concern about it. When will the regulation of lobbying Bill present? By the way, its heads were published.

The Tánaiste: The Minister for Jobs, Enterprise and Innovation is at an advanced stage in his preparation of that legislation on collective bargaining. I expect that it will be before the Government shortly after Easter.

Regarding the registration of lobbyists legislation, we expect it to be published and in the House before the summer recess.

Deputy Bernard J. Durkan: On promised legislation, what is the position of the introduction of the industrial relations (amendment) Bill, which is to provide a new legislative framework to address the issues arising from the Supreme Court ruling striking down registered employment agreements, REAs?

The Tánaiste: That is the collective bargaining legislation to which I just referred. The Minister for Jobs, Enterprise and Innovation is at an advanced stage in preparing that legislation. I expect it to be before the Government soon.

Deputy Bernard J. Durkan: I thank the Tánaiste.

Deputy Joe Higgins: Will the Tánaiste clarify whether the Labour Party believes that, when it imposes a water tax-----

An Ceann Comhairle: No.

Deputy Joe Higgins: -----the tax comes with an in-built Labour anaesthetic-----

An Ceann Comhairle: We are not going back there. This is the Order of Business.

Deputy Joe Higgins: -----and causes no pain and hurts no one? If that is not the case-----

An Ceann Comhairle: The Deputy is out of order.

Deputy Joe Higgins: -----will the Tánaiste tell us how Labour will save us from Fine Gael hurting us all?

An Ceann Comhairle: Will the Deputy leave the leaflet down, please? He is totally out of order.

Deputy Joe Higgins: Labour even showed a water tap to make the point that it would stop Fine Gael from introducing a water charge of €238.

An Ceann Comhairle: Deputy, you know the rules of this House.

Deputy Joe Higgins: Sorry.

An Ceann Comhairle: No, I am serious. I called you out of respect for you. I expect you to behave in a proper fashion by adhering to the rules.

Deputy Paul Kehoe: Throw him out.

An Ceann Comhairle: This is the Order of Business. It is not-----

Deputy Brendan Howlin: A talking shop.

An Ceann Comhairle: -----an occasion to make speeches.

Deputy Joe Higgins: Sometimes, people have to be reminded of what they said because they tend to forget.

An Ceann Comhairle: There are plenty of other occasions that are not the Order of Business.

Deputy Joe Higgins: The Taoiseach firmly promised me yesterday that, when the Dáil returned after Easter and well before the local and European elections, the Government would present in detail its pricing structure and proposals for water.

An Ceann Comhairle: That was yesterday.

Deputy Joe Higgins: Is that detail agreed? Will the definitive information-----

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

Deputy Joe Higgins: -----that the Government was not ready or want to give yesterday before us?

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

Deputy Joe Higgins: I am sorry, but it is.

An Ceann Comhairle: You are out of order. This is about promised legislation.

17 April 2014

Deputy Joe Higgins: Yes, and-----

An Ceann Comhairle: It is not about Government commitments or anything else.

Deputy Joe Higgins: -----arrangements for sittings that were promised in the House by the Taoiseach yesterday. I am simply asking the Tánaiste whether that still stands.

An Ceann Comhairle: If the Taoiseach promised it yesterday, why does the Deputy want to be told it again today?

Deputy Billy Kelleher: The Tánaiste promised there would be no water charges three years ago.

Deputy Joe Higgins: A lot has happened since yesterday. It is a simple question.

An Ceann Comhairle: No.

Deputy Barry Cowen: Labour knew the figure.

(Interruptions).

An Ceann Comhairle: Other Deputies are offering. We all must stick to the rules of the House or submit a proposal to the Committee on Procedure and Privileges, CPP, to change them.

Deputy Joe Higgins: It is a simple question. Will the debate promised by the Taoiseach stand?

An Ceann Comhairle: It is not a simple question. You are out of order.

Deputy Joe Higgins: I am really in order, a Cheann Comhairle.

An Ceann Comhairle: You are not in order.

Deputy Paul Kehoe: He is out of order.

Deputy Joe Higgins: The Tánaiste could shake his head or nod.

Deputy Bernard J. Durkan: Deputy Higgins is well able to do that himself.

Deputy Caoimhghín Ó Caoláin: I swear he blinked.

Deputy Barry Cowen: One needs strength to do that.

Deputy Seán Ó Fearghaíl: I am loth to interrupt Deputy Higgins-----

An Ceann Comhairle: You had better proceed, because I will call the next Deputy if you do not.

Deputy Seán Ó Fearghaíl: I will proceed. I am grateful to the Ceann Comhairle for calling me. The Department of Arts, Heritage and the Gaeltacht has an important three-piece suite of long-promised legislation, those being, the heritage (amendment) Bill, the monuments Bill and the natural cultural institutions Bill. I understand that the Cabinet has agreed the heads of these important Bills, but there is no sign of them being published. Will the Tánaiste explain the delay? The Department in question is not exactly inundated with legislative proposals. When

can we expect to see the Bills emanating?

The Tánaiste: The heads of the heritage (amendment) Bill are to go to the committee for consideration in line with the new arrangements for having heads of Bills considered at committee before drafting is finalised. The expected publication date is late 2014. The expected publication date of the monuments Bill is late 2014. The heads of the natural cultural institutions Bill are to be submitted to the committee before drafting is done.

Deputy Barry Cowen: Is an Oireachtas Bill due before the House and is it necessary if the Government is disposed towards calling the writs for by-elections with an acting Clerk of the Dáil rather than a permanent one?

An Ceann Comhairle: I am sorry, but the Deputy was not present yesterday when I announced the appointment of Mr. Peter Finnegan as Clerk Assistant, which transfer all powers onto him from the Clerk pending the introduction of legislation.

Deputy Barry Cowen: I apologise.

The Tánaiste: I understand that the Oireachtas Bill has been referred to the finance and public expenditure committee of the House. We are waiting for the committee to deal with it and revert with a report.

Deputy Dessie Ellis: Today, the Committee on Justice, Defence and Equality produced a cross-party report on the recognition of Traveller ethnicity. The report requested the Minister or Taoiseach to make a statement recognising the ethnicity of the Traveller community and to take steps to put legislation before the Dáil to give Traveller ethnicity a legal standing.

An Ceann Comhairle: To which Bill is the Deputy referring?

Deputy Dessie Ellis: This would be in line with the recognition afforded by the Northern Assembly. Will the Tánaiste commit to a timeline for progressing this legislation, particularly given the many recent high-profile cases of discrimination against the Traveller community, such as the vile article recently written by a journalist?

The Tánaiste: I understand from the Deputy that the committee's report was published today.

Deputy Dessie Ellis: Yes.

The Tánaiste: In fairness, the Minister for Justice and Equality will need to read and consider it.

Deputy Dessie Ellis: Will the Government commit to considering it?

Deputy Brendan Howlin: We must read it first.

The Tánaiste: Hold on one minute - we would like to read it first. Give us-----

Deputy Dessie Ellis: Labour supported this matter previously.

The Tánaiste: Yes, but out of respect for the committee, we ought to at least be given time to read and consider its report before making a response.

Deputy Ray Butler: Given the fact that the social protection Bill will be discussed in the

17 April 2014

House in May, will the Cabinet consider self-employed people? The likes of the Irish Small and Medium Enterprises Association, ISME, and the Self-Employed Alliance, SEA, attended the Oireachtas recently. The Minister, Deputy Burton, has done great work on this matter.

An Ceann Comhairle: Where is the Deputy going?

Deputy Ray Butler: Is the Cabinet considering it? When the Bill is before the House in May, can we use it to recognise for the first time ever self-employed people in terms of social protection? What happened previously was a disgrace.

Deputy Mary Mitchell O'Connor: Hear, hear.

The Tánaiste: The Social Welfare and Pensions Bill is due in this session. I am sure the Deputy will agree that the Minister for Social Protection has implemented more reforms in our social welfare system in the last three years than were made in the previous 13 years. The issues raised by the Deputy will obviously form part of the debate.

Deputy Barry Cowen: She has cut it to shreds.

Deputy Ray Butler: She has done a great job.

Deputy Billy Kelleher: Although it is two years to the commemoration of the 1916 Rising, could the House have a debate on it at some stage? There are issues to consider such as the invitations that would be extended to heads of state throughout the world and what format there will be for the commemoration. We should debate that. I am aware that an all-party group has been established but perhaps we could have a discussion in the Chamber so we can decide, as a people, what type of commemoration should take place.

An Ceann Comhairle: The Deputy is asking for a debate.

Deputy Billy Kelleher: I am. I am concerned that as time passes this could evolve into something that might become undignified, to say the least.

The Tánaiste: That is a very good suggestion. The Minister for Arts, Heritage and the Gaeltacht, Deputy Deenihan, and his Department have done a great deal of work on this. There is also a committee working on it. The suggestion that the House have a discussion on commemoration of 1916 and, indeed, the period of commemorations to put it in context is very worthwhile. I will ask the Government Chief Whip to discuss with the party Whips how that might be arranged.

Deputy Joe Higgins: What about the discussion I asked the Tánaiste to confirm?

An Ceann Comhairle: That was given to the Deputy yesterday. We cannot get a confirmation every day.

Deputy Joe Higgins: A great deal has changed since yesterday.

Ministerial Rota for Parliamentary Questions: Motion

Minister of State at the Department of the Taoiseach (Deputy Paul Kehoe): I move:

That, notwithstanding anything in the Order of the Dáil of 9 March 2011, setting out the

rota in which questions to members of the Government are to be asked, questions for oral answer, following those next set down to the Minister for Arts, Heritage and the Gaeltacht, shall be set down to Ministers in the following temporary sequence:

Minister for Justice and Equality

Minister for the Environment, Community and Local Government

Minister for Communications, Energy and Natural Resources

whereupon the sequence established by the Order of 9 March 2011, shall continue with questions to the Minister for Defence.

Question put and agreed to.

White Paper on Universal Health Insurance: Statements (Resumed)

Deputy Martin Heydon: One of the key tenets of a just society must be equal and fair access to health services. One's ability to pay for services should not in any way determine the speed and level of access, which is the situation we currently have. People who can afford private health insurance may get access to a colonoscopy or mammogram or another procedure more quickly. The basis of universal health care is that those who can pay for health insurance will do so, while those who cannot will still get the same level of access.

Free general practitioner care for children has been discussed extensively in recent times. That is not an end in itself but is an important step on the road to universal health care. What we are facing is a series of steps that will ultimately lead to universal health care in 2019. Other measures that will be required along the way include the dissolution of the HSE and the establishment of the health care commissioning agency, the health care pricing office, the patient safety agency and provider trusts. There will also be a strengthening of the roles of the Health Insurance Authority, HIA, and the Health Information and Quality Authority, HIQA, and ultimately, by 2019, there will be universal health insurance.

Constituents have asked me what the impact will be on the different groups of people. They can be broken down into three groups. Holders of medical cards will see the waiting lists reduce sharply, allowing them timely access to key services. People who currently have no medical card and no private health insurance will have their premium heavily subsidised. Access to free GP care for those people and their children mean that they will probably be the biggest winners from the change.

Many people currently have private health insurance and they ask me if they will have to continue to pay for it but get less access to services. The key element in universal health care is the continuing reduction in waiting lists. It will be critical to ensure that this system works comprehensively. We must ensure that the existing benefits will continue for people who have private health insurance and continue to pay for it. Reducing the waiting lists is absolutely vital. In addition, there will be a reduced number of people on trolleys in emergency departments and reduced waiting times for outpatients, neither of which is covered by private health insurance at present. People with private health insurance will also get free GP care. People often put off visiting the doctor because it will cost them €55 to €60 per visit. The health problems often become manifest later as more serious illnesses which, if they had been dealt with in time,

might have been more easily remedied. Free GP care, early access and early intervention will solve many issues that might later manifest themselves otherwise.

With regard to the reduction in waiting lists, the special delivery unit has achieved great progress. Some hospitals have installed new computer systems which has led to patients spending approximately 30% less time in hospital, thus freeing up beds and space for those who need them. There has been a reduction of 99% in the inpatient waiting list over eight months and a reduction of 95% in the outpatient waiting list over 12 months. This has taken place at a time when there is a 10% reduction in staff, a significant reduction in the budget and an 8% increase in the overall population.

Naas General Hospital in County Kildare is my local hospital. In 2011, the number of people on trolleys in that hospital was 4,409. In 2013, the figure had dropped to 1,842, a reduction of 58%. When one looks at the links between that hospital and St. Vincent's Hospital in Athy, which cares for older people, one can see the real benefits that filter down throughout the community when one tackles these waiting lists. That is key to improving our health service.

Reference has been made to our aging demographic. At present, Ireland is below the Organisation for Economic Co-operation and Development, OECD, average for population aged 65 years and over. Ireland's is 11% while the OECD average is 15%. Ireland's spending on health care is relatively high given our relatively young population. That is the reason the Government has been cutting costs in the health sector over the last few years. We now must prepare for an older population in the future. Previous Governments have shown that throwing money at this issue does not resolve it. We must make our health service more fit for purpose, more efficient and better value for money while continually improving the services that are delivered. The increased demand in the future will require major increases in taxation or significant cuts in services if we do not address the issue now. If we do not proceed with universal health care now, when do we do so? Continuing with the *status quo* is not sustainable.

Under universal health insurance there will be a basket of general services. One's supplementary payment above that would pay for more luxurious accommodation or perhaps a private room but it will not impact on the level of service that is provided. That is absolutely key. The health care commissioning agency will be central in continuing to provide ambulance services and emergency departments. It will do that from general taxation and will pay directly for services that are not covered by universal health care.

Overall, universal health care is the way forward. There are huge challenges and pitfalls, but the challenges and pitfalls of doing nothing with our current health service as we face an aging demographic are far more frightening.

An Ceann Comhairle: Deputy McLellan is sharing time with Deputy Colreavy.

Deputy Sandra McLellan: Sinn Féin believes that health care is a right, not a privilege. It is an essential service that should be accessed on the basis of need, not income or private health insurance.

Consecutive Governments comprising Fianna Fáil, Fine Gael and the Labour Party have failed the Irish people in the delivery of health care. Our health services are in crisis and in need of serious, radical reform. The health service should be free at the point of delivery and funded by a progressive taxation policy. Simply put, that means people pay their taxes and those taxes are used to fund public services, including health care. Those who earn more pay more, but ev-

everyone has access to the same standard of health care service regardless of income, with nobody skipping queues with the wave of a cheque book or a private health care plan.

The Fine Gael-Labour Party coalition's concept of universal health insurance based on competing private health insurance companies is one that Sinn Féin has criticised as fundamentally flawed. Even from the leaked extracts, the huge problems with such a system are apparent. Health care is too important to turn into an industry governed by profit margins and shares.

The Government's proposal amounts to the total privatisation of our health care system. This White Paper is the fundamentally flawed Fine Gael model based on competing private for-profit health insurance companies. The only people to benefit will be the private companies. The Minister has promised this White Paper for more than three years, and now we have a proposal that is not even costed. Clearly, this is a Minister who has been limping from crisis to crisis and has failed to live up even to his own standards.

The programme for Government reads: "This Government is the first in the history of the State that is committed to developing a universal, single-tier health service, which guarantees access to medical care based on need, not income." There are no arguments with that, but then the Minister goes on to state that "Insurance with a public or private insurer will be compulsory with insurance payments related to ability to pay." That is where we part ways. Why would a Government that is committed to universal health care introduce - indeed, make it compulsory - to use health insurance to access health care? It makes no sense, unless of course the Government wants to bolster the profit margins of ailing private insurance companies. The Minister attempts to calm the public's fears by saying that "Under UHI public hospitals will no longer be managed by the HSE. They will be independent, not-for-profit trusts, with managers accountable to their boards." After the debacle of Rehab and its links with Fine Gael, his honeyed words will do little to calm people's fears.

Compulsory health insurance will mean hard-pressed families having to pay out more money for basic services that were once seen as an essential service funded by our taxes. Domestic waste charges, home tax, water charges and the fire service are all paid for out of our pockets, yet we still pay the same amount of income tax for a diminishing menu of public services. Now the Minister wants to add health care to that list. Immediate concerns for many families will centre around the type of services provided for under this health insurance model, whether families with greater needs have to pay a greater premium, and whether certain conditions and syndromes be included and others not. Clearly, Fine Gael fingerprints are all over this proposal. They will privatise health care, remove universal health care and replace it with insurance.

The Labour Party manifesto for the 2011 general election also commits itself to universal health insurance by saying that the cost of insurance premiums under a universal hospital care insurance system should not change from what they are at present. It, too, is committed to maximising the profits of health insurance companies. Any charade of the Labour Party being committed to universal health care is gone.

The big difference between our proposal and the Government's proposal is that Sinn Féin's is based on meeting the needs of the public while the Government's proposal is about meeting the needs of insurance companies. Sinn Féin's vision is of a new Irish health system, with care for all based on need alone. The current health care system is a two-tier system, where wealth can buy better care in the private health sector. It is a private sector subsidised by the Government at the expense of the public system. Even at the height of the boom, the health care system

never received adequate funding to overcome the vicious cuts in the 1980s imposed by governments involving Fianna Fáil, Fine Gael and the Labour Party. The health care system will only be transformed if we have a clear vision of the kind of health care citizens deserve. Of equal importance is the need to agree on how this system is to be funded.

Doctors, nurses and health care workers do a great job in circumstances that are increasingly difficult. We need a system that has primary and preventative health care at its core. We need to refocus on primary and preventative health care, together with complementary measures to address the social determinants of ill health. Over time, this will produce health care savings to the Exchequer by reducing the necessity for higher cost acute care in many cases.

Sinn Féin is committed to a new universal public health system that provides care to all free at the point of delivery, on the basis of need alone, and funded from general fair and progressive taxation. We want an end to the two-tier system. We are committed to introducing comprehensive community-based primary health and social care services for all, free at the point of delivery, including general practitioner and dental services, and abolishing all prescription charges. Accountability and transparency is vital to restoring the public's confidence in public services.

Sinn Féin proposes to restore direct ministerial and departmental responsibility for health services which are funded by public money. Sinn Féin in government would establish a health funding commission to plan the transition to a new single-tier health care system. We fully understand the economic challenges this State faces, but front-line staff and patients should not suffer for the sins of others. We need to streamline the health service. We need fewer bureaucrats and more front-line health workers. Sinn Féin will carry out a review of managerial and administrative posts within the health service and the Department of Health, with a view towards eliminating those positions that are surplus to requirements and using the money saved to hire more front-line health professionals.

Public money funding private profit represents a big drain on resources. We want to see an end to public subsidies for private health care, invest all health funding in the public system immediately, end tax breaks for private hospitals, phase out public subsidisation and ultimately replace the private system within an agreed timetable.

Deputy Michael Colreavy: Sinn Féin's goal is to create a united Ireland based on social justice, equality and democratic accountability, an Ireland where access to health care is based on need rather than on wealth, place of residence, gender or any other social status. Our vision is of a seamless all-Ireland health service based on universal public provision that provides full equality of access and that is free at the point of access. Access to quality health care should be a right, not a privilege to be granted or withheld by government or bureaucracy or health investment speculators.

At first glance, the Government's White Paper on universal health insurance appears to go some distance along the road towards this vision. The Minister for Health states: "I believe that to achieve a fair and just society, we must have a universal, single-tier health service with access based on need, not income." He goes further and states that: "Over the last three years the Government has initiated a series of reforms in the health sector which are improving the nation's health, developing services, making efficient use of resources and forming the building blocks for the future system of universal health insurance." A Cheann Comhairle, if you ask me or any person in Sligo and Leitrim, or any of the hard-working front-line staff engaged in trying to deliver acute and non-acute health care services, we would wonder what nation the Minister

has in mind when he sets out his reality and his vision. Let us look for a moment at the reforms in health care on the ground.

Our excellent breast cancer service was removed from Sligo General Hospital by the previous Fianna Fáil and Progressive Democrats Government and never reinstated, despite solemn promises to do so by this Government during the 2011 election campaign. Mammography equipment was recently spirited out of the hospital under the cover of darkness, with no public announcement. When this was rumbled and made public by a local Sinn Féin councillor, the HSE said it was going to be replaced by a newer machine, but only when a mammographer was recruited. We have been waiting three years for the recruitment of this mammographer for Sligo General Hospital.

*I o'clock*I have no expectation that it will happen any time soon.

It was recently rumbled, but again not announced, that the HSE's hospital group for the west and north west is considering the very future of maternity services in Sligo Regional Hospital. Had I had to go to Galway or Letterkenny, one of my children would have been born on the side of the road. The HSE's response was that it was not helpful that what was a discussion document was leaked. Contemplating the future of maternity services in Sligo Regional Hospital should not even be considered.

Just last week it was rumbled, but again not publicly announced, that vulnerable people attending the day service at Our Lady's Hospital, Manorhamilton, were informed it was to be reduced from five days per week to three, and that a once-weekly session in Kiltyclogher was being terminated altogether. It is probably fair to speculate, in the absence of any information from HSE west, that other locations are targeted for similar reductions. It is rumoured that the proposal for Our Lady's Hospital and Kiltyclogher is being put on hold but people are naturally fearful that this is only to prevent public discontent in the run-in to the elections, and that the cuts will be implemented after 23 May.

Should staff in our hospitals and community facilities, home helps working with people lucky enough to have retained their services, very ill people who keep having their admission as inpatients to one of the national centres deferred, and ill people who have had their medical cards taken off them although their income was only marginally above the income guideline trust a Government that preaches reform but implements the most brutal cutbacks?

Actions speak louder than words. The actions of this Government in fundamentally undermining our already dysfunctional health system say more than this White Paper can. Government vision does not extend to the next generation; it does not even extend to the next election. Government vision on health care services extends only as far as the end of the financial year. This White Paper will not change that. What it might do - perhaps this is the real intent - is set up the public health care services for privatisation by a Government that abdicates, rather than delegates, responsibility for the delivery of those services.

Deputy Brendan Ryan: Our health service is never out of the news and there is a crisis of access for many. People regularly mention in my clinic waiting times for life-changing procedures that are unacceptably long. Our two-tiered system has numerous inefficiencies that prevent resources from getting to the people who need care most. Our current system is inherently unfair and those with health insurance get faster access based on their ability to pay rather than their medical need. This is unjust.

17 April 2014

There has been much debate on the White Paper on universal health insurance since it was introduced two weeks ago. I welcome the real beginning of this conversation in the Chamber. However, the debate must be reasonable and based on fact. There is important reform proposed that has the capacity to reform our health service and ensure it will become more fair and equitable.

It is disappointing that, in this Chamber this week, Members are using their speaking time to link universal health insurance to the property tax, water charges and other unrelated issues. This is another naked tactic from the usual sources to appeal to an audience in advance of the local elections. There is enough time and space to debate the separate issues but what we should be discussing here is real reform of our health system.

As the White Paper states, universal health insurance will not be delivered until 2019. This involves a long process and one that needs to be carefully debated and planned, and ultimately delivered. The debate requires some element of long-term vision, which the previous Government lacked and is totally alien to the current Opposition. Reform of our health system is essential. The Government is determined to deliver it. I believe in universal access to health care and in a single-tier health system. The Government is the first to include a single-tier health system within its programme for Government, guaranteeing access to medical care based on need and not on income.

Our health system has been in a state of perennial crisis for years. However, it is not easy to fix 15 years of Fianna Fáil mismanagement of it. It is even more difficult to fix considering we were shackled to the EU-IMF bailout programme for the first two and a half years of our term in government. However, we are looking beyond the next poll and election. We are seeking to deliver a working health care system that is open to all.

Universal health insurance has been the Labour Party's policy since 2002. It is the most efficient and effective route towards tackling the two-tier health care system that has been a defining feature of Irish health systems for decades. The Labour Party, in government, has been fighting for free health care as it is one of the party's core values. We feel very strongly that there should be no barrier to gaining access to health care. We believe that can be achieved in the State; it is not beyond us.

Those most in need should and will have the full cost of their insurance subvented by the State. The cost for others should and will be based on ability to pay. The core of the Government's health reform programme is to put the needs of the patient at the centre of the health system. The initial step of this programme is to bring improved health and well-being, fair access to hospital care and free access to general practitioners by 2016.

I welcome this week's agreement by the Cabinet on the rolling out of free general practitioner care for the under-sixes. The implementation of free general practitioner care for the under-sixes will pave the way for the next strand of patients who will benefit from the health reform programme. It is essential that this first stage proceed with the full support of general practitioners and that it run effectively and efficiently from the outset. I urge general practitioners to respond positively to the invitation to talks on implementation. This phase represents the first in the provision of universal general practitioner access for the entire population, removing the barrier of fees at the point of use.

This is an opportunity for general practitioners to help those people who have yet to feel the

effects of recovery and who are still struggling daily. The White Paper we are discussing today is an important part of the preparatory work for universal health insurance. This will be the basis for the following consultation.

Universal health care is the way forward and the Labour Party will be ensuring it happens. We strive to create a better, more accessible and reliable health care system for the people, which they certainly deserve.

Deputy Michael Conaghan: Our system of health care is frequently described as a two-tier system in which ability to pay, rather than medical need, is a deciding factor. Such arrangements do not reflect our better side as Irish people and as human beings. We are instinctively caring and compassionate. Our institutions should reflect these instincts and values, and that should particularly be the case where vital matters such as illness and health care are concerned. It is imperative, therefore, that the existing arrangements be changed fundamentally. We need to introduce a new structure that expresses our better side, instincts as a people and sense of caring and a system that prioritises medical need and well-being, not the ability to pay. The latter should be the decisive variable.

What would or should such a new system look like? On what considerations should it be built? What values should it incorporate and what priorities should guide it? Deep down, we all believe its driving force should be the care of people and not the financial clout or considerations of consultants and doctors. Were we to articulate a vision for a new system, one that we know deep down expresses our values and best instincts, I believe the following statement would do us justice and would articulate, reflect and capture the deeply held convictions and feelings of Irish people about health care structures. I will read a brief quotation about the National Health Service in Britain:

Since its launch in 1948, the NHS has grown to become the world's largest publicly funded health service. It is also one of the most efficient, most egalitarian and most comprehensive.

The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth, a principle that remains at its core [to this day]. With the exception of some charges, such as prescriptions ... the NHS remains free at the point of use for anyone who is resident in the UK. That is currently more than 63.2m people. It covers everything from antenatal screening and routine treatments for long-term conditions [right across the spectrum] to transplants, emergency treatment, and end-of-life care.

The fundamental changes that our Ministers wish to bring about in our system would, I believe, rest on a similar set of values and objectives to those that underpin the NHS. Take, for example, the first proposed phase, that is, free health care for all children up to six years of age. This measure, which the Minister, Deputy Reilly, and Minister of State, Deputy White, wish to bring in, will come very close to mirroring the values and practices of the NHS. That is why it is such an exciting prospect, but it is only the start of the mission to transform utterly the way we experience health care in Ireland, that is, by a process centred on people's needs, not on their wallets.

I believe the vast majority of Irish people support this ambition of Government. I believe they yearn for fundamental change of the sort planned by this Government, not least because it reflects the deeply held instincts, views and values of the Irish people. However, there is oppo-

17 April 2014

sition to the Ministers' noble ambitions. A tiny minority of Irish men and women have set their face against this scheme and have set out to resist it. They have set out to stop the Ministers doing their job and doing what they were elected to do by the people. The opposition of doctors and consultants is already in full flow. They are opposed to the kind of delivery of medical care to children under six, as proposed by the Minister of State, Deputy White.

We remember the noble plan of the mother and child scheme in the 1950s and the opposition of church and some political forces and doctors in order to scupper it. This is the mother and child scheme Mark II. This time, however, it is the democratic will of the Irish people that will triumph, not the prejudices and interests of a tiny minority. Doctors and consultants should not cloak their opposition in any veneer to hide the main driving force of their opposition, which is money and their wallets. They should be ashamed of themselves, ganging up on the children of Ireland. Where is their Hippocratic oath now?

I want to finish with a quotation from an Irish journalist, Jerome Reilly, who recently wrote a good assessment of the system that is being proposed in an article headlined "Disgraceful 'two-nations' system must be dismantled". The article states:

A single-tier system will deliver proactive, integrated care at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. And it will provide equal access to healthcare based on need rather than the ability to pay.

How can this be achieved?

The basic principles underlying UHI is a multi-payer system where all citizens can buy insurance from competing insurance companies.

All those on a medical card will have their insurance paid. Those on low and middle incomes will be subsidised by the State. Most of the money will come from general taxation. Public hospitals will remain in State ownership.

Yes it is aspirational, yes it is loftily ambitious. It took the Dutch some 19 years to bring in fully their version of universal healthcare.

Dr Reilly, despite facing intolerable opposition ... has given himself a tight deadline with the full introduction planned for 2019.

But it is worth aiming high. Universal Health Insurance is about fairness, equality and justice. It is astonishing that critics of the system can't grasp that essential truth.

Deputy Clare Daly: I had to check my calendar there to see whether we were, in fact, on 1 April. I was wondering were we listening to some April fool's joke, having been subjected to the previous contributions from Labour Deputies who seem to be inhabiting some planet very different to the rest of us. It is an insult that people would put up the model of the National Health Service in Britain, which is indeed the best model of public health care and is based on a taxation system where those who have the ability to pay pay through their taxation and those who need the service get it free at the point of access. The idea that the Government's proposal on universal health insurance has any relationship to that is quite simply farcical. Either the two Deputies who spoke before have no comprehension of that and do not understand what has been in front of us, or else they are engaged in a deliberate deceit. Either way, thankfully, the population at large are on to them and their ilk.

The reality is that this proposal is a substantial elimination of any notion of a public health service and it comes on top of the systematic undermining of that system which has taken place already. I do not blame Fine Gael Deputies for that. We know Fine Gael stands for privatisation and so on, and more power to them, but the other clowns going along with it is an entirely different matter, I have to say. There is no secret about-----

An Ceann Comhairle: Sorry, Deputy. You cannot refer to Members as clowns, please.

Deputy Clare Daly: Okay. I could think of something but-----

An Ceann Comhairle: It is unparliamentary, as they say.

Deputy Clare Daly: Okay.

An Ceann Comhairle: Sorry, Deputy. You are in the House of Parliament and you have to obey the rules like everybody else.

Deputy Clare Daly: I do, a Cheann Comhairle. I did not mean any disrespect to any circus performers or others by the remark.

The Dutch model which is being promoted by the Government in this system has already been found wanting. It is one which has actually resulted not in a single-tier system but a three-tier system, with welfare recipients and those who cannot afford to pay becoming defaulters.

In essence, what is being proposed here is people being frog-marched into a system of private health insurance. The whole ethos is wrong. Only this morning the health committee was discussing the top-up payments to a number of medical staff in our hospitals, which are thankfully now ceasing. When we put down questions on that, the answers we got were that the hospitals put forward a business plan to justify those excess payments. Why would a hospital even have a business plan? Clearly, the whole ethos is about commodifying health rather than dealing with it in an appropriate manner. I do not believe that is acceptable.

In Ireland, families, at great pain to themselves, already pay thousands of euro in private health insurance. We know that. Why do they do it? It is not because they are snobs who do not want to share a room with someone if they get sick. It is because they do not have confidence in the public health system and are paying as a way of getting their foot in the door. That is simply not acceptable but it shows that people would support a system where higher PRSI contributions were being paid in return for a properly funded public health system. This is not what the Government has on the cards with this proposal. In essence, what is at play here is making people pay at every level.

We need to go back and look at the British model because it has not been matched anywhere else in the world. Under this system, access is free at the point of care. About 60% of all institutional long-term care, pharmaceuticals, vision care and so on are all dealt with by the NHS. We need more investment in the precautionary levels of general practitioner services rather than just throwing people into the hospital system later on. However, a Dutch model and a compulsory insurance model with a population that is already failing to make ends meet because of years of austerity is not the way forward. It has been demonstrably shown that once one implements and gives over a service to the private sector, charges will inevitably rise. This is why Dutch families have found themselves done out of the market and in a far worse situation. This is a million years from the NHS or any idea of a proper publicly funded health system.

Deputy Joan Collins: As part of this discussion, we need to look at where we are today and what has happened with our health system to date. We have a system that has been cut to the bone and a very demoralised workforce. The main problem for people is that it is very hard to get through the door. Once one is through that door, the staff look after one and one receives exemplary care. It is the wrong system.

I was also astounded listening to some of the contributions from our Labour Party Deputies about where universal health insurance will bring us and about how it will give us a single tier system based on the NHS because I also think we need to look at this system. The NHS was brought into being in the United Kingdom during one of the most traumatic economic periods in the country's period. Under this system, everyone has access at point of entry. This is what we should be moving towards. Instead, the Minister and the Government are bringing in a system based on insurance and competition. Competition will drive down costs at the expense of quality of care.

There are other options that can be looked. The Adelaide Hospital Society reported in 2008 that one of the ways would be to bring in universal medical cards, which would probably cost about €217 million. I note that in a previous life, Labour Party Members lauded the fact that the over 70s automatically got a medical card. Now that children under six are to get free GP care, more people over 70 are coming in to my office whose medical cards are being cut because they have just over €500 in income as an individual. The reality is that this €500 income limit does not take into account tax, the universal social charge, PRSI or house insurance. These people have been told to reapply under the general medical card scheme, which denies them access to it and causes huge distress to elderly people in the community. In a previous life, the Labour Party expounded on the role of the over 70s medical card and stated that it should be universally used throughout the system. People's health and the economy benefit in the longer term because people are not using the service as much and are able to access it when it is necessary.

The system we are bringing in will benefit private insurance companies at the cost of both care in our hospitals and GP services. It annoyed me when I heard a Deputy talk about self-interest on the part of GPs in respect of medical cards for children under six. This is not the case. Based on my information, including information from my GP, whom I have known for nearly 40 years, GPs are very concerned that they will be overwhelmed by the potential extra resources they will need to put in to deal with this. Before anything is done and before the Minister brings in these changes, they must be resourced properly, but they are not resourced properly. A so-called gagging order has been introduced where doctors cannot come out and say they have problems with free care for children under six. One cannot say it is because they are interested in what is going into their pockets, which is quite a nasty thing to say about people who are very concerned about the health and well-being of their patients.

Private health insurance is about queue jumping and getting into the system as quickly as possible. This should not be the case. We should be directing all our ideas into setting up a health care system that has access based on progressive taxation to allow everyone to have access to a health service based on need and not on ability to pay.

Deputy John Halligan: The Government will get no argument from me that the existing health service is undoubtedly unfair and penalises those on low incomes. However, jumping into a new system of short waiting lists where everyone is treated the same at no extra cost is a utopian proposal at a time of cruel blanket cuts. I have a feeling that there are huge doubts on both sides of the House about whether this plan will ever become a reality. We are discussing a

system of health care which will not come into existence, if at all, until about 2019 and probably under a different Administration. More incredibly, the Government insists that it can construct this world class system on the foundation of our current health system, which is a completely unstable shambles. In the region of 54,000 adults and children are on public waiting lists for surgery while another 300,000 are in the queue to see a specialist. Thousands more are being added every week. Unacceptable standards of hygiene are consistently putting people's lives at risk. Our public system is under intolerable pressure as increasing numbers of people find private health insurance beyond their means. The proposal cannot succeed without a functioning health service to work with.

I have no doubt that people who are struggling to keep up their private health insurance payments will mutiny at the details of this White Paper, which will force on them additional costs for such supplementary benefits as a private hospital room. These are extras that are already included in their existing private health insurance package. A recent Red C opinion poll suggested that nine out of ten people who currently pay for cover do not want to queue for treatment. There is no mention in the White Paper of dealing with waiting lists and delays.

The issue of cost remains foremost in everyone's minds. The Government's proposed vision has been compared to the Dutch model. It must be acknowledged that this system increased overall *per capita* ratio costs by approximately 46% since it was introduced in 2005. A central element of the Dutch model was significant investment in general practice before they even put the model in place. This created a high-functioning primary care sector. We cannot even get agreement with GPs on care for children under six.

If we cannot get our primary care system functioning adequately, what is the point in putting forward all of these proposals which are unrealistic? We are unable to deal with the consultants at present and I gave an example in the House some time ago in that regard. A woman went to a consultant to get a letter for an insurance company. The insurance company then asked for a second letter so that as well as paying €180 to see the consultant in the first place, she had to pay €300 for the letters. We cannot deal with the consultants or the general practitioners so how we are going to deal with a health system that is free for all at the point of entry?

Figures from the Health Insurance Authority show that the average premium paid per person in 2012 was €1,048, which has decreased since. Even if payment is subsidised to a certain extent, paying for universal health insurance will surely be beyond the capacity of many people. We cannot get the current health system right in terms of the basics of dealing with general practitioners, emergency departments, beds and the consultants who rule the roost and tell the Department what they will accept as pay and what they will do. At present we have consultants who are still insisting on working in public hospitals only when they see fit to do so, while also working in private hospitals. This would not be tolerated in other countries - doctors are either working in public hospitals or in private hospitals. Until we deal with such simple issues, which are simple in the sense that the Department of Health has power over consultants and doctors and their working conditions, then this proposal will fall and will not succeed.

Deputy Joe O'Reilly: The publication of the White Paper on universal health insurance represents the cornerstone of a move towards full implementation of the system. This move towards an all-inclusive model is reflective of the commitments made under the programme for Government that health care should be provided across the board to everyone, regardless of illness or income. I firmly believe that it is right that we do not treat public and private patients differently. The universal health insurance model moves us towards a more all-inclusive

system that puts patient before purse. It is a shame, despite all of the resources made available to the health system between 1997 and 2007, that this kind of change was never enacted. It is to the credit of the current Minister for Health and the Minister of State, Deputy Alex White, that - irrespective of how one evaluates the working out of this - this is the first genuine attempt to remove the inherent discrimination that currently exists in the health system. That is to be applauded.

This White Paper gives an assurance that the universal health insurance sector will become completely transparent under the new model. It will place a requirement on all insurers to unconditionally accept and provide an individual with a health insurance policy, regardless of age, health status or other factors which could be deemed high risk. That is critical and is the central plank of the proposed policy.

The demographic profile of our country has changed drastically in recent years, with an increase of 21% in the number of people aged 65 and over. According to CSO projections, this trend is set to continue, with an increase of 50% by 2026. That is why we need change now, to deal with that. The existing health system is an unfair, two-tier system and is in urgent need of replacement. According to the White Paper, the relationship between age and health care costs is central. Pharmaceutical costs incurred by 70 year olds are seven times greater than those incurred by 20 year olds and the cost of private health insurance is, on average, ten times greater for 70 year olds. One of the major barriers faced by older people when deciding to take out private health insurance is that some private insurers place a five to ten year waiting period on customers who are 65 or older before they can access the enhanced benefits for a medical condition which is either new or was evident at the time of purchasing the policy. The private health insurance market has become increasingly segmented with insurers offering tailored packages to younger people that are designed to be unattractive to older people. The new universal health insurance model will stop this practice and give everyone the luxury of choice, immediate cover and the right to be accepted by their chosen insurer. More importantly, it will give everyone the right to be charged the same premium for the same policy, regardless of age or risk profile and that is critical.

I know some are concerned that this new model will put a greater strain on hospital waiting times. Indeed, the current system has been doing that but it must be put on the record that the Minister has made a great deal of progress in tackling this. I am very proud to put on the record of the House the fact that in my own county of Cavan, hospital waiting times were reduced by 19% from the beginning to the end of 2013. Great credit is due to the management and staff of the Cavan Monaghan Hospital Group for that achievement. I was happy to hear the Minister say yesterday that he will shortly bring forward a strategy to bring waiting times in Ireland in line with European norms and that this will take place in advance of the introduction of universal health insurance. The removal of long waiting times is a central plank because the entire principle of the new policy is equity, fairness and equality of access.

The White Paper makes reference to the types of service that will be included under the umbrella of the new universal health insurance system. This health basket will be a standard package model and will cover a comprehensive suite of core health services. The paper makes a commitment that the services to be included will be safe, effective and of high quality. It will include, importantly, core primary care services as well as those provided by acute hospitals and our mental health services, which is central and should be the case. In recognition of the fact that the process of establishing this basket under the eventual one-tier system will be a complex one, the Government is committed to engaging in a comprehensive public consultation process

and establishing a commission to present the costings of each option to the Government. We will have costings and an effective analysis which is what public debate should be about.

I am happy that the Minister of State, Deputy White, has invited general practitioners to dialogue. I encourage both the Minister of State and the Minister himself to continue with that dialogue and to take on board the concerns of general practitioners, particularly about bureaucracy and the need for back up to deliver free medical care to children under six. I urge the Government to interact with general practitioners and to review their contract in light of their concerns because they are important front-line providers.

Under universal health insurance, there will no longer be any distinction between public and private patients. Neither insurers nor providers will be allowed to sell faster access to services in the standard universal health insurance package. That day will be gone and that is the attraction of health insurance at the moment. Last night the Minister made the point that hospital services are free and yet more than 50% of people in Ireland take out private medical insurance on an annual basis. The rationale for doing so is to get faster access to the same services which would otherwise be free of charge. This means that those who cannot afford private insurance have to wait, often indefinitely. This is what universal health insurance will eliminate. It is what the Minister is working to achieve all the time. The current situation is simply unfair.

I am happy to see that there is a system of support in place to ensure that health cover will remain affordable for everyone. It is vital that those who are in a difficult position in relation to paying will not have a problem. It is especially important for those from lower socio-economic backgrounds or on lower income as they will have their costs fully paid by the State. The Minister has made a commitment that people on low incomes who currently qualify for medical cards will not lose their core benefits. It is a concern people have but it will not happen. Regardless of whether a person pays all, some or none of the costs of universal health insurance, he or she will be able to access a standard package of health services on a fair and equitable basis to meet his or her health needs.

Under the current system, high general practitioner fees are deterring people from seeking initial treatment which might prevent serious illness from occurring. There is empirical evidence of this phenomenon, which is critical. It is therefore important to include free access to general practice care. It is an essential part of the Government's plan, in which context the under-six provision represents a very real start. Free general practice care will mean there is a greater level of prevention and early diagnosis. It is a hugely important initiative in respect of which I hope the Minister of State, Deputy Alex White, succeeds in his negotiations. The State inclusion of free general practitioner care represents further financial assistance to those who may not be able to afford health insurance. It is expected to have a positive impact, in particular on young families with children. It is in line with the Government's goal of reducing waiting times to ensure that everyone receives adequate care in a timely manner. It is a huge thing.

I am greatly in favour of the primary care dimension of the proposals and the delivery of services at local level. It is central to the Dutch model and in line with our substantial record of delivery of primary care centres. I have opened a number of them in my own constituency recently across a number of towns. I am delighted by the openings, of which we must have more.

We must look at the rigidity of roles in the system. There are jobs being done by nurses currently that could be done by care attendants. Functions are being carried out by doctors which could be done by nurses. We need to remove rigidities and deal with orthodontic treatment,

which is far too inaccessible and costly.

The fundamental principle that everyone regardless of personal circumstances or income has equal access to health care, however we implement it and whatever adjustments we must make to get there, is the core guiding vision that should keep us going. It is an admirable concept and a disgrace to our country that we are only turning to it now. It is to the eternal credit of the Government that it is the first Administration to face the inequality in our health system head on. I welcome the White Paper.

Deputy Peter Fitzpatrick: The Government has embarked on a major reform programme for the health system, the aim of which is to deliver a single-tier health service supported by universal health insurance where access is based on need and not ability to pay. Under universal health insurance, everyone will have mandatory insurance. There will be a choice of insurers, including the State-owned VHI. Insurers will be obliged to accept customers regardless of age or health status and will compete for business on the basis of price and service. The insurer will have contracts with providers in the public and private sectors to provide services to their customers. The State will subsidise or pay for the health insurance policy premiums of those who qualify on income grounds.

The current health system is unaffordable, unfair and unsustainable. The Minister for Health is committed to developing and implementing the most cost-effective system of universal health insurance possible. It will be fully compliant with Government expenditure targets. Initiatives to improve population health include effective community-based models of care, efficient money-follows-the-patient approaches and standardised value-for-money contract arrangements with general practitioners, consultants and other health care providers. These measures will be introduced over the next few years and will provide demonstrable evidence of lower cost and enhanced productivity and efficiency in the public and private health care systems.

The Minister is committed to ensuring that a comprehensive analysis of estimated costs is undertaken before the implementation of reforms takes place. Calculating the cost of universal health insurance is a complex matter which will require expert analytical support and time to undertake. The cost will be dependent on a number of decisions on the future of the model, including the package of services UHI will cover, and the scope and design of the financial support system. Other factors include a number of crucial and inter-dependent variables such as demand for the health care, service-delivery models, payments systems and regulatory and administrative costs. The Department of Health will progress work in 2014 with a view to its completion in early 2015.

There are a number of important stepping stones which must be put in place to pave the way for universal health insurance. Primary care services must be strengthened to deliver universal care with the removal of cost as a barrier to patient access. As part of the 2014 budget, the Government announced that it would commence the roll-out of a universal general practitioner service by providing all children aged six and under with access to GP services without fees. The work of the special delivery unit to tackle waiting times is another stepping stone as is the reorganisation of public hospitals into more efficient and accountable hospital groups delivering improved outcomes for patients. Another stepping stone was the introduction in January 2013 of a new statutory system of risk equalisation for the private health insurance market along with ongoing efforts to further develop risk equalisation to support community rating while promoting a sustainable market based on fair and open competition. A money-follows-the-patient policy was delivered in February 2013 and the phased implementation of the money-follows-

the-patient funding system in acute hospitals was commenced in January 2014. National health care standards have been developed and there is ongoing work to support legislation.

The Government is committed to introducing universal health insurance so that everyone has health cover from an insurer of choice and access to high quality care on the basis of medical need rather than ability to pay. The Minister has signalled his intention to carry out by early 2016 all necessary ground work for the introduction of universal health care. He will proceed to have the new system implemented by 2019.

Deputy Róisín Shortall: The White Paper is utterly unconvincing. It is a White Paper in name only and perhaps by virtue of the fact that it is printed on white paper. That is all that makes it a White Paper. A White Paper is supposed to be preceded by a Green Paper which sets out the broad thrust of an approach to a particular issue. A White Paper is intended to fill in the detail of the approach at a later stage and following discussion. This White Paper contains no detail of any kind. It is in effect a Green Paper. It sets out the very early stages of a notion which has not been thought out at all. It is clear from many of the contributions from the Government benches that not only have people not read the document, but they cannot answer questions on any of the detail involved in the proposal.

This is an attempt to paper over the cracks of an entirely leaderless health service, which is what we have. Nobody knows where it is headed. One must recall that on the day the White Paper was launched, an Assistant Secretary General in the Minister's Department admitted that it posed as many questions as it answered. That says it all. One must ask what expertise was used to draw up the document. Immediately after the previous general election, a commitment was made to establish an implementation group. There was a long delay and it was a year after the election before it was established. The group brought together a number of international and national experts to examine this issue. One of the difficulties is that prior to the implementation group setting about doing its work and examining the detail of what is required for a new model in this country, it was specifically precluded from considering any other type of model, such as a social insurance models or an NHS-type model. It was constricted from the very start and could only examine multi-payer private insurance models. This was a very clear direction given to it by the Minister for Health. This was not an objective exercise to look at what system is best for Ireland. It was an attempt to shoehorn a particular ideological position of the Minister into a draft policy. We did not have a fully objective examination of the system or objective recommendations on what the country needed. Another question I must ask about the implementation group is what input it had to this document. It is very difficult to see that any of its thinking was brought to bear in any serious way. I must also ask, given there is no health economist in the Department of Health, whether any health economist had a role in drawing up this document.

It is interesting to note that before the document was published, the word from the Cabinet, and the Departments of Finance and Public Expenditure and Reform in particular, was this was not a sustainable model. This was quite clear. There was a rush to get out to the media to make this point. This could never work because it is far too expensive, would mean a huge loss of entitlement for medical card holders and a huge increase in the cost of private health insurance across the board, with an average figure of €1,600 used. These were very serious concerns which the two economic Departments had on this proposal. In a matter of a couple of weeks, these serious concerns were buried and suddenly disappeared. We then had the narrative that approval was given to the Minister, Deputy Reilly, to go ahead with this so-called plan on condition it would not cost the State any more than it does at present. There is no way to give this

undertaking. Who knows what the circumstances will be in 2019. Who knows who will be in government. Stating it will not be allowed unless it costs the same as it does now just buys time.

If it costs more, what happens? If the State will not pick up the tab, individuals will have to do so and health cover will cost the ordinary individual an awful lot more. If it turns out to be completely unsustainable, which it most likely will, what if this is discovered in two or three years time when the Minister has already dismantled what we have as a public health service? Where do we go then? The system will be in disarray. There is no coherent plan whatsoever from the Government on the handling of this issue. Many questions remain unanswered.

When will we actually have a White Paper on universal health insurance? When will all of the detail be filled out? When will we hear about what the Minister and the Government have planned for our future health service? Does anyone on the Government benches, even after reading this document, actually know what the future shape of the health service will be? What do we know of the future shape of the health service that we did not know before the publication of this document? This does not fill in any of the blanks.

Of course we would all love a more equitable health system, but just because the Minister states universal health insurance will deliver a more equitable health system does not mean it actually will. This depends on a great many factors, most of which have not been addressed. A number of key questions arise. How basic will the basic package of health insurance be? The experience with the Dutch model suggests the basic package will become increasingly basic, so people who now have a certain level of health cover pay more and have fewer entitlements. There is no doubt this will happen. What is the future of the services and entitlements enjoyed by people with a medical card? How exactly will the Government prevent insurance companies from denying these entitlements, particularly with regard to free medication? What insurance company will pay for a public health nurse to visit an elderly person to dress a leg ulcer? What insurance company will pay for family support workers to go to vulnerable families to assist them in surviving and keeping children within the family and prevent them from being taken into care? What insurance company will pay for other types of family support and home care supports? This is the big danger. We have a certain level of public health cover at present. It may not be ideal, but the big concern is this basic level of health cover will be diminished even further under this very scatty and ill thought out plan.

Who will pay the wages of the 100,000 public sector health care staff in the system? This has not been addressed. Who will be their employer if the HSE is abolished next week? Who will set the terms and conditions of employment of these workers, particularly when some part of the work may be funded by the Exchequer and other parts may be funded by an insurance company? One cannot just decide arbitrarily that 100,000 public sector workers will work for another entity yet unknown. None of this detail has been worked out. How will preventative medicine be incentivised in a system where people can switch insurers? If health insurance is to become compulsory, what will the effective marginal rate of tax be for people who choose not to have health insurance at present? How is it at all beneficial for our health system to have our public hospitals compete against each other? Surely this will result in a race to the bottom.

All the issues regarding the efficiencies we should be trying to achieve can be worked towards in the existing system, but it is a nonsense and a market view of the world to speak in terms of public hospitals competing with each other. Who will pay for the myriad of regulatory bodies envisaged in the White Paper? Has anyone actually done a count of the new agencies

which will be created? We are told the HSE will be abolished next year, but it will be replaced by umpteen agencies and many different bodies with their own boards of directors, well-paid chief executives and all the rest that goes with it. In recent times we have seen what happened with Irish Water. Who is to say there will not be a repeat of this with all these agencies?

The White Paper states the future model of universal health insurance involves a sea-change in the role of the State. Do people realise this? There will be a sea-change in the role of the State. The White Paper states that, in essence, this change will see the State shift from direct financing and delivery of health services, which is what it does at present, to regulation and oversight of a competitive system of purchasers and providers. Our health system, for all its faults at present, will transform into a competitive system of purchasers and providers and the State's role will be reduced to a regulatory one. Is this what we want for our health service? A total of €12.5 billion of taxpayers' money is spent on the health service.

2 o'clock What is the sense of rerouting that vast amount of public money through insurance companies that will have to cream off their profits?

The Taoiseach has said that everyone will win, but the opposite is actually much more likely to happen. The medical card system will be scrapped, in effect, which means that the poorest people will risk losing the current entitlements that are available to them from the State. People who currently have private health insurance risk losing the kind of access for which they pay their insurance premiums. A great deal of nonsense has been spoken about tackling waiting lists. We know that progress has been made in reducing the amount of time that has to be spent on waiting lists by those who have been waiting for the longest periods of time. However, the amount of time being spent on the waiting lists by those in the mid-range is increasing. The waiting lists are still long; it is just the outliers that are being addressed. The people in the middle, who choose not to have health insurance because they cannot afford it, will not be able to afford it under this system either but will have no choice in the matter.

The health insurance companies and other price setters in the health system will be the only winners. Under these proposals, we will have a State-sponsored profit system for insurance companies. If there is anything concrete in these proposals, it is that they will turn a largely not-for-profit health system into a largely for-profit health system. I have to ask whether this is what we want. Do people realise that this is the direction we are going in? At the heart of these reforms is the belief that competition can solve the problems in our health service. There is very little evidence to support this contention. With competition comes profit margins, which act as an added cost to our health services. It is as simple as that. People are becoming increasingly sceptical that universal health insurance is actually the most desirable model for our health service.

I would like to remind the House of what the Minister has said about the legislation that will be necessary for these changes. According to this document, "the legislation represents a critical interim step on the path to UHI as it will legally create a purchaser/provider split, thereby preparing healthcare providers to operate as independent entities in the future market-based health system". Do people in this House and the public realise that we are heading towards a "future market-based health system"? Is that what we want? Is a market-based system what health care should be about? I do not want to see that and I think the vast majority of Irish people do not want to see it.

Deputy Peter Mathews: Hear, hear.

17 April 2014

Deputy Róisín Shortall: It is about time people on the Government benches woke up and realised that this is the direction of travel. This is where the Cabinet wants to take us. According to the document, “Under the new system, the Department of Health will have a central governance and policy development role in relation to the health service”, and that is all. In the future, the principal purchasers of health care will be insurance companies. That will apply at primary and community level as well as at hospital level. I believe this is a disaster for our health service. It is not the way to deliver a single tier universal health care system. There are much better models that suit the Irish situation. We should start looking at them. If we go down this route, it will result in a completely dismantled and disjointed health service that will certainly not meet the needs of the people.

Deputy Liam Twomey: It is definite that the debate and the consultation on this issue will continue over the next few months. I hope we get an opportunity to engage in a clear debate, as opposed to merely making statements, on what is being proposed.

Any policy change can be undermined by the fear of the unknown and the perception of what it might mean for the individual. Trust will always be a huge issue in any political system. There are people who disagree with or have concerns about the changes that were made to the Dutch system. Concerns have been raised about the German system. I remind those who are promoting the Swedish model of care as the one this country should be aiming for that huge concerns were raised when Sweden was introducing major reforms and changes. Sinn Féin seems to support the NHS model as the ideal system for this country, but anyone with the most basic reading skills will understand that huge concerns have been raised about the way some reforms have been carried out under the NHS system. No one seems to be talking about the model used in Denmark, which underwent a huge amount of reorganisation in recent years. It was all done by consensus. It seems to be the reform that created the fewest difficulties for the citizens of the country in question.

There has been a great deal of talk about the Dutch model during this debate. It has been mentioned that a decade after it was first implemented, the Dutch system now costs twice as much as the old system did. Given that our health expenditure has more than doubled over the same period of time, it is funny that no one is queueing outside Hawkins House to seek to replicate the system we have been using for the last decade. It is even stranger when one considers that Fianna Fáil, which is pointing out the flaws in the Dutch model, was responsible for doubling our expenditure on our own system.

There are huge issues we need to discuss and of which we need to be aware. The cost of the VHI in this country could easily increase by 40% or 50% over the next five or six years because of the way it is structured at the moment. High demand older patients are holding on to their private health insurance by their fingernails, whereas low demand younger patients let go of their health insurance a long time ago. That sort of instability in our private health system could sink the VHI and many of the other insurance companies operating in this country. That might not bother Sinn Féin, as the tone of its Deputies’ contributions to this debate suggests it probably wants to get rid of private health insurance in this country by abolishing it completely. That is a policy decision for that party to make for itself.

The public debate on this initiative should not yet focus on the basket of services that will be available. We should not focus on the cost of universal health insurance. While these issues are important, it is far too early to be discussing them as if they were the main issues we should be discussing now. It has been pointed out that it will be necessary to follow a number of stepping

stones as we pave the way for the introduction of universal health insurance. If we can manage the public perception of how these stepping stones are being followed, that will help to reduce the level of concern about what we are doing. Therefore, the focus should remain on the stepping stones that relate to the reforms that are being carried out at present.

The special delivery unit has reduced the waiting times of patients in accident and emergency departments and the waiting times of those waiting for outpatient appointments. Deputy Shortall said that the figures are skewed because these reductions relate solely to those who have been waiting for a long time. She suggested that people in the mid-range, as she called it, are waiting longer. The current approach is working. It has reduced waiting times. People used to have wait up to four years to see ear, nose and throat and orthopaedic consultants. I ask the Minister to go a bit further. There are many problems with the way the system works in this country. I do not think it matters whether we introduce the multi-payer model or any other model that has been proposed.

There is a sense of secrecy about all the systems that operate in this country. In addition to driving reforms, the Minister must aim to improve transparency and provide more information. If we are to talk about a patient-centred health service, we must ensure everything is centred on patients. It should be possible for a patients to look up hospital websites to see how long they will have to wait to see consultants. As a doctor, I cannot find out from a hospital how long a patient will have to wait to see a hospital consultant. It sounds fairly rudimentary. It sounds like the simplest thing in the world to do, but we cannot do it.

Deputy Bernard J. Durkan: That is right.

Deputy Liam Twomey: I am told that this information is being collected by someone. Therefore, it should be in the public domain. A patient who would like to go to see a certain doctor should be able to look up his details on a website and find out that the waiting time is six months, for example. If we cannot provide such information to patients, we should not expect patients to trust us to do the right thing.

This issue of trust is equally relevant in the context of how we are reorganising the service into hospital groups. It is imperative that these groups are patient-focused. I have sent patient referral letters to hospitals within the so-called hospital group in which Wexford is included only to receive a reply indicating that my patient is outside that particular group's catchment area. I have sent referral letters to a hospital that is not in my hospital group and received the same reply, that the patient is outside its catchment area. What is really confusing, however, is that I have a letter from the Minister for Health himself saying there is no such thing as catchment areas. Who has come up with this notion of a catchment area, which I am told does not exist? This is a system problem. I should be able to refer patients to whichever hospital I like and whichever consultant I choose on the basis that he or she will provide the best and safest service. That decision should be made by me, not by somebody else unilaterally dictating who my patients can and cannot see.

An issue of concern in respect of many hospitals is that the collation and measurement of data is very poor. Notwithstanding the substantial investment in information technology in recent years, the quality of the data we are receiving remains very poor. We need to take steps to address that problem before we can hope to get anywhere.

There is a need for the system itself to change in order for any programme of reform to

work. Moreover, the drive for that change must come from within the system itself. We must have real and effective co-operation between hospitals. If the hospital groups are to work, consultants must be able to move between hospitals. It was always the policy in the past that consultants would serve outlying hospitals. In practice, however, that practice has been very piecemeal and is not working well.

We cannot have a properly functioning system of universal health insurance until the principle of money following the patient is fully embedded and operational. We must be able to measure the level of activity within the system such that we know exactly where every euro is being spent, what it is being spent on and how it is working within the system. The money follows the patient concept must be working absolutely right before we even consider which system of universal health insurance we will operate. I have a proposal in this regard which the Minister might comment on. My suggestion is that universal health insurance be implemented in the first instance only for children aged 16 and under. Paediatric services in this country have a very low input from the private sector, with many of the services in the Dublin area being delivered by stand-alone hospitals. If we begin in this area, we can show people what universal health insurance is all about and instil confidence that it can work. The debate in this House and elsewhere in recent days has highlighted how it is possible to manipulate and twist certain proposals in such a way as to present the conclusion that nothing can lie ahead other than disaster. Once people understand how the system works, however, they are more likely to get on board. They will see that what works across most OECD countries also can work here. Indeed, most of the countries which are considered to have a superior health service operate some type of universal health insurance model. It can and will work for this country.

An absolutely vital component in the success of any universal health insurance model is that we have a properly functioning patient safety authority. Patients must have confidence that they are protected within the system. The Minister is focusing on administrative reform at this time. I accept that this is only his opening gambit and that he supports a fully functioning and powerful patient safety authority. We cannot move down the road to universal health insurance until that particular element is in place. Again, it is a question of ensuring patients have confidence in what we are doing. There will be confidence and increased trust if people know there is a completely independent organisation protecting them. There have been too many crises in the health service in the past decade. Patients, including infants, have lost their lives because of delayed investigations and so on. There have been poor standards of hygiene in hospitals for a long time. All of these problems were happening at a time when the State was doubling the amount of money spent on health. All of the crises we have seen, including Leas Cross, illegal nursing home charges and so on, only became apparent years later. We need a properly functioning patient safety authority to keep such issues in check and ensure patients have confidence in what we are doing.

An important component of a successful delivery of universal health insurance and the delivery of health services in general is the issue of a new GP contract. A great deal has been said in this regard but it is important to note that, for the past decade, it is doctors themselves who have been seeking a new contract. The current impasse must be resolved and we must put the additional resources that are required into primary care. Investment in information technology is required, for instance, before we can even measure - let alone address - such things as the number of children who are obese or have diabetes. It is easy to do all these things with the right system and with a little effort and investment.

That investment must include the provision of resources such as practice nurses, who are the

mainstay of the service. In fact, they have prevented the collapse of general practice services in recent years. We are no longer attracting young doctors towards general practice, as can be seen in the number of unfilled places on GP training schemes this year. We are already 40 to 50 places behind in terms of replacing the huge number of GPs who are due to retire in the next four or five years. The reason the system has not collapsed is the increased diversity in how the work is being carried out, with group practices being formed and practice nurses, secretaries and practice managers taking up some of the duties carried out formerly by doctors themselves. That has alleviated the pressure up to this point. However, the latest round of FEMPI cuts has put general practice under unbearable pressure because it has impacted on such issues as the rural practice allowance, provision of practice nurses and so on. We must take a proactive approach to ensure the crisis does not get any worse.

The ongoing review of medical card provision is the number one issue being raised in my constituency office. There is a serious concern about how patients are being treated, an issue I have raised in writing with the Minister. Elderly people in their 70s and 80s are being asked to provide all types of additional information. For most of the elderly people I know, their lives have not changed dramatically in the past two years and are highly unlikely to do so unless they win the national lottery or have a very good day at the races. The idea that we must put medical card recipients through the wringer is wrong and has to change. Again, it is a question of enhancing patient trust and building confidence that we know what we are about.

I am genuinely of the view that universal health insurance will work very well for patients. However, it requires the types of reform I have outlined to be implemented. It requires the special delivery unit to operate in an open and transparent way. Patients must be able to follow through on their outpatient appointments, obtain a reference number and know exactly where they are on the list. The hospital groups must work effectively. Doctors seeking to refer patients must not be given the run-around, which is patently wrong. I have no problem with a hospital indicating that a patient will be waiting four years for a referral, but it should not be able to decide that particular patients cannot be referred at all.

The money follows the patient concept must be the number one priority for the Department and the Health Service Executive, with every single euro accounted for and recorded. That was the downfall of the former Minister for Health and Children, Mary Harney, in that she could not account for so many of the millions of euro that were spent under her watch. That legacy is coming home to roost in terms of what we are seeing at the Committee of Public Accounts. That committee should not devolve into a witch hunt, concerned only with chasing one or two well known personalities. There is a need to change our approach. I hope we will get matters right in that regard. I look forward to even more public debate on this issue during the coming period.

Acting Chairman (Deputy Thomas P. Broughan): Next we have Deputy Maureen O'Sullivan. I understand the Deputy is sharing time with Deputy Higgins.

Deputy Maureen O'Sullivan: Ba mhaith liom aitheantas a thabhairt do na buntáistí atá ag baint le cúrsaí sláinte. In order to discover what people think of our health services, I chatted with some friends who work in the service and asked them to highlight its particularly positive aspects. The first aspect to which they all referred - I completely agree with them in this regard - is the national cancer screening service. There is an excellent quality of care available to people who develop cancer. The second aspect to which they referred was equality of access in the context of the ambulance service. In other countries, particularly the United States,

17 April 2014

when an ambulance arrives at the scene of an accident, for example, the crew will first obtain the details in respect of a person's health insurance before taking him or her to hospital. That does not happen here. The third aspect they highlighted relates to the fact that the majority of staff in the health service are excellent and that they, particularly those taken on in recent years, are very highly educated. With the increased use of technology and improvements in IT, a great deal more research is being shared across the Continent.

We also discussed the disadvantages and negative aspects relating to the health service. Obviously, the first negative aspect which my friends identified was the moratorium on recruitment. If the health service is to work properly, this must moratorium be lifted. We are paying out more to employ staff from agencies than would be the case if they were recruited directly into the health service. The employment of agency staff has led to the development of a kind of stop-gap service and a lack of continuity of care in respect of patients. The second negative aspect my friends and I identified was the position with regard to step-down beds. We must increase the number of the latter and improve the facilities in which they are located.

Acting Chairman (Deputy Thomas P. Broughan): Can we have silence for Deputy Maureen O'Sullivan?

Deputy Bernard J. Durkan: I apologise.

Deputy Maureen O'Sullivan: The third negative aspect we identified is that which relates to community health care, particularly as it relates to those who have just given birth. The type of care provided in this regard could be a great deal better. Another negative aspect we discussed was that which relates to accident and emergency services. Originally, the latter were meant to be for trauma patients. The clue is in the title "accident and emergency services". However, accident and emergency departments are increasingly treating people with minor ailments. As a result of the increase in substance misuse and abuse, these facilities are also being frequented by those with addiction problems. There is a need to re-evaluate the entire accident and emergency system in order that a better service might be provided.

Let us take on board all of what I have said and view it in the context of what is planned in the context of universal health insurance, UHI. The Government has stated that it is determined that total spending by the State on health care in Ireland under the proposed single-tier UHI system, will not exceed total spending under the two-tier system it is replacing. We are aware that anything from €12 billion up to €15 billion is currently spent on health. One would think that with this amount of funding available, the quality of care and service available to everyone would be excellent and that it would be based on need rather than an ability to pay. However, that is not the case. It is certainly not clear that which is proposed will help us achieve that to which I refer.

The White Paper states that everyone will purchase a universal health policy with a standard basket of health coverage. This will cover hospital and primary care, while social and long-term care will continue to be funded by the State. There will be a multi-payer model, with competing private health insurers and the State-owned VHI. I find it very difficult to understand how this will work and be cost-effective within the current budget. That budget is not working effectively and we all know the gaps which exist and which will not be addressed by what is proposed. The Government's approach to this matter is similar to that taken in respect of water. In that instance, a new body was established and the entitlements and pensions of its employees were decided upon first. Irish Water is nothing other than a new layer of bureaucracy and it

seems the new national insurance fund will be something similar.

We have been informed that a number of key elements are yet to be clarified. I presume the issues raised in this debate will be taken on board and clarified. We have also been informed that a commission has been appointed to prepare the detailed options for consideration by Government in respect of the scope and composition of the health basket. It has been further stated, however, that the consultation process in this regard will not delay progress in respect of the introduction of UHI. I do not know how it is possible to reconcile the two. We continually refer to what is needed while the Minister states that the new system will proceed.

There are some extras which are included in health insurance policies at present and which can be purchased. The fear is that the costs in this regard will increase.

When I read the White Paper, I tried to find mention of the word “prevention”. I may have missed it but I did not identify any commitment to provide significant funding in respect of preventative measures. As we all know, such measures save lives in the long term. If keeping people healthy is a core principle, why is there not a better commitment to prevention? The relevant reports, studies, statistics and anecdotal evidence all confirm that prevention is better than cure. We know that we can prevent the development of certain cancers, certain forms of heart disease and strokes. Promoting healthy eating and exercise will do a great deal to reduce the impact of the illnesses - diabetes, asthma, etc. - associated with obesity in children and adults. Substance abuse currently costs the State €3 billion in the context of health care provision and dealing with crime. However, there are no significant prevention programmes to deal with substance abuse. I would have liked the Minister to have come forward with a White Paper or a Green Paper - I do not care about the colour of its cover - which really focused on the preventative measures that are necessary within the health system.

The purpose of the Government’s approach to UHI is to promote the key role of primary care. I want to focus on the latter in the context of mental health. The National Coalition on Mental Health Reform is concerned that the proposed standard basket does not include talking therapies that are accessible through GPs. This is a serious drawback. Failure to cover the provision of counselling in primary care settings under UHI will mean that the majority of people seeking help in respect of mental health issues will not have the same access to such counselling as they will to medication. There are enough instances of there being a pill for every ill in this country. We must move away from that philosophy. Recent initiatives relating to primary care counselling gave rise to more than 5,000 referrals. The latter provide a very positive example of how early intervention can lead to the prevention of more serious mental health issues. That to which I refer is cost effective. There is a need to promote positive mental health initiatives because, again, these are cost effective.

There is a vagueness about the White Paper, particularly in the context of the costs involved and what will be included in the basket of care. What is proposed is based on the Dutch model and I do not think the Government has taken account of the fact that the market in the Netherlands is very different from that which obtains here.

I addressed the CityWide conference on substance last week. We are aware that substance abuse - regardless of whether it relates to alcohol or licit or illicit drugs - is a serious problem. This issue does not relate just to Dublin’s inner city, its impact is felt right across the country. Cumulative cuts of 38% have been made to the funding available for substance misuse projects. They will not be able to continue their work if their funding is cut further. There does not ap-

pear to be any sense of urgency on the part of the Department to deal with this matter.

We are all in agreement in respect of the need for equal care, timely access, quality health care and cost-effective delivery. There is, however, a glaring lack of detail in the White Paper with regard to how these are to be achieved. There is no guarantee that UHI will provide the answer.

Deputy Joe Higgins: The Government's universal health insurance policy is designed to lead to further wholesale privatisation in the Irish health service, particularly in the area of hospital care. If anyone doubts this, all he or she need do is return to the source of this policy. I refer, in this regard, to the FairCare document which was published by Fine Gael five or six years ago. That document is brutally clear on what Fine Gael envisages in the context of universal health insurance. It states that "At the moment, Ireland has two administrative systems for health – one public (the HSE) and one private (the insurance companies) ... Over time, these two systems will become one, run by the insurance companies." There we have it. The policy of this Government is to hand the health service - particularly that part of it which relates to hospital care but also other elements relating to other forms of treatment - to private health insurance companies, which exist solely to make private profits. The maximisation of private profits is the key responsibility of the chief executive offices and the boards of these companies. It is their job to make profits for those major shareholders who invest in health care one day and in spuds, coffee or petrol the next. The nature of the investment does not matter to the shareholders in question. It is simply a matter of where the profit comes from.

What we will have, therefore, is a system where private business will be dictating to doctors and nurses the level of treatment to be given to patients and the type of medicines to be given to patients, because, of course, those decisions will have a major impact on the cost of the care that they will be given. Since private insurance companies exist to maximise profits they will attempt to minimise the level of care that will be given to patients in hospitals, to our elderly and our sick. That is the grim reality of what is being legislated for.

The emergence of so-called hospital trusts is simply another step in the direction of privatisation. Let us consider the rampant move towards the privatisation of the National Health Service in Britain. Similar measures have been introduced there in recent decades. The National Health Service in Britain was an outstanding conquest made by the British working class and the British labour movement after the Second World War. It came about as a result of the specific weight in society and the outlook of the labour movement and it achieved a universal system of health care. It was a major concession wrung from capitalism in Britain for the benefit of ordinary working people. However, for decades now, in the hands of Tory governments on the one hand and right-wing Labour Party governments on the other, that system has been dismantled.

Professor Allyson Pollock is a wonderful defender and champion of public health care in Britain. She is based in Scotland. She has carried out coruscating analysis of what the policy of hospital trusts and the move towards control by private insurance companies is doing within the British health service. In *The Guardian* newspaper on 14 January this year she sums up as follows:

Since the Health and Social Care Act removed the duty on the secretary of state to provide universal care, it is every hospital for itself, competing against each other in a market place; there is no planning, only forecasting for income and sales. But A&E is expensive

and, like geriatric care and children's services, the price the government pays may not meet the costs. Hospitals would rather concentrate on niche markets like cancer, cardiac and elective care, especially if they can raise some private income at the same time. Markets don't like risk or uncertainty.

Is it not perfectly clear what is happening in the British National Health Service? That is precisely what this Government is legislating for; hospitals are being forced to become businesses.

The health service in this State has of course been historically under-funded, for decades, by comparison with similarly resourced countries within Europe. In the crisis within Irish capitalism and to a certain extent within international capitalism in the 1980s the health service here was ripped asunder. Thousands of beds were taken out of our hospitals and never replaced. Is it any wonder, therefore, that we have queues at our accident and emergency departments and waiting lists? To make matters worse, thousands of health care workers have been taken out of that system by this Government. Yet the Government expects that the health service can work. To add insult to the injury of the victims of austerity and the bailout of bankers and bondholders by this and the previous Government, the proposal provides for a new health tax that will be up to €1,600 per year for those who currently depend on their general taxation to pay for their health care.

The solution is to fund our health services by progressive taxation on wealth, corporations, etc., those who are not paying at present. The management of the hospital and health care system should be publicly funded, publicly owned and controlled democratically. We should bring the front-line workers, including doctors, nurses, auxiliary carers and cleaners, who have a crucial role in hospitals, to the heart of the management of the hospitals and health care services generally. In that way we will have a system and a health service that cares for sick and elderly people only on the basis that they are human beings in need of care rather than commodities, that is to say, the subject of profit-making by private millionaire- and billionaire-owned insurance companies and so on.

Acting Chairman (Deputy Thomas P. Broughan): Anois, An Teachta Catherine Byrne and an Teachta John O'Mahony are sharing 15 minutes.

Deputy Catherine Byrne: Before Deputy Maureen O'Sullivan leaves the Chamber I wish to agree with what she said earlier about the misuse of accident and emergency departments and how that must be examined. We must ensure that when people come to accident and emergency departments, they come for all the right reasons. If we are to have universal health insurance we must consider what happens in accident and emergency departments. The key to having a proper health service is having a link with primary care and ensuring that primary care units throughout the country are staffed properly. Special needs services will form part of primary care services and they must be in place as well.

Like many people, I have knocked on doors in recent weeks. I congratulate the Cabinet for signing off yesterday on the free GP card for children under six years of age. In recent weeks while campaigning for local elections I have been asked on numerous occasions by many people about the under-six free GP care card and when it will be introduced. I have been reluctant to say it would come in but I am pleased after yesterday's news that there is finally some light at the end of the tunnel. I appeal to the Irish Medical Organisation and doctors and GPs in general to come back in and sit at the table with the Minister and the Department and put a final seal

17 April 2014

on this for parents. I had young children myself in the past although they are grown up now. I remember the many times when I had to go to the GP with them. The cost of that alone was crippling, even then.

I am pleased to take this opportunity to discuss the Government White Paper on universal health insurance published on 2 April. I welcome the public consultation process that will take place to allow people to make submissions up to 28 May. It is important that people are given the opportunity to make submissions after they digest the contents of the White Paper.

Universal health insurance is a key commitment in the programme for Government. I recall while running in the last election how important the issue was for people at the doors. They were keen to have a health service that would treat everyone equally. It is being introduced to bring about a fundamental change in the structure of our health service and represents a brave and bold move towards reforming our health service to make it more friendly and equal for everyone. Sometimes I think this should have been introduced a long time ago and that we should not have been waiting for so many years to bring it in. As many of us know, for far too long there has been a two-tier service in this country. This has meant that people who can afford it can jump the queue and have greater access to anything in the health service. This is not fair and it is why the Minister for Health, Deputy Reilly, is introducing this new scheme of universal health insurance in order that everyone has the same access to the best level of care. This is what we should be about and what the Government should be about. It should be about giving people the opportunity to access the care they need.

As other speakers have noted, at the centre of the proposal is the money-follows-the-patient principle. I fundamentally disagree with some of the speakers who have said that hospitals should be given great blocks of money and then allowed to do what they wish with them. If we ran our homes in that way half of us would never be able to put food on the table. The money should follow the patient because it means people must do the work that they are asked to do. This is why the Minister is introducing this system.

There has been much debate about universal health insurance and who will pay. At present, approximately 41% of the population hold a medical card and therefore have free GP visit cards and free hospital care. Free GP care for children aged under six years will, please God, be introduced. Everyone else must pay for a GP visit, sometimes up to as much as €60, or €75 per night for a hospital stay, up to €750 over a 12-month period in a public health hospital. Currently, 45% of the population has private health insurance to ensure faster access, but why should everyone not have the same access? This is what universal health insurance, UHI, is about.

In recent years, waiting lists have sky rocketed, with many people waiting up to two years for treatment. Some have waited even longer. However, the Department of Health, the HSE and the special delivery unit have been working hard during the past three years to reduce waiting lists. Figures prove this is happening. A major overhaul of the system is still necessary in particular areas, one or two of which I have already mentioned.

In light of our aging population, it is important that we have properly resourced primary care centres so that people need not attend hospitals every time. We need to take on the challenges presented by the health service and make tough decisions, which is what the Minister is doing. It is important to keep the end goal in sight, that is, a better and fairer health service for all regardless of whether someone has money.

I will welcome UHI being debated by the health committee, of which I am a member. It is important that the matter be debated by the committee so that all parties have an opportunity to discuss the Bill at length before decisions are made. I thank the Minister for being present at the resumption of the debate this morning. I also thank the Minister of State, Deputy White, for his attendance. What we will be introducing is complex, but if we give people the right information and support, I do not doubt that everyone will enjoy the same coverage, which is what people deserve as citizens of this country. That is what I want as a citizen and as a public representative.

Deputy John O'Mahony: I am glad to contribute on this debate. For many years, there has been a saying in Ireland - if something is not broken, there is no need to fix it. It does not apply in the case of our health service. The irony is that the service was broken during the country's wealthiest time, albeit one based on a false economy generated by the 2000-08 construction bubble, when the Fianna Fáil-led Government of the day decided to reform the health service. Fianna Fáil Members are conspicuous in their absence this afternoon. The then Government abolished the regional health authorities and created the HSE, which was meant to be the solution to all of the health service's ills. In reality, the HSE introduced layers of bureaucracy, became a monster and soaked up the funding thrown at the health service, which became more dysfunctional as time passed. There was no problem with overruns or missed targets because there was plenty of money to throw at problems, but the service's dysfunctional nature and real problems were not addressed. This is the background of the task given to the current Government. A major problem must be fixed at a time of financial constraints.

During the Celtic tiger, we developed to the ultimate degree our two-tier health service. If one had private health insurance, one was able to jump the queue. If not, one needed to grin and bear being at the back of the queue. The challenge facing the Minister and the Ministers of State, Deputies White and Kathleen Lynch, is to fix that broken system using available resources, which has led to this White Paper.

In the past three years, approximately 500,000 extra medical cards have been issued. I agree with Deputy Twomey that the increase has presented its own problems. The reviews being undertaken in respect of elderly people and so on must be handled in a more sensitive way than is currently the case.

Progress has been made in the reduction in the number of people on trolleys and waiting lists. This has been achieved when €3 billion less is being spent on the health service, highlighting the wanton waste and inefficiencies of the past.

I welcome the White Paper's publication and agree on the need for a radical overhaul of a health service that is two-tiered, inequitable and top heavy and in which there is insufficient emphasis on front-line services. Having read the White Paper, I note that it contains a vision of an end result with which few would disagree. It will result in a fairer, more efficient and more accessible single-tier system for everyone. However, many building blocks must be put in place between now and then. Clarity in the information supplied to the public and stakeholders is necessary at the earliest stage if everyone is to buy into what will be a better system. I welcome that consultation will take place with the stakeholders.

I also note that primary health care is to be a central component of UHI, with an expanded role for primary care centres, GPs and the services they provide. I attended a meeting of GPs in my constituency of Mayo a couple of weeks ago. It was hostile and I have supplied details to

the Minister. We were told in no uncertain terms that, despite primary care being a policy priority, funding had been reduced. It was pointed out that, although 98% of patients' initial contacts were with GPs, only 2% of the health budget was spent on primary care. It was outlined clearly that GP services in rural areas were being affected by the removal of the rural allowance and distance coding. GPs claimed that this would result in more referrals to accident and emergency departments, costing the health service even more. They highlighted some procedures for which they were paid €4, but that cost €400 in accident and emergency departments. There is much food for thought in this. I hope that the relevant heads are knocked together on this. GPs will play an important part in UHI. There is no point in their being kept waiting outside the discussions.

I look forward to the implementation of UHI and its building blocks. On the way to the winning line, it is important that we not trip up by failing to consult. I am glad to see that consultation is a part of the process. The other building blocks should be structured in such a way that allows people to buy into and feel a part of them and achieves the creation of a single-tier health service by 2019 for everyone's benefit.

Deputy Peter Mathews: I thank the Minister for attending the debate. I acknowledge the contributions to date of my parliamentary peers on both sides of the House.

The objective here is to mend a system and create a new stage or platform for caring for the people of Ireland, of all ages and genders and regardless of background, wealth or lack of it. Even the title of the concept in the programme for Government, universal health insurance, is interesting. Let us parse that title. We like the concept of universality; it has an aura of equality about it. "Health", which is the middle of the label, is important. "Insurance" is good. It reduces risk and helps to protect against the calamitous unseen or unexpected. The quick, kerbside reaction to the definition is that we should opt for it.

The framing of concepts is now displacing the substance of a concept or idea. That is dangerous. We must use our second line of thinking, as Daniel Kahneman calls it in his great book, *Thinking, Fast and Slow*, which will become a classic if it is not already. He cites an example involving postgraduates of the Harvard Medical School, men and women who by definition will be quite bright. One does not get through Harvard Medical School if one is dull or slow-witted. One might not be perfect, but one is at least bright intellectually. The experiment, conducted in the realm of presentation of ideas and concepts, asked the control group of postgraduate doctors to consider a medical management situation for a certain illness. The medical course of management of the disease was presented to the control group, which was divided into two, as having a 90% survival rate within two months. Alternatively, the same group was told that the medical management course had a 10% mortality rate within two months. In arriving at the decision of what medical management course to opt for, the information is the same in substance but the framing is different. We must be careful with this White Paper. I am not picking holes or looking for problems, but simply stating that we must look into the corners of what is involved.

The contributions of Deputy Higgins and Deputy Shortall are worthy of consideration. Insurance is an interesting industry. Underwriters charge premia, which they receive up-front. It is immediate cash to cover risks and events that are back-loaded over time. Only experience shows what will be required. In the meantime the reservoir of cash which they receive is a reservoir for investment. As Deputy Higgins said, it can go into pork bellies, cornflakes, oil, engineering, shares or whatever. That is the reserve which is put aside to cover the costs of the

delivery of medical services to babies, teenagers, mothers, fathers, single people and grandparents as they get sick. It is therefore important to examine the physics of what one is addressing. If one measures the physics of a situation, what is involved in concrete realities, one can get a better idea of what are the costing requirements. Who is likely to get sick and when, and with what disorder or diseases?

As Deputy Shortall correctly said, we are now moving conceptually from a direct system of responsibility for delivering what is ultimately a vocational service involving doctors, nurses, auxiliaries and so forth. It is vocational. The people involved are not in it for profiteering; they will not move careers, as others do in secular occupations in the competitive marketplace and in the secular production and delivery of goods and services. It is essentially about looking after people's physical health and well-being, psychologically, psychiatrically and so forth.

Let us examine what is happening in this country in the realm of the vocational delivery of medical services. The up-to-date situation was outlined on the radio a few days ago. Young GPs are leaving this country in waves because the work conditions are impossibly demanding and the reasonable remuneration has failed. The same is true for nurses and trainee nurses. According to the interview on the radio, and it was not a sensational conversation, more than half of the trainee nurses are taking on second jobs to meet the bills and the cost of living until they qualify. After they qualify they are getting out of this country, because the atmosphere is shocking. The patient lists must be attended to and they do so to the best of their ability, but they are exhausted. One girl who was interviewed had worked for ten weeks without a day off. She has a patient list and said she regrets it. She knows the people they are looking after in the hospital are sons, daughters, mothers, fathers, sisters or brothers and their condition requires that the people providing the service be alert to little nuanced changes in their well-being. If one is exhausted, one cannot do that, even if one tries. One is bleary-eyed. That is wrong.

Another practical aspect to the concept of free GP care for children under six, and it surprises me that nobody has mentioned it, is that when a young family presents to the GP with a child under six, there are usually other children in tow. They might be under or over six. I am aware from the GPs I know that it becomes a family consultation, not a consultation for a child under six years of age. It can take up to an hour, because the mother has a complaint and the doctors, being mainly decent human beings, will deal with it. In the marine environment there is a flag of convenience for shipping goods back and forth; now there is the child of convenience for the family to come to the GP for their medical. That is not fair on the GPs, although I have not heard anybody talk about it. Has the Minister?

Deputy Alex White: I have heard many things.

Deputy Peter Mathews: The doctors are telling him that. It is worth listening to them. Most of them are in the job for vocational motivations. There are some who might think of lifestyle and so forth, but that is human nature and there are people who are tempted by other things rather than the essence or meaningfulness of their work. However, most doctors have that vocational motivation.

Deputy Alex White: I agree with the Deputy.

Deputy Peter Mathews: These things are important.

I would be wary of the insurance industry having that purchasing power over the medical services. They are vocational medical services. Insurers are not the people who should do that.

It is difficult to arrange but, generally, people are prepared to pay directly for the people who provide their health services. If the Government wishes to introduce the concept of universality, we already have universal taxation. People understand that. The rules are the same for everybody, or at least they should be. However, we now discover that corporations appear to have a preferential universe - to remove the "al" from the word universal - whereby they can hover over nations like hovercraft and not be connected for the purpose of contributing fiscally to the countries over which they hover.

3 o'clock o'clock That is not right either.

The idea should be to get to a system whereby we have looked at the thing and understood it in its physical, concrete realities. The best people are always those in the front line. It is like sports. If we want to build an Olympic pool, we should not ask engineers, quantity surveyors, accountants and so on who will number crunch. They have not swum competitively. We should ask somebody who has travelled around the world to compete at international events, be they European or world championships or the Olympics. They will tell us what is needed in order to provide the stage for what we intend to do, and then we can refer back to the people who can cost it. That is what should be done here.

The concepts are framed in a way that there is a lurch to go there, rather than asking where we are at the moment, what are the demographics, what are the age cohorts and other profiles. Ireland has its own profiling. We have more red-headed people *per capita* than anywhere else in the world. That is a reality. We have a disposition to multiple sclerosis that is higher than other parts of the world. We have a disposition towards lots of things. The Government should get a feel for those by people who are in the front line and then it can work out physically that so many hours of attendance will be needed to be devoted to that over the years. Only then can it be given to the accountants and the guys with the ritzy headed notepaper. They will be able to send the fee notes, as we found out from the guys who set up NAMA. The professional firms invoiced at will once they got in there. Some of the advices and the measurements they gave us were absolutely pathetic, such as the estimates for loan losses in the portfolios that travelled to NAMA. Just because there is a ring about the name and the notepaper is five star vellum does not make it intelligent. We can get silly people giving orders to inexperienced people to crunch numbers, and they produce a glossy spiral bound and everybody thinks it is great, but it is not. People with back of the envelope calculations were able to say that the NAMA loan loss estimates were absolutely nuts. People with experience in the front line of doing restructuring and recoveries of loan portfolios were able to get it right to within 5% on a figure of €100 billion.

This is very important. No face is lost ever in doing the right thing. When the correct concrete measurement and physical analysis is done, the Minister may feel that this is not the way to go. Deputy Higgins pointed out that Allyson Pollock, who has a lot of experience, has examined the UK situation, where they are trying to unravel and pick at the National Health Service, which was being divided into hospital trusts and insurance-led stuff and so on. It begins to loosen the nuts and bolts at the joints and that is not a good idea. We will need trained vocational, dedicated, motivated men and women as doctors, nurses and auxiliaries. At the moment we have not got it as they are getting out of here. I have nieces and nephews who are qualified in medicine and some of them are at consultancy level, and it is a bad place atmospherically in many hospitals. We must be aware of that reality as well at the GP surgeries. We cannot have a GP, who is already under pressure on an income front and on a time basis, having a whole heap of family coming in. If elderly people have medical cards, they do not bring a bundle of others. They are on their own and they get one consultation. It may be awkward

and it may be a geriatric complication, but if a young mother comes in with a child under six she may have three other children in tow, and we must remember that she may need more than general practice consultation and a lead in to gynaecological consultation.

I am just saying that we need to pull in the reins, do a check and make sure that there are not just egos at large here, saying that we said we would do universal health insurance, but that is not what it is. It is the delivery of a health service that has been properly assessed, properly forecast for the next five, ten and 15 years in terms of headcounts and realities, the equipment needed to do that and the spaces to deliver it. Then we should do the costing. If the physics are right, the financials follow. Money follows the patient.

Deputy Bernard J. Durkan: I am glad to have an opportunity to speak on this very important subject. I must confess that I do not possess any expertise on any subject, least of all this particular subject. However, I have spent nigh on 20 years as a member of a very large health board. I heard all the arguments before, and you heard them as well, a Cheann Chomhairle. Every Member of this House has heard the expert opinion on all sides, each deemed to be the ultimate in expertise, each having found out eventually to be wrong, and that is the sad part about it. The situation in which we found ourselves was how to deliver a comprehensive, effective, modern, reliable and safe health service in a situation where we have 10% fewer staff and 10% less money. I have not heard anybody from that side of the House suggest how that was going to be done. In actual fact, every single contribution, with the exception of Deputy Mathews, did not suggest the spending of more money, which is unusual coming from the Opposition side of the House, but is not unique.

The challenge is how to deliver the services. I would be very concerned that we are reaching a situation whereby we are rummaging around looking for the right answer, and we have to find it whether we like it or not. I remember many years ago when we were compared to Calderdale in Greater Manchester, which has a population similar to this country and where it was deemed that a single health structure was the ideal way to deliver the services. I did not believe that at the time because there is no comparison between the length and breadth of this jurisdiction and an area that somebody can walk across in a couple of hours. Therefore, the two areas are not comparable at all.

We need to have a system that is accessible. We need to have a system that does not have people on waiting lists interminably. I disagree entirely with Deputy Shortall. There have been huge improvements in waiting times for particular services. In the past people were waiting for up to four years for a hip replacement, and nobody seemed to understand that the patient was suffering extreme pain during the course of that waiting period. Very few people realise this, except the patient. I remember dealing a few years ago with a patient who was waiting for a hip replacement. I am sure it was a great consolation to the unfortunate patient to be told "You are on a list, we will eventually get to you." However, when something else comes in of an emergency nature in the meantime, that list is lengthened considerably and the wait goes on.

In the old days of the health board system, the three key areas were the delivery of the general medical services, the delivery of the mental health services and the delivery of community care. There were programme managers who were responsible, whether we liked it or not, to the public representatives who were elected by the public. We had access to that. The health board system was set up in 1970, and critics at the time said that the old county health board system was better. We inherited that system from the previous administrators in this State. Maybe there were good aspects to it and maybe there were not. During that period, I saw some things

in various hospitals throughout the country, including mental hospitals, that were embarrassing, to say the least. If anybody suggests to me that system was better, he should realise it was not.

What happened next was that we tried to adjust, change and modernise. A great deal of work was done on this. The problem was that every time we did such work, it was presumed we could do better than before by changing the system. The challenge now is essentially a management one. It is a question of determining how we manage the system we have to deliver the required services to the population, with its various demographic characteristics, efficiently, effectively, reliably and safely. It is a management challenge. Everybody has his own view but the fact of the matter is that somebody must deliver the change.

When the HSE was established I remember asking Professor Brendan Drumm whether he believed the HSE concept, that of a single structure to develop the health services nationally, was the ideal one. I remember his reply well: "I don't know". He does now, as does everybody else. He had to wait and see. Professor Drumm genuinely did not know the outcome. I was totally opposed to the proposal at the time because I felt it could not work based on the little bit of knowledge I had. I had no expertise at all but believed it simply would not work.

When the good people who are now absent from this Chamber decided to change the system, they introduced the HSE to replace the health boards. Previously the number of health boards had increased from eight to nine, and then to 11, and then reduced to eight, each time incurring administration costs. Eventually, it was decided to have a single structure. We then heard how difficult that would be to achieve. The number of staff increased by approximately 60,000 over a couple of years during the boom, when the Celtic tiger was roaming the land looking for prey.

What really happened was that the HSE began to show creaks in its structure straightaway. Delivery could not be possible under that kind of structure. There are managers within the health service who are criticised regularly - they are in our respective areas - but who are well capable of running the system. They know how it needs to work. They know how to proceed and could do so effectively, efficiently and cost-effectively, which is important at present. Generally, they comprise people from the old system who taught those in the new system. They need some kind of support and for somebody to tell them they can do what is desired and what the structure will be.

The proposal to dissolve the HSE is the correct one. The HSE was not accountable and it was independent. It was roaming around itself and it was a satellite of the Department of Health. Any new system would be better than that. I would like to see a system involving restructuring of the old health boards but with fewer boards and a single board of administration accountable to this House.

I remember sitting on the other side of the House only to have been told daily that the Minister could not answer question I asked. I was told he had no responsibility to the House. We believed this system would be cost-effective and that it would result in the better running of the health services. Had we gone mad? Did we lose our reason? It could not be done. If there is no accountability, it is not possible.

We have now amassed the knowledge required to try to deliver the service desired. We need a modern hospital structure. Community care is very important. Deputy Maureen O'Sullivan made a very interesting intervention on prevention. Deputy Peter Mathews referred to statistics

that should be available, and I agree with him. Some of us have pursued this for many years with regard to autism and various health conditions that appear to be more prevalent in Ireland than in other jurisdictions. Modern health research is now such that it should be possible to come up with some kinds of answers in order to plan ahead with knowledge of the costs that might arise.

The main point concerning the delivery of health services is that they are demand driven. One cannot postpone maternity services, for example. They must be made available within a certain cycle, and they are; it is as simple as that. National maternity hospitals are all under pressure because we have an increasing population. Those who referred to 2035, which is regarded as the black spot in terms of our ageing population based on the view that we will all be elderly at the same time, should note we are better placed than most other European countries in terms of the age profile of our population.

With regard to insurance, is it better to have a single organisation through which the health services can be delivered? Is it better to have a two-tier system involving private insurance or a public system? If there is duplication, there are obviously higher costs. There are those who have private health insurance, including me and most Members in this House, and we have had it for years. During my time in public life, I have tried to ensure people in the public health sector got services in the way they should when required, and that they were not put on a waiting list interminably.

I do not regard it as particularly wrong to have universal health insurance at present. It is a way of providing for the kind of demand everybody knows about. To a certain extent, it is an increasing demand, but it is varying. There is a necessity to recognise that if we are to provide a health service to a large number of people, we must have a safety net that will facilitate co-ordination.

Deputy Róisín Shortall made some remarks about two systems competing. For me, the jury is out on the concept of competition as a means of delivering services. It is debatable. One can gain and lose from competition because, as we all know, it works in both directions. It certainly worked in the banking sector, but not to the benefit of the country or its economy or people.

I acknowledge primary care is very important. However, I am not so certain it is the most cost-effective or efficient type of care. The jury is still out on that. The reason I say this is based on the care requirements of patients heavily dependent on nursing care for 24 hours per day, as opposed to elderly persons who can be cared for in the home. What is the best way to deliver the service of the highest quality to 100 patients who are 100% dependent on those around them? I have no doubt but that the best and most cost-effective and safe way from the patients' point of view is to have them housed in a central area, be it sheltered accommodation or otherwise, where they can be cared for. The medical services need to be readily available to such patients. How else can it happen?

The thrust for many years has been towards closing down the public nursing homes. Several public nursing homes throughout the country have been affected. The finger is pointed at such nursing homes regularly on the grounds that they cost more than the private nursing homes. They cost more only because they deal with the heaviest nursing requirements in the system; it is as simple as that. In the course of any evaluation of the system, I encourage those concerned to take that into account. If the heavily dependent 100 patients were dispersed throughout the country and had to be attended to by doctors, nurses and consultants daily, I would hate to think

of the cost. All of us in public life know well the costs that are incurred if one must travel regularly. There are travel costs involved that seriously skew the system.

I cannot understand why some elements of the Opposition can see nothing positive about anything, ever. It gets tiresome after a while that they can think of nothing. They can criticise but not one of them came forward with a single positive or constructive view as to how the system could be improved, with the exception of the poor unfortunate man over there. With all those years and all the experience those on the other side of the House have of running the health services down, surely they could have come up with some little modicum of help, support and vision for the Government at this time.

I am glad the Minister of State, Deputy White, is in the House. He and the Minister, Deputy Reilly, have been given a very difficult job to do. I do not think the public outside this House fully understand that, or that they understand that to deliver the kind of service that is required, given the expectations of the people at present, requires a Herculean effort on the part of those charged with the delivery of the service to be able to do it all.

Deputy Seán Conlan: To continue on from Deputy Durkan, we know what the Opposition believes in and we saw it in action during the 14 years that Fianna Fáil tried to deliver. In my own county of Monaghan, they tried their best to close Monaghan General Hospital, including Deputy Micheál Martin, as Minister for Health and Children. They very nearly succeeded except that they were rejected in the previous general election. In addition, they wanted to close Cavan, Navan, Dundalk and Drogheda hospitals, and they had this pie-in-the-sky notion that they would build a super-hospital somewhere north of Dublin to replace all those hospitals. Thankfully, the new Minister for Health, Deputy James Reilly, is protecting the smaller hospitals and investing money in them. We are investing €9.5 million in Monaghan General Hospital to upgrade it and put in a primary care unit on the site. Just last week, we opened a primary care centre in Cavan town and we are also opening a cystic fibrosis unit in Cavan General Hospital, where we have also upgraded the medical assessment unit. These are positive changes that are taking place under this Government and helping small rural communities. In terms of the hospital groups, small towns now see a future for health care in their towns. It is being upgraded rather than downgraded, as was the case under Fianna Fáil.

This took us some time. The people who founded our State believed in republican ideals, in universality and in equal access to health care and education for all. It took us 40 or 50 years to get our act together before we gave people access to secondary education in the 1960s. Our public health care system does not work. The reason people buy private health insurance is that they have no faith in the public health care system. Fianna Fáil is reactionary, as always, and wants to retain the current system whereby poorer people have to wait longer for access to services. That is the Fianna Fáil model we know - let the poor wait while we who can pay get in through the front door as quickly as we want. What we are trying to do, as a Government, is live up to the republican ideals of the founders of this State by providing universal health care for all based upon need rather than ability to pay. I commend the Government and the Minister on trying to move this agenda forward.

What will be covered has been dealt with at length by Members in the House. Everyone will be entitled to a suite of services and to a choice of providers, and they will have free general practitioner access. This is all beneficial. I hear many people scaremongering about cost and asking how the middle classes will cope with paying the taxes to introduce this system. I point out that many people who have private health insurance at the moment are also paying for the

public system through general taxation. In future, what we hope to introduce is a system which is efficient but, at the same time, more equitable and allows people who do not have the ability at the moment to access private health care to be given the exact same access as those who can. That is to be commended.

Many on the Opposition benches suggested this is about profit. It is not. The hospital groups are not-for-profit organisations. Their *modus operandi* is not to make profits but to deliver services. The private health care providers want to make a profit but they will only deliver a profit to their shareholders if they provide a service which the public want. Given that people will have a choice, if a provider is not providing a suite of services the public wants, they can go to another provider. If the hospital is not providing a service the public wants, the public will have an option to go to another private insurer and go to another hospital.

I see this as a real opportunity for small towns and small hospitals that were faced with closure under Fianna Fáil policies. It gives us an opportunity to provide specialist services in the hospitals of the country that people will access and use. I saw no hope for Monaghan or Cavan under Fianna Fáil and I saw no hope for our smaller hospitals. All I could see was closure and more centralisation closer to Dublin. Under this system, we have the hope that we can develop our services again. We have been able to retain our hospital and keep it open, and we now have a commitment from Government to provide extra money to develop it. With universal health insurance, if our hospital group and the people on the boards of the hospitals can define services which the local community really needs, I believe the local community will use those services and the hospitals will have a future.

This model is to be commended and is long overdue. If introduced between now and 2019, it will be a positive step in ensuring the ideals of the people who formed our country and State are finally realised.

Deputy Jerry Buttimer: I welcome the opportunity to speak on this very important White Paper. If we were to ask at the beginning of this debate or even at the publication of the White Paper what universal health insurance means to the citizen outside, we would be hard pressed to get consistency of answer. That is why it is important that we hold a national conversation on the future of our health service, what it should be about, the basket of services, values and so on.

The Taoiseach referred to everyone winning. Deputy Shortall in her remarks spoke about the poorest running the risk of losing everything. Of course they do not. As Deputy Durkan said, it suits a particular slant to come in and criticise. However, if we are to reflect on where we stand, our private health insurance costs are spiralling upwards all the time, the demand in health is increasing and we are spending €13.2 billion in our health system. We are living longer, we are getting obese more quickly, and associated illnesses are having a profound impact on the people who require to use the services.

I listened to Deputy Twomey speak about the private health system requiring stability and equilibrium, and he is right. The public conversation must be about that. Perhaps the Minister of State, Deputy White, and the Minister, Deputy Reilly, could consider extending the public consultation beyond 28 May. I do not believe that has resonated with people in terms of their ability to play a role in that consultation, so I just ask whether that could be considered.

The basket of services and the costs involved are important, and that is what will focus the minds of people at the end of the day. However, if we are to really look at what we are trying

to achieve, then let us look at the building blocks we have put in place, the reform in terms of the abolition of the HSE, the creation of hospital groups, the creation of the special delivery unit and money following the patient. Some of the Members who came in yesterday and today to criticise did not take account of the fact of the 34% reduction in the number of people on trolleys that has occurred under this Government, the 99% reduction in the number of people who wait longer than eight months for an inpatient procedure and the 95% reduction in the number of people waiting longer than a year for outpatient appointments. These have never been done before. This has happened at a time when, as the Minister keeps telling us, there has been a 20% reduction in funding, 10% fewer staff and an 8% increase in the population.

Everything we do must be about the patients, who must be at the core. This is why I very much welcome the creation of a patient safety authority where we can protect the patient. If we look at what has happened in certain instances in our health system, we can see that the patient has been the secondary part of the process, which should not be the case. The commitment to public consultation, public awareness and the role of the Oireachtas Committee on Health and Children is an important component.

At our committee meeting this morning I am happy to say the committee took the decision to participate, as per the request by the Department of Health and the Government for the committee to play a role in the conversation surrounding universal health insurance. The words “basket” and “values” are now in our lexicon but it is important that the committee plays a role in that. I applaud the Ceann Comhairle because in his role as Chair of this House he has made the relevancy of committees central to what we do as a Parliament. An Oireachtas health committee has the fundamental task of participating and playing a role in determining the value in the basket in terms of universal health insurance. I very much welcome the fact that the committee made that decision this morning. We accept that the introduction of universal health insurance is the most fundamental and radical reform of our health system that has ever taken place. It would, therefore, be remiss of the committee if it did not play a participative role in that. I understand the difficulties that certain members of the committee had in this morning’s meeting and I know that members in Fianna Fáil and Sinn Féin are opposed to this. However, if the committee did not play a role, it would have been the wrong decision. The Minister and Government have asked the committee to look at the development of a values framework. If one looks at the development of such a framework, one can see that it is about holding hearings on the shared values of Irish society to facilitate a national conversation. I hope that in doing that, we will assist the Government in guiding the development of a model that has at its core equality of treatment.

In setting a fee, it is important that we do not go beyond where we are at the moment where the individual fee is €920 per person in private health insurance. In doing that, it is important we allow the debate to be about what is affordable and what is in the basket and that we be as inclusive as we can. In respect of the decision to allocate money based on a money follows the patient basis, I would have a small concern that if we are setting this model, we do not necessarily drive hospitals to compete against each other but make it about seeing and treating patients. We are all in favour of that. In the renewal of the health system, we have an obligation to be completely honest. We must look at the recruitment moratorium and ask ourselves about how we allow new graduates, be they nurses, physiotherapists, doctors, occupational therapists or radiographers, to take part in our health system.

During the week, I met a young married woman and health professional who told me about her frustration at being unable to get job sharing or flexitime allowing her to have a career and

to be at home with her children as well. In the new health system we are trying to develop, we must be conscious of professional development, get the mix right and create a health system that empowers those working in it as well as those who need to use it. If we cannot bring staff with us, we have lost some of the battle. I am concerned that the moratorium in the health system is one-size-fits-all. We have had the nurse graduate programme and changes to parts of it to allow for this in the area of mental health but there is a fundamental need to look at the recruitment moratorium and to be able to renew the staff and staff levels.

Deputies Durkan and Twomey spoke about primary care. It is important that we acknowledge that since it came to power, this Government has developed at least one primary care centre per month. The number is up to 35 with plans to complete a further 20 by 2015. This is important.

The McCraith report on non-consultant hospital doctors has been published today. I welcome the report. I have not read it in full as I had to come in here to speak. We need to look again at the appointment of non-consultant hospital doctors who are a fundamental bulwark in our health system. Mr. McCraith is right in saying that the appointment of a consultant should be considered as a key step in a medical career rather than an end point. Equally, he is right in saying that we need to look at the onerous out-of-hours commitment and rotas of smaller hospitals. We need to ensure that our health system has doctors who are qualified and who are not under pressure. In a meeting of the Oireachtas Committee on Health and Children, the Minister heard from non-consultant hospital doctors. I pay tribute to Dr. Mark Murphy from the Irish Medical Organisation, IMO, for the campaign he led and the Minister for acknowledging that there as an issue. We should not allow young men and women to work around the clock - in some cases for 36 or 48 hours without a break - to go home exhausted and to almost have catastrophic injuries on the way home.

My next point concerns free GP care for those under the age of six. I welcome the fact that the Minister has engaged with the IMO and the fact that the IMO acknowledged today that it is considering attending talks with him. It is important that there is dialogue and that this dialogue is meaningful because any of us who attended public or private meetings in our constituencies will recognise that doctors across the country have fundamental concerns. The best way to address them is by meeting the Minister. It is important that this invitation is taken up. I will not delay the House by going through the definitions that have been placed in the public domain because the Minister is well aware of them but it is important that this dialogue is meaningful and real and that it takes on board some of their concerns.

My final point concerns medical cards. As of 1 March 2014, there are 1.8 million medical cards in our system and 124,000 GP visit cards. This provides around 43% of the population with access to free GP care. This is commendable but there is an issue in terms of probity that is causing concern and about which many of us have spoken in the past. It is causing particular concern among people who are ill, have disabilities, are over the age of 70 or have cancer or a serious long-term illness. These people have had their medical cards taken away or have been given the letter when their circumstances have not changed and their applications have been subject to inordinate delays. The Minister was involved in rewriting the relevant letter and form but let us make sure we do not allow people to fall through the cracks. We need to be considerate in how we approach the issue of probity and I hope that the Minister would reflect upon this along with the staff in the primary care reimbursement service. People who are sick and undergoing treatment, be they patients with a multiplicity of illnesses or those with transplants, who require lifetime medical treatment should not have to face the pressure and stress of wor-

rying about their medical cards. I understand and acknowledge that the movement towards a universal primary care application system away from the regions has presented difficulties. It is important to ensure that while we are investing in primary care we do not allow a situation to develop whereby people cannot avail of treatment in the context of medical card probity.

We have started on a journey towards universal health insurance. Questions need to be answered and a national conversation is possible. I hope that the Oireachtas Committee on Health and Children will play a role in that. The creation of the expert commission which will report back on the standard basket of care and the costs involved will be pivotal. Having said all of that, theory and practice are not the same thing. We must make this as easy as to follow as possible. We must be as informative with people as we can be and we must involve a multiplicity of people in this task.

We have put in place a lot of building blocks, both in terms of legislation and organisation, to enable us to put universal health insurance in place by 2019. People have spoken about the Dutch and German models but we must look at what we spend on health in that 70% of our taxation goes on health, which is way more than in many other countries. This is a new departure and it is a welcome one. It is one that we must embrace because what we have at the moment is a two-tier system which is based upon inequality. I look forward to a single-tier system based on medical need rather than ability to pay. We have a long journey ahead and must carry people with us. I look forward to that journey and to the Oireachtas Committee on Health and Children, which I chair, playing a role in that.

Minister of State at the Department of Health (Deputy Alex White): The current health system is both unaffordable and unfair and it is, therefore, unsustainable. The current system can be and is being improved but there are limits to what reform of a fundamentally flawed system can accomplish. If we want to realise the health service we want, radical reform is the only option. This Government made a commitment to the kind of radical reform that we need to tackle one of the most profound inequalities in Irish society. We committed to introducing a system of universal health insurance so that everyone has health cover from his or her choice of insurer and has access to high quality care on the basis of medical need rather than ability to pay. The publication earlier this month of the White Paper on universal health insurance underpins the Government's determination to deliver on that commitment. We were clear from the start that achieving this goal would require at least two terms of office. The job of this Government is to put in place the building blocks so that a fair and cost-effective system of universal health insurance can be delivered by 2019.

The delivery of a single tier health system, supported by universal health insurance, is a central pillar of the Government's overall health reform programme. Our aim is to ensure more efficient and effective delivery of services so that we can move away from a hospital-centric model to one that provides the most appropriate care in the most appropriate setting. The introduction of universal health insurance is the most radical reform of the Irish health system since the foundation of the State. It requires both time and careful planning to implement. It is this Government's goal to put in place the essential groundwork to underpin universal health insurance in this term of office so that universal health insurance can be implemented by 2019.

The White Paper identifies and outlines progress to date on the key structural, regulatory, financial and information-related building blocks that will pave the way for the introduction of universal health insurance. Yesterday, the Government approved the legislation to enable each of the 420,000 children in Ireland aged under six to access a GP service without facing the

barrier of fees. This legislation will bring Ireland into line with health systems in Europe that ensure that all children can access a family doctor when they need to do so. The Government has provided new, additional funding of €37 million to meet the cost of this measure. This represents the first step in introducing a universal GP service for the entire population. Ultimately, under universal health insurance, every member of the population will have a universal entitlement to the core primary care services provided by GPs.

A number of Deputies have referred to the fact that I have been in touch with the representative bodies for GPs, engaged in correspondence with them and have invited them to meet me in connection with the draft GP contract, published last January, which the HSE put out for public consultation. I would encourage the GP representative bodies, in particular the IMO, to take up the offer of real engagement, consultation and negotiation that I have extended to them. The only way we can proceed with this reform - or any reform of public policy - is through dialogue. That is absolutely essential in this case, as much as in any other area of public policy. I must emphasise, in response to what Deputies have said, that it is the intention of the Government, and my intention in particular, to have a very real and meaningful engagement with the representative bodies for GPs. To anyone who thinks that it will be anything less than full and comprehensive, I must say that is not the case and is not my intention. I must also emphasise that the negotiation and consultation process that I have offered can extend to each and every one of the concerns that have been raised by GPs and their representative bodies in recent weeks. I exclude none of the issues from that process that Deputies, in the course of this debate, have referred to and are aware of from their own contacts with general practitioners.

The universal health insurance White Paper sets out the details of the methodology for determining the future health basket. This includes both the services that will be funded under universal health insurance, as well as the ongoing management and review of the future basket. The paper includes consideration of the options for financing UHI and deals with the key regulatory and cost control frameworks governing the universal health insurance system. The basket of services, in particular, is a matter that has been referred to by many Deputies in the course of this debate, including Deputy Buttimer most recently. I welcome the decision of the Oireachtas Joint Committee on Health and Children to host a consultation process on this. While it is entirely a matter for the committee, the decision follows on foot of an invitation to do so issued by the Minister and the Department of Health. The committee, as has been the case in the past, can make a real contribution to the development of universal health insurance. The committee has been invited to make recommendations on the values framework that will underpin decisions on the future health basket and to consider the options proposed by the expert commission.

All of these questions, including those on the basket of services and which particular services should be funded through universal health insurance, directly by the State or through individuals' own resources, are of fundamental importance to every citizen of this country. The answers to these questions are not simple but are complex, multi-faceted and involve various technical, economic and ethical considerations. These are deeply value-laden decisions and it is therefore important that the values underpinning the health basket reflect the values of broader society. Good practice in other jurisdictions in these decision-making processes involves a critical blend of both technical appraisal and comprehensive consultation with all relevant stakeholders, including patients, patient advocacy groups and others with an interest in these issues, as well as the citizens of the country. An expert commission will be tasked with developing detailed costed proposals on the composition of the future health basket, including those

that will form part of the universal health insurance package of care. As part of its work, the commission will consult with both the public and with system stakeholders. Responsibility for the final decision on the services to be provided under UHI will of course rest with Government.

Universal health insurance represents a substantial shift in how we finance and organise the Irish health system. The White Paper sets out a comprehensive cost control framework to ensure affordability and to contain costs, which is a very real concern. These controls range from price monitoring of insurers and setting maximum prices for health care providers, to more aggressive measures such as capping insurer overheads and profit margins. Ultimately, the cost of universal health insurance in Ireland will depend on a number of key decisions, including the basket of services to be covered and the scope and design of the financial support system. These issues remain to be addressed and resolved. Work is already under way to further develop and refine proposals on cost control mechanisms, the financial subsidy system and, critically, costed recommendations for the basket of services to be provided.

Delivering a single-tier health system, supported by universal health insurance, is central to achieving our policy vision for the health system, a vision that is far-reaching and ambitious. We want everyone to have an opportunity to contribute to the development of our universal health insurance policy and help us to ensure that the major changes are put in place in the best possible way for the benefit of everyone. So I urge individuals, local groups, national organisations and other bodies to participate actively in the consultation processes and make their views known on the future funding and delivery of our health services. Whether we ask who will be funding the health service in five or ten years' time, the answer is that it will be the Irish people. The real question is how they will fund it. Will it be through the universal health insurance system we advocate and seek to put in place? If so, how should it be configured and what services should be included? All questions that are required to be addressed can be addressed in the course of the debate.

I ask Deputies opposite, particularly those who have opposed this set of proposals at the outset, to agree with the following proposition at least. What we have in the White Paper is a serious contribution to the debate we must have on the future funding and organisation of our health services. It is at least worth an airing and a fair wind. It is our first opportunity to tease out and scrutinise the issues associated with the vexed question of funding of health services. Which services should be funded and how? This is the first time we have given ourselves that level of opportunity via the publication of such a comprehensive statement and set of data. These are not simple issues and their resolution will not be easy.

I heard Deputy Joe Higgins recall earlier the great achievement of the British Labour Party after the war in putting in place the great NHS system. One must ask whether any electorate can now be persuaded to fund an NHS system purely through taxation. I do not say that advocating the NHS model is illegitimate, but let Deputy Higgins and others get involved in the debate on the basis of the proposal we have put in place. Let parties opposite come forward with their alternatives. It is for the Opposition to oppose, with which principle I do not quibble. I do not expect the parties opposite to support uncritically what the Government proposes any more than we would if we were over there. However, in this area of public policy more than any other, we should have a concerted debate and discussion and share views and insights into how we want our health service to function in future.

It is a health service for the people of Ireland that we want to put in place. I do not exclude politics or even ideology from the debate, but I ask that we have a frank and open discussion

based on evidence. The White Paper on universal health insurance is the best possible grounding for that debate. I commend it to the House and thank Deputies for their contributions. I look forward to continuing the debate with them.

Topical Issues

Regional Development

Deputy John Deasy: It is now clear that while we may be experiencing a recovery as an economy, we are not experiencing an evenly spread one. Dublin has outpaced all other areas when it comes to generating increased economic activity over the past few years, followed by Cork and Galway. Outside these and some other urban areas, people can see and feel the gulf that is getting wider. Their sense of a rising tide lifting some boats but not all is deepening. They wonder if the Government is doing anything about this economic phenomenon. They know it exists and is becoming more obvious as the weeks go on. The truth is that parts of the country are still in recession or, at best, stagnating economically while other parts recover and achieve elements of economic normality.

Last week, Teagasc published a report on the economic strength of rural towns. The upshot of the report was that rural towns have had a lower focus in national development strategies over the last decade and a half. What has happened over the last few years in particular is that, rightly, the focus has been on regaining our international reputation among outside investors. A good job has been done in that regard so far. However, the recovery has become unbalanced. Through no one's fault, annual investment into Ireland has gone exactly where it is needed least, namely Dublin, Cork and Galway. These are the three urban locations where 82% of foreign direct investment has ended up over the past 20 years.

When I read about the conversion of the NTMA controlled National Pensions Reserve Fund of €6.8 billion into a commercial investment fund to be matched by €6 billion to €7 billion in private investment, it suggested the obvious question of whether anyone had considered earmarking some of the money for the areas worst affected by the recession. The answer I am getting is a resounding "No". I asked the question of the Secretary General of the Department of Public Expenditure and Reform. His answer makes it crystal clear what the story is. He wrote to me that there is no regional angle or perspective to this. He indicated that as far as he was aware there had been no regional impact consideration. Mr. Watt went on to communicate something that really caught my attention. He said that when the Department examines Exchequer funding and our public private partnerships, it has regard to a spread from the political world in terms of which money is allocated. That means money is still being allocated not on the basis of need but on the basis of political influence.

As far as I can see, no account has been taken within Government as to where money has or has not gone in the past and where it should or should not go in future. It is a mistake the Government cannot afford to make. I am already hearing about Ministers telling county managers about money coming down the line from the sale of State assets through particular Departments. The Department of Finance should - and easily could - look at where the investment of State finances has gone in the past ten or 15 years, examine where the unemployment rates are lowest and consider a policy of domestic investment in those areas that need most assistance.

17 April 2014

I am not sure if it is a good or bad thing that the Minister of State replying is from the Department of Finance given that he is running in the Dublin area in the European Parliament elections. I look forward to his response.

Minister of State at the Department of Public Expenditure and Reform (Deputy Brian Hayes): I thank Deputy Deasy for raising the important issues of how Ireland's strategic investment fund will be managed, its remit, its mandate and how it will deliver balanced development for our country. I note to the Deputy that I have a foot in both camps in this context as a Minister of State at the Department of Public Expenditure and Reform and at the Department of Finance. I wear both hats today.

Deputy John Deasy: In that case, the Minister of State is doubly responsible.

Deputy Brian Hayes: Establishing the strategic investment fund is a key component of the medium-term economic strategy published in conjunction with our exit from the EU-IMF programme. The stated objective of the plan is clear. It is to return the economy to full employment by 2020. The strategy recognises that an essential ingredient of economic success in job creation is the availability of financing and capital to allow existing companies to grow and new innovative companies to be formed. In the medium-term economic strategy, we have set out our ambition to develop a more diversified, competitive and responsive infrastructure which can finance growth across the economy. As the economy grows and demand increases, it is essential that well priced financing is available to support businesses to grow and develop. Developing alternative sources of finance for infrastructure projects and businesses across all sectors of the economy, including agriculture, construction and technology, is essential.

Building on the programme for Government commitment and the medium-term economic strategy, drafting of the National Treasury Management Agency (amendment) Bill is at a very advanced stage. Amongst other things, the Bill will establish the Ireland strategic investment fund, or ISIF, to make €6.8 billion from the National Pensions Reserve Fund available for commercial investment in Ireland to foster economic growth and employment. The National Pensions Reserve Fund was originally established to make investments globally with a view to pre-funding social welfare and public service pensions. While the need to provide for social welfare and public service pension obligations has not abated, fostering economic growth and employment is currently a greater priority. By creating jobs and growing the economy, the State will be in a better position to meet its long-term pension obligations. The legislation to establish the fund will be published shortly and I hope to see it become law by the middle of the year.

4 o'clock The fund will have a broad mandate to make commercial investment decisions that support economic activity and employment. While supporting economic growth and employment is clearly the end goal, the commercial nature of ISIF is an important part of its mandate for two reasons: it will magnify the impact of the resources of the fund by making it attractive to third party investors and it will allow ISIF to recycle its investments over time so as to be able to invest in new strategic priorities for the State.

The mandate for the fund will be set out in legislation and the NTMA will periodically consult with the Minister for Finance on ISIF's investment strategy and take into account the views of the Minister so the strategy is consistent with Government policy. The investment mandate will encompass a number of principles. It will be expected to earn a commercial rate of return and it will be designed to support the productive capacity of the economy. The in-

vestments should be capable of aligning the interests of various State actors, in particular with regard to energy, water and telecommunications. It will also have regard to Government policy and objectives, including sectoral policy, in making decisions on investments, and the investments should not have negative implications for the general Government balance or general Government debt.

An investment committee will be established which will have discretion to make investment, disposal and asset management decisions for all investments of ISIF, within the parameters and the investment strategy set out by the NTMA board, subject to the mandate of ISIF and having regard to Government policy objectives.

Deputy John Deasy: By most economic indicators, the US stimulus plan of 2009 was a success, so I took a look at how it was structured. It substantially cut taxes to families, but significantly it spread the money in almost every way throughout the 50 US states. Transportation and mass transit projects were begun, federal buildings were modernised throughout the US and there were projects dealing with water, weatherising homes, school buildings and broadband infrastructure in rural parts. It concentrated on helping small businesses with tax deductions, credits and loan guarantees wherever they existed throughout the US.

We have a stimulus package in Ireland, and it is structured in such a way that 90% of the €6.8 billion of State money, which the Minister of State mentioned, could end up going exclusively into the urban economy of Dublin and its surrounding counties. At the same time no one in the Departments of Finance or Public Expenditure and Reform is taking account of where other Exchequer funding and private investment is spent throughout the country. We know at least 80% of jobs created through IDA Ireland companies end up in three urban areas and locations and this trend is continuing.

If a portion of the strategic investment fund is not diverted or earmarked towards locations which need it most, the money from the sale of Bord Gáis and other State assets needs to be directed specifically to these areas which have not seen any substantial inward investment in the past ten or 15 years. If I were to describe the Government's policy or lack thereof, when it comes to regional economic disparities it is beginning to resemble a form of economic *laissez-faire*, letting it be and letting the natural world take its path. This is becoming unacceptable and a very dangerous political path for the Government. The Minister of State's response compounds exactly what I have suspected for some time. No thought has gone into these issues when it comes to the economic disparities which exist throughout the country.

Deputy Brian Hayes: To reply to my colleague and friend, it would be a disgraceful situation were it the case but it is not the case. To present the strategic investment fund as the only avenue of capital funding is also a gross distortion. To be frank, the existing capital programme, which is set from 2012 to 2016 and totals €17.5 billion, is significantly bigger than the €6.8 billion to which I referred in my remarks. The PPP projects, which we have got over the line because we are out of the bailout programme, are bundled throughout the country. For instance, the next school bundle of PPPs, which is all about Exchequer funding coming from different sources, will be established in places such as Galway, Wexford and Ballinamore-----

Deputy John Deasy: We are well aware of that. I am speaking about the investment fund.

Deputy Brian Hayes: The investment fund is one arm of capital investment but it is not by any stretch of the imagination the only one. The key issue on which Government policy is de-

17 April 2014

terminated in making decisions is not on the basis of political priorities. It is on the basis of what will make the economy more competitive in the long run and what are the key things we need to do, from an infrastructural perspective, which will help a stronger recovery happen. Where this is located is secondary to the principal priority of making the economy more competitive.

The point must be made that if we get this decision right it will help economic growth in the long term. In the same way one could argue the roads projects over the course of the past decade have greatly helped access and transport routes throughout the country. Of course the Government is minded to take a holistic view when it comes to the economy and especially how these funding decisions are to be taken, but to present this as the only vehicle upon which capital infrastructure will be determined is a gross distortion of the facts, notwithstanding the need to have balanced regional development where it makes sense, where the economies of scale are right and where the economy can grow as a consequence of that spending decision.

An Leas-Cheann Comhairle: Does Deputy McNamara wish to defer debate on his Topical Issue matter?

Deputy Michael McNamara: I understand the Minister is at the beef summit, which I greatly welcome, and so I will defer this Topical Issue. However I will return to it in the first week of the next term to see what results, if any, accrue from the summit.

Minister of State at the Department of Arts, Heritage and the Gaeltacht (Deputy Dinny McGinley): Unfortunately, neither the Minister nor the Minister of State is available due to commitments outside the Dáil today. As such they have asked me to convey they would be very grateful if the Topical Issue could be deferred until the next time the Dáil sits, which is scheduled to be 30 April 2014.

Deputy Michael McNamara: I am very happy to defer it until then. It is difficult to see how real progress can be made until live shipping is facilitated because at present processors are increasing their capabilities to produce beef and thereby are manipulating the markets.

Special Educational Needs Services Provision

Deputy Seán Ó Fearghail: I am happy the Minister of State, Deputy McGinley, is in the House.

Deputy Dinny McGinley: Arís.

Deputy Seán Ó Fearghail: I reserve the right to return to this issue at some stage in the future when the Minister for Education and Skills can be present.

I must declare a personal interest in this issue on the provision of autism spectrum disorders units and special education units in post-primary schools throughout the country because I am the chairman of the board of management of a particular school which has been the subject of section 29 appeals in recent times. My experience is based on this and my constituency work through which, like the Minister of State, I see the variety of challenges which arise for parents of children with special educational needs as they seek placements at primary and post-primary level for their children.

Great progress has been made, particularly since the Sinnott case in 2000, in terms of provi-

sion at primary level. It would appear we are very slow to get around to making the necessary provision at post-primary level. Recently, I tabled a parliamentary question to the Minister for Education and Skills asking what strategic plan the Department has for the provision of second level places. I must say I was alarmed at the response because it indicated a complete lack of a strategic plan and a rather *ad hoc* approach to the provision, operating on the basis of responding to demand which might exist or arise from particular schools.

While many schools do superb work in making provision for children with special educational needs, it is also a reality that many schools will adopt the approach of letting this chalice pass from them and letting somebody else make the provision. I was appalled to find that the NCSE, and through it the Department of Education and Skills, are not at all proactive in identifying schools in areas where such provision should be provided. I was appalled to discover the reality that special educational needs organisers often direct students to areas outside their catchment areas where provision has been made and is available. In the years ahead, the inevitable consequence of that will be that students will pass each other on the road as they travel away from their local communities, their siblings and the students they attended primary school with to access education.

This is neither practical nor sustainable. It is not good from an environmental point of view. It is certainly not good in terms of the educational well-being and the overall well-being of our students. The NCSE needs to be proactive in encouraging post-primary schools in significant centres of population to provide ASD units and other special education units. It needs to look at the areas where primary level provision has been made and ensure natural progression from primary level to post-primary level can be made. It should cease the simple *ad hoc* approach of directing students well out of their catchment areas to areas where availability may exist in the short term, but where the best interests of those students will not ultimately be served.

Deputy Dinny McGinley: I am responding to this Topical Issue on behalf of my colleague, the Minister for Education and Skills, Deputy Quinn. I thank Deputy Ó Fearghail for raising this issue and thereby giving me an opportunity to clarify the position in respect of this matter. As he will be aware, this Government is committed to ensuring all children with special educational needs, including those with autism, can access an education appropriate to their needs, preferably in school settings through the primary and post-primary school network. Such placements facilitate access to individualised education programmes, which may draw from a range of appropriate educational interventions delivered by fully qualified professional teachers with the support of special needs assistants and the appropriate school curriculum.

The Deputy will be aware that the National Council for Special Education, NCSE, is responsible through its network of local special educational needs organisers for allocating resource teachers and special needs assistants to schools to support students with special educational needs, including autism. It is the role of the NCSE to make appropriate arrangements to establish special classes in schools in communities where the need for such classes has been identified. It is also required to consider and manage applications from schools to establish special classes for students with autism, including the establishment of special classes in various geographical areas as required. Special classes in mainstream schools are intended for children who, by virtue of their level of special educational need, cannot reasonably be educated in a mainstream class setting but can still attend their local school in a special class with a lower pupil teacher ratio and special needs assistant support.

At the end of 2013, the total number of special classes for children with special educational

needs, including autism, in mainstream schools was 516, of which 171 were in post-primary schools. The NCSE has advised the Department that it is planning, through its local network of special educational needs organisers, to establish a number of new special classes for the coming school year. Special educational needs organisers have been working with local schools on a national basis over the past number of months to plan and establish special classes for children with special educational needs who require such placements for 2014-15. This work is ongoing in some counties. Special educational needs organisers continue to liaise and work with schools to meet the demand for such placements at local level.

Deputy Seán Ó Fearghail: The Minister of State's response is an indication of the level of difficulty we have. He said that the NCSE "is responsible through its network of local special educational needs organisers" for processing applications from primary and post-primary schools for special educational supports, "including the establishment of special classes". In other words, it would appear that the NCSE is responding to demand from schools. There is a significant difference between the demand from a school establishment and the demand that arises because a number of children in a particular area require a service.

The Minister of State went on to say that "special educational needs organisers have been working with local schools on a national basis over the past number of months to plan and establish special classes for children with special educational needs who require such placements for 2014-15". The reality is that if a post-primary school requires space within which to accommodate such classes in the 2014-15 year, it was far too late to start the planning process "over the past number of months". What were the special educational needs organisers doing over the last number of years, when this real demand was growing and could have been quantified?

The Minister of State also said that planning work "is ongoing in some counties" and that "special educational needs organisers continue to liaise and work with schools". If it happening in "some counties", that means it is not happening in other counties. One of the most significant complaints made by parents of children with special educational needs relates to the absolute inconsistency of provision. One's provision depends on where one lives in the country. If one is in County Donegal one might get a service, but if one is in County Leitrim one might not. If one is in County Kildare one might get a service, but if one is in County Laois one might not. Those sorts of circumstances are not good enough in this day and age. I know the Minister of State would not be satisfied with that type of approach.

Deputy Dinny McGinley: Last year, the Minister, Deputy Quinn, asked the NCSE to prepare policy advice on the education of children with autism. The purpose of this ongoing process is to identify the nature and extent of educational interventions, teaching practices and other supports which should be provided to enable children with autism to achieve educational outcomes appropriate to their needs and abilities. The NCSE policy advice, which will be delivered in the spring of 2015, will draw upon findings gathered from an extensive consultation process with parents, schools, professional service providers and other stakeholders. This process has already commenced. The advice will also draw upon new research commissioned by the NCSE for this purpose, as well as any other research which will be available and which the NCSE considers meritorious of consideration.

I would encourage all interested parties to contribute to the consultation process that is taking place as part of the preparation of the policy advice. The Minister, Deputy Quinn, expects that the NCSE's final report will reflect the broadest possible range of views and provide recommendations which will assist the development of policy for future years. As a former teacher, I

understand the concerns that can be generated among parents and communities when services are not readily available. It was made clear in my initial reply that the Minister is acutely aware of the situation. Steps are afoot to have a comprehensive picture presented early in 2015. We will see what will happen after that.

Special Educational Needs Data

Deputy Thomas P. Broughan: I warmly thank the Minister of State, Deputy McGinley, for coming to the Chamber to deal with this matter on the afternoon of Holy Thursday. As he is well aware, the Howth Peninsula has been a favourite walking location for visitors and residents alike for many centuries. Well over 500,000 people from across Dublin and the whole mid-Leinster region, and indeed from abroad, visit the peninsula and the town of Howth every year. Just this morning, hundreds of very welcome visitors arrived to enjoy the amenities of the town and the peninsula. Many walkers traverse the old tram line, the historic loop walkway and the rights of way across the east and west mountains on the Howth Peninsula every year. They enjoy its unique flora and fauna and the spectacular views across Dublin Bay and Baldoyle Bay.

In 1996 or 1997, in response to a public-spirited campaign led by Jean Finn, the people of Howth and an organisation called Howth-Sutton 2000, which I strongly supported, the then Minister for the Environment, Deputy Howlin, ordered Fingal County Council to designate the amenity lands of Howth as a special amenity area. I have strongly supported the efforts of community leaders on this matter over the years, including Kevin Rickard, David Caulfield, Brendan Keegan, Pat Hennessy, Helen Gilmore and Caoimhghín Ó Laoi, to preserve and maintain the magnificent walkways of Howth Peninsula. They have been strongly assisted by local Councillor Cian O'Callaghan and former Councillor David Healy.

Astonishingly, in recent years, new residents on the East Mountain have attempted to close off completely a major right of way by erecting a gate across it, fencing off some of the amenity lands and introducing changes into the fauna of the area. The walkway under threat is part of the historic loop walkway linking the Howth Summit and the Upper Cliff Road walkways to the lower cliff path near Casana Rock. It passes the entrance to Heather Cottage, the construction of which by the developer, Treasury Holdings, was opposed by the people of Howth in the mid-1990s. They saw it as the first step by the developer to privatise the East Mountain amenity lands and walkways and fill them in with concrete.

The loop walkway, which is being illegally blocked, is a primary walkway and right of way from time out of mind and is on all of the oldest Howth maps, including those used for decades by campaigners for the Howth environment. A recent public meeting on the matter confirmed the widespread local view that Fingal County Council has failed in its duty to invigilate all aspects of the special amenity area order, SAAO, which is now approaching its 20th anniversary. Indeed, it was a referral to An Bord Pleanála by environmental activists which established that the erection of a gate on the loop walkway near Heather Cottage is not an exempted development under section 5(3)(a) of the Planning and Development Act 2000.

Howth residents and visitors want to know why Fingal County Council did not order the immediate removal of the illegal gate, fencing, surface stones and fauna, and address the other violations of the Howth SAAO at this location, when these illegal and unauthorised changes were first made, and why the An Bord Pleanála decision has not been strictly enforced. They also want to know why the council lodged an application with An Bord Pleanála in August

2013 seeking further clarification of its decision, reference RL 3131, which clearly showed the erection of this large gate structure is not an exempted development. My constituents fear that this outrageous attempt to destroy an historic right of way in Howth may well be a prelude to landowners like Allenspark and Treasury Holdings alienating the amenity lands of Howth and turning the East Mountain - indeed, the entire peninsula - into a gated fortress something like Cap Ferrat on the French Riviera, reserved only for the very rich.

Some time ago, I proposed to the Minister for Arts, Heritage and the Gaeltacht, Deputy Jimmy Deenihan, that the Howth Peninsula be added to the list of unique Irish locations to be designated as UNESCO world heritage sites. There is a strong case for such designation given the incredible beauty of Howth, its closeness to the centre of our capital city, its unique flora and fauna from its near island location, and its extraordinary history. When the first settlers arrived in Ireland 7,000 to 9,000 years ago, after the last Ice Age, they chose the Howth Peninsula for one of their first settlements. That historic background and unique environment should persuade Fingal County Council, working with our terrific environmental community leaders in Howth and Sutton, to make a strong case for Howth and its environment. First and foremost, however, we want the council and its new manager, Mr. Paul Reid, to enforce the special amenity area order without fear or favour.

Deputy Dinny McGinley: I thank Deputy Broughan for raising this important matter. Section 202 of the Planning and Development Act 2000 provides that a planning authority can decide to make an order declaring a specified area to be an area of special amenity for reasons of its outstanding beauty or special recreational value, having regard to any benefits for nature conservation as well as for the purposes of preventing or limiting development in the area. The making of a special amenity area order is a reserved function of the elected members of a local authority. However, the Minister for the Environment, Community and Local Government may, if he or she considers it necessary, direct a planning authority to make an order declaring a specified area to be an area of special amenity for reasons of its outstanding beauty or special recreational value and having regard to any benefits for nature conservation. All special amenity area orders made by a planning authority, whether on the initiative of the authority or on foot of a direction by the Minister, require confirmation by An Bord Pleanála under section 203 of the 2000 Act before they can come into effect.

The Fingal County Council special amenity area order in respect of Howth was made in 1999 and confirmed on 16 May 2000 with no conditions attached. It designates an extensive area of the Howth Peninsula as an area of special amenity in order to preserve and enhance the character and special features of the area, including its historic walkways and unique wilderness, on the basis of its outstanding natural beauty, special recreational value and a need for nature conservation. The order provided the framework for a management programme by the council for the preservation and enhancement of the character or special features of the area and for the preservation and limitation of development. The order also enabled the council to make conservation orders to protect specific flora and fauna of special amenity value or special interest where this is considered appropriate.

The Howth special area amenity management committee comprises five councillors from the Howth-Malahide area as well as representatives of residents, the commercial sector and the administrative division of Fingal County Council. The committee meets quarterly to oversee the operation of the Howth amenity area. If it is considered that additional local measures are needed to strengthen the protected status of the local amenities further, the management committee or any other local stakeholders may make proposals for the Howth special amenity area

order to be reviewed. Given that the amenity area is managed under local arrangements, it would be appropriate for any such proposal to be considered by Fingal County Council in the first instance.

Deputy Thomas P. Broughan: I thank the Minister of State for his response and his comments regarding the implementation and enforcement of the special amenity area order. As I have outlined, the key problem has been a lack of enforcement of that order on the part of Fingal County Council. There has been a dereliction of duty on the part of the council, particularly in recent years, in respect of these illegal fixtures on the East Mountain. I accept that this is an issue for the council to address but, from a national point of view, will the Minister of State indicate what level of consultation and invigilation takes place on the part of his Department, working with local authorities, to ensure heritage sites and areas of natural and ecological importance are adequately protected? My constituents simply want the will of the people, as expressed in the SAAO and through the Minister for the Environment, Community and Local Government and this House, to be enforced.

I am interested to know the level of monitoring by the Minister of State's Department and the Department of the Environment, Community and Local Government in respect of all heritage designations and conservation designations, including SAAOs. Do local authorities report regularly to either or both Departments on potential infringements and the actions they have taken to deal with them through the Garda, courts or whatever is necessary? People in Howth want the illegal gate, fencing and stone surfaces on the East Mountain to be removed and the changes to the fauna and landscape to be addressed forthwith. Many thousands of my constituents are desperately upset at the illegal attempt to destroy the historic right of way at Heather Cottage.

As I said, Fingal County Council has a new manager, Mr. Paul Reid, whom I understand has come from the Department of Public Expenditure and Reform. I urge him to address this serious attack on the integrity of the SAAO immediately. I ask the Minister for the Environment, Community and Local Government, Deputy Phil Hogan, to hold Mr. Reid and his council to account on this matter. I understand the Minister for Arts, Heritage and the Gaeltacht, Deputy Jimmy Deenihan, and the Minister of State, Deputy Dinny McGinley, have been drawing up a list of locations such as the Burren and other beautiful areas around the country, from Donegal to Kerry and the midlands, which might be designated as UNESCO world heritage sites. I am of the view that Howth should be added to that list.

Deputy Dinny McGinley: As already indicated, the purpose of the 1999 order was to designate a large part of Howth Peninsula as an area of special amenity in order to preserve and enhance the character and special features of the area. The Fingal county development plan 2011 to 2017 recognises Howth as one of the great natural assets of the greater Dublin area, in that it has a rich natural, built and cultural heritage. The development plan commits the Fingal County Council to ensuring that the area is protected and enhanced and that enjoyment by the public is facilitated. To this end, it includes objectives to protect and enhance the character, heritage and amenities of the Howth special amenity area in accordance with the order; protect the heritage and landscape of Howth while facilitating enjoyment by the public; implement the management plan for the special amenity area and review it, as necessary, in consultation with all relevant stakeholders; and investigate the establishment of a landscape conservation authority in the county.

The development plan objectives, in conjunction with those relating to the special amenity

17 April 2014

order, provide a significant degree of protection to the Howth Peninsula with a view to ensuring the conservation and preservation of this sensitive and scenic area. Any local proposals to strengthen the protected status of the amenities in the area may be submitted to Fingal County Council or my colleague, the Minister for the Environment, Community and Local Government, for consideration. As already stated, however, the making of a special amenity area order is a reserved function of the planning authority and would require to be confirmed by An Bord Pleanála.

I have listened to the Deputy's impassioned plea and I assure him that his comments will be conveyed to both Ministers and their Departments. The additional information requested will be forwarded to him.

An Leas-Cheann Comhairle: I take this opportunity to wish everyone a happy Easter. Cáisc faoi shéan agus faoi mhaise daoibh.

The Dáil adjourned at 4.30 p.m. until 2.30 p.m. on Wednesday, 30 April 2013.