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DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

DÁIL ÉIREANN

Dé Céadaoin, 21 Feabhra 2024

Wednesday, 21 February 2024

Chuaigh an Leas-Cheann Comhairle i gceannas ar 9.10 a.m.

Paidir agus Machnamh.
Prayer and Reflection.

Ábhair Shaincheisteanna Tráthúla - 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 37 and the name of the Member in each case:

Verona Murphy - To discuss reasonable accommodations for State examinations for English as an additional language learners.

Gino Kenny - To discuss St. John of Gods services and the HSE.

Paul Murphy - To discuss historical sex abuse at the St. John Ambulance.

Donnchadh Ó Laoghaire - To discuss plans for Owenabue Educate Together National School in Carrigaline, County Cork.

Colm Burke - To discuss supports for women who have undergone a mastectomy.

Maurice Quinlivan - To discuss the lack of additional needs supports at Le Chéile National School, Limerick.

Gary Gannon - To discuss the proposed closure of Phibsborough post office, Dublin 7.

Marian Harkin - To discuss the crisis in the dental treatment services scheme in counties Sligo and Leitrim.

Mick Barry - To discuss protests by staff in technological universities over pay issues.

Pat Buckley - To discuss unauthorised developments along the waterways.

Thomas Gould - To discuss the need to establish a Munster regional homeless executive.

Martin Browne - To discuss the shortage of home support service hours for a person with

muscular dystrophy.

Pauline Tully - To discuss permitting schools to form a cluster for the purpose of combining principal release hours with special education teaching, SET, hours to form a SET post.

The matters raised by Deputies Verona Murphy, Donnchadh Ó Laoghaire, Colm Burke and Gary Gannon have been selected for discussion

Saincheisteanna Tráthúla - Topical Issue Debate

State Examinations

Deputy Verona Murphy: I welcome the opportunity to raise the issue of reasonable accommodations for State exams. There are obviously a large number of students who have recently arrived to Ireland. They have rightly been encouraged to engage in our education system. Many of these students fall into the category of learners of English as an additional language, EAL. I think primarily of students from Ukraine, but also those who recently arrived from other places and whose level of English would not be sufficient to succeed in the State exam environment without additional support. The State Examinations Commission allows the use of an approved dictionary during the exam. Students in many second level schools completed the junior certificate and leaving certificate mock exams prior the February mid-term break. The experience is daunting enough for many students. How daunting must it be for someone with a beginner level of English?

I was contacted by a teacher from Coláiste Bríde in Enniscorthy, County Wexford - with which the Minister of State is probably familiar - who described it as a humiliating experience for the students involved. She is right. Let us think through the practical, or maybe more impractical, process that has to be followed to answer a leaving certificate examination using a dictionary. Some students will have to translate every word of the question, every word of the comprehension and every word of the case study in order to understand what is required. If they gain an understanding of the question, they then have to repeat the same painstaking process of using the dictionary to translate every word of their answer. It is an impossible task. The dictionary is utterly useless for these students. There are so many other options available to help these students. We need to move away from supplying dictionaries to a more tech-savvy and user-friendly way of helping students with the language barrier.

The students in question will have prior knowledge of many different subjects from their education in their previous countries of residence, but when they arrive here, the system is making matters unnecessarily difficult. Circumstances are already difficult enough for people fleeing war. If we can remove the language barrier, we can properly assess their knowledge and allow them to proceed within the Irish education system and have a positive experience. The Department of Education recognises the need for additional support in schools for these students. Special hours are given to EAL support, which many schools have availed of. However, it seems to me that the supports are removed once it comes to sitting the exam. This makes absolutely no sense.

I commend all of those in County Wexford who are involved in EAL support. I mentioned Coláiste Bríde. I have also been contacted by St. Mary's CBS in Enniscorthy and Ramsgrange Community School, of which I am a former pupil. I know that across the 23 secondary schools in County Wexford great efforts are being made regarding English as an additional language. We just need the Department of Education to review the supports available at exam time. I ask the Minister of State to advise the Minister of Education to develop a more user-friendly, 21st century solution to this problem in order to allow suitable and reasonable examination accommodations for students who have recently arrived and whose first language is not English.

Minister of State at the Department of Justice (Deputy James Browne): I thank the Deputy for raising this matter. It is recognised that the curriculum at primary and post-primary is intended to be for all learners from all backgrounds, regardless of gender, socioeconomic background, race or creed. It aims to foster inclusivity where equality and diversity are promoted. Our education system, especially our schools, throughout the country supports, encourages and reflects diversity among our students, including with regard to language. The diverse nature of our society means that many of our schools have children and young people whose mother tongue is neither English nor Irish and whose home language is different from the language of instruction of the school. These children and young people, including but certainly not limited to those from Ukraine, may have particular language learning needs, which are referred to as EAL needs.

In the context of State examinations specifically, the State Examinations Commission, SEC, has responsibility for the operation, delivery and development of State examinations. As part of its remit, the SEC provides a scheme of reasonable accommodations at the certificate examinations, RACE, to support students with a complex variety of special educational needs. The focus of the scheme is on removing barriers to access while retaining the need to assess the same underlying skills and competencies as are assessed for all other students and to apply the same standards of achievement as apply to all other candidates. The scheme provides accommodations for students with a variety of complex special educational needs, including learning difficulties and permanent or temporary physical, visual, hearing, medical, sensory, emotional, behavioural or other conditions.

The provision of accommodations for students for whom English is an additional language and who otherwise have no special educational needs is the use of bilingual dictionaries. These are permitted by the SEC in State examinations other than in cases where examinations are in the candidate's first language - a student whose first language is French will not be permitted to use the dictionary in the French examination - a language closely related to the candidate's first language, English or Irish. Given that it is the language being tested, allowing candidates to use dictionaries in these subjects would compromise the fundamental principle of fair assessment for certification. Bilingual translation dictionaries between the student's first language and English or Irish, without explanation of terms or definitions, are permitted. However, it is important to say that electronic bilingual dictionaries, translators, word lists or glossaries are not permitted. Again, this is to ensure fairness for all students as assessed by the SEC.

With regard to children and young people from Ukraine in our schools, the Department of Education is supporting schools in responses to these children and young people, especially through the regional education and language teams, REALT, across the country. In addition, the wide array of resources available includes information relating to free digital tools, including apps that can assist with text and voice translation, and the allocation of specialist resources to schools that take account of the needs of pupils, including, where appropriate, EAL.

The Deputy may also wish to note that in the leaving certificate examination Ukrainian, as a non-curricular language, is being developed by the SEC. The first examination will be available for students sitting the leaving certificate in June 2025.

Deputy Verona Murphy: I appreciate that the Minister of State is here to answer on behalf of the Minister for Education. We are approaching the second anniversary of the invasion of Ukraine by Russia. More than 100,000 refugees fleeing that war have come here, 18,000 of whom are students in our schools. Would it not be an appropriate tribute to say that we recognise their pain, that they have left their friends and families behind and that their worry is our worry. We can make life safer and easier. Maybe that would send a message that we value their being here, that we look forward to their being part of Ireland's future and that we will assist their integration by ensuring that all the necessary supports for English as a second language are in place. We could think a bit more about that. The Minister of State might pass that message back.

Another serious issue has arisen in respect of SET hours. Last week, the Department of Education announced significant changes to the allocation of special education supports for schoolchildren. These changes are to include the removal of complex needs as one of the eligibility criteria for special education teachers. This change will impact the most vulnerable children in our communities and schools. Numerous parents of children with autism and Down's syndrome have contacted me. They are already exhausted as a result of the fight to access assessments and supports for their children. They are now being told that their children may be denied special education supports in school. The announced changes that are due in September represent a major step backwards in the context of inclusivity for special needs children in mainstream education. I ask that the Minister immediately reverse that decision and that instead of cutting teachers' hours for special education, she move to improve and increase these supports in schools.

Deputy James Browne: This Government can be very proud of the support it has shown to Ukraine and to Ukrainians who have come here. We offer some of the best supports of any country in the European Union. Our supports in the educational system have, quite frankly, been extraordinary. Few other countries in Europe can show the level of integration and supports that have been provided to Ukrainian children in Ireland. I have visited several other European countries to see and hear about the supports they have provided. The Government is very much aware that children and young people whose mother tongue is neither English nor Irish and whose home language is different from the language of the instruction of the school, especially those from Ukraine, may have particular language learning needs. The Government is proud of the fact that our educational system, schools, teachers and education partners continue to respond to the needs of these students who have particular language learning requirements.

I have outlined some of the supports that the Department provides to schools in their immediate responses to children and young people, especially those from Ukraine. They take into account the needs of students including, where appropriate, EAL. As part of its remit, the SEC provides the RACE scheme in order to support with a complex variety of special educational needs. This scheme assists students who have special educational needs to demonstrate what they know and can do in certificate examinations without compromising the integrity of the assessment and ensuring fairness for all students. Earlier, I outlined the accommodations under the RACE scheme for students for whom English is an additional language but who do not have special educational needs.

In the context of teaching and learning, the primary resource to inform teaching and learning for all children and young people, including those with EAL needs, is the curriculum from primary school right up to senior cycle in post-primary schools. Additional resources are designed to complement the curriculum. Teaching and learning resources are available from the National Council for Curriculum and Assessment, the National Educational Psychological Service and Oide, which is a support service for teachers and school leaders. Post-Primary Languages Ireland provides a dedicated resource in this regard as well.

School Building Projects

Deputy Donnchadh Ó Laoghaire: Owenabue Educate Together National School was set up in 2020. It has faced a number of challenges during its short existence. A building that was earmarked for it at one stage was subsequently given to Carrigaline Community Special School. This was no fault of Carrigaline Community Special School, which is an excellent school. However, what happened made the long- and medium-term planning for the Owenabue Education Together National School challenging. A permanent site for the latter was identified last year, which was welcome. The site is in the vicinity of Janeville housing estate in Carrigaline, a town that has grown enormously over the past 20 years. Not terribly long ago, it was a village. Now, there are approximately 17,000 people living there. It is a rapidly growing town with a huge young population. As a result of this, there are many new schools in the area.

In January, Owenabue Educate Together National School was informed of the Department's proposals for interim accommodation. Even though the school has only junior and senior infants and first and second classes as it builds itself up, the Department's proposal was that the two parts of the school would be separated across the town. One would be based near the school's current and permanent site in Janeville and the other part would be located in temporary accommodation next to Carrigaline Educate Together National School, which is on other side of the town. This proposal is completely unworkable. Split campuses are seldom ideal. In the particular circumstances relating to this case, what is proposed would be completely unworkable. At the very best of times, it takes 35 to 40 minutes to walk or ten minutes to drive between the two locations. Carrigaline is a busy town, with a good deal of industry and heavy of traffic as people commute from there to Ringaskiddy and into the city. In the mornings, that trip could quite comfortably take 25 minutes. If a parent has to drop two children to each of these campuses and a third to one of the local secondary schools, it is completely unworkable. It is also unworkable for staff, including special needs assistants, SNAs, and special education teachers, who might have to move between the two locations for PE and other classes. My understanding is that the Department has accepted this to some extent. I will be interested to hear what the Minister of State has to say in that regard. It is also my understanding is that there is an acceptance that what is proposed is unworkable.

I look forward to hearing what the Minister of State has to say and what he can confirm on the record. The school has been working with the Department to try to come up an alternative. A site adjacent to the Janeville site, which may not be absolutely perfect, is being considered by the Department. There will still be significant challenges in terms of funding, and I might come back to that in my next contribution. In the first instance, however, I want to know if this completely unworkable proposal is off the table now and if the Department working on the potential alternative of the school being co-located between Janeville and the adjacent site, which, I believe, is either in Heronswood or close to it. If the Minister of State can provide an update

on that, I will then come in on the financial challenges.

Deputy James Browne: I thank Deputy Ó Laoghaire for raising the important matter of Owenabue Educate Together National School. I am taking this Topical Issue on behalf of the Minister for Education, Deputy Foley. I thank the Deputy for raising this matter because it provides the Minister with an opportunity to clarify the position in respect of the Department's plans for the school.

Owenabue Educate Together National School is a co-educational, multidenominational school under the patronage of Educate Together. It is located in the town of Carrigaline, County Cork. The school opened in 2020-21 with seven enrolments and was located in interim accommodation owned by Carrigaline Lions Club. The school subsequently relocated to its existing privately owned accommodation in 2021-22. Last September, it had a current enrolment of 63 pupils. The school is located in the Carrigaline school planning area and there are currently eight primary schools and three post-primary school in this school planning area. The school's current staffing is a principal, two mainstream class teachers, two special class teachers, one special education tuition teacher, one shared special education tuition teacher and an EAL post.

I am pleased to advise that a building project to provide a new 16-classroom primary school building to include special education needs provision for the school is being advanced by the Department. The acquisition of a 2.76 acre permanent site for the school, at Janeville, Shannon Park, Carrigaline, is currently at an advanced stage of conveyancing. It is expected that contracts will be signed shortly. The suite of accommodation to be provided as part of the building project includes 16 classrooms, a general purpose room, a library and ancillary accommodation. In addition, the school will have two classrooms for children with special educational needs and external facilities such as ball courts, junior play areas and soft play areas.

The project will be delivered as part of the Department's accelerated delivery of architectural planning and tendering, ADAPT, programme. The programme uses a professional external project manager to co-ordinate and drive the design team to achieve the best possible timeframe for the project through the stages of architectural planning to tender and construction. The project is currently at design team tender assessment. It is estimated that the design team appointment will be ratified during quarter 2 of 2024. Upon appointment, the team will proceed to stage 1 of architectural planning, preliminary design, where it will assess the site and prepare its initial sketch schemes. A preferred design option, including the scope and extent of works to be carried out, will be established during this early stage.

Pending provision of the new school building, further interim arrangements are required for the 2024-25 academic school year to facilitate the growth of the school. Officials in the Department are in discussions with the school's patron, Educate Together, to look at options available to allow the school to expand and to put a solution in place in this regard. No decision has yet been made regarding the accommodation solution for 2024-25.

Deputy Donnchadh Ó Laoghaire: I do not believe what is set out in the Minister of State's reply. I know it is not his fault. I was offered the choice to postpone this matter or allow him to take it this morning. Conscious of the urgency of the situation, I asked that it be taken today. The Department officials who drafted the reply either did not look into the issue properly or they decided to be too clever by half.

I asked a very clear question, which was about the proposed plans for Owenabue Educate

Together National School that involve splitting the school across two sites on either side of Carrigaline. My question obviously relates to the interim arrangements. The reply included ten paragraphs on the permanent solution, on which I am fully up to date, and only one paragraph on the interim solution. It is not good enough and I am very frustrated by it. I was hoping to receive confirmation regarding the interim situation. I know the Minister of State did not draft the reply. I brought the matter forward to be debated because there is an urgency to it. I am really disappointed and frustrated by the departmental response. I ask for a written response from the Department in the next day or two setting out the current state of play in terms of the temporary arrangements. We are fully aware of the permanent proposals. That is not where the concern arises at this time.

The concern relates to the interim proposals whereby the school will be split across a very busy town with heavy traffic. As I understand it, there are huge financial problems with the interim proposal involving an adjacent site. While there are grants for classrooms, there are no additional financial supports for the school to be split across two separate campuses. There is no grant for a staffroom and no additional funding for the extra heating, lighting, water, refuse, Internet and insurance costs. The capitation given to the school is based on the assumption that it is located in one place. That will be a huge challenge, even if the proposed different arrangement comes to pass. There is significant financial pressure at play. Will the Minister of State pass on the message to the Department that further financial support is needed for the school?

Deputy James Browne: I again thank the Deputy for the opportunity to address some of the issues regarding this school. I hear his concerns and I certainly will bring them to the Minister's attention. As chair of the board of management of an Educate Together school with five different landlords, I understand the challenges involved for principals and boards in dealing with these types of situations. The Department's view is that, at the moment, the matter is with Educate Together. The Department is waiting for further information from the patron regarding possible solutions. I will bring the Deputy's concerns to the Minister's attention.

Medical Aids and Appliances

Deputy Colm Burke: I ask that a scheme be put in place in each of the HSE areas across the county similar to what is offered in the South/South West Hospital Group area for women who have undergone mastectomies. Supports under that scheme include refunding of the cost of a prosthesis every two years and two free bras each year. Those supports apply to both those without medical cards and medical cardholders. Will the Minister of State indicate when such a scheme will be put in place?

I am raising this matter because it is an extremely important support scheme in the South/South West Hospital Group area. It provides for a €200 allowance every two years for the purchase of a prosthesis. Where a woman has undergone bilateral surgery, the provision is €400 every two years. In addition, funding is provided every year for two bras. There is an issue in that women who have had breast reconstruction are excluded from the allowance. Patients who have had reconstructive surgery but still require a partial or full prosthesis for reasons such as infection, hormonal breast changes or removal of implants are not included in the scheme.

I am calling for a comprehensive scheme for women who have gone through a difficult time involving surgery and treatment. Having such a scheme in place is extremely important. I understand that what was available in the South/South West Hospital Group area was not available

in many parts of the country. I welcome the introduction of a comprehensive scheme across the country. However, the existing scheme in the South/South West Hospital Group area has been watered down. For instance, under the new scheme, there will be an allowance for only one free bra per year, whereas provision was previously made for two. I further understand that even the allowance for two bras did not offer sufficient support, yet the proposal is to reduce it. I welcome that the scheme is being introduced right across the country but I do not agree with the decision to downgrade what was available in the South/South West Hospital Group area.

Back in 2016, there was a proposal to totally change the scheme in the Cork-Kerry area. I went to the then Minister of State, Kathleen Lynch, and, in fairness to her, she stepped in and made sure the scheme that was in place would continue. Eight years later, I make the same request that the scheme in place in the South/South West Hospital Group area remain in place and that additional supports be put in place for women who have had reconstructive surgery. It is important that this be done.

An issue of concern is that the current breast care service in the South/South West Hospital Group area funds specialised lymphoedema bras on an annual basis to help treat lymphoedema of the breast. Those women are referred for care in that hospital group area. It is not clear whether that provision will be included in the new national scheme that is being rolled out.

Another issue is that for people to receive supports, they must now fill out an application form and send it to the HSE's central office. They cannot proceed with the supports until they obtain approval. Under the old scheme, women went to the people who were providing the supports, filled out a form there and received the care they required. The care provider would send in the application for the refund to the HSE. These changes are making it more difficult for people.

Deputy James Browne: On behalf of the Minister for Health, I thank Deputy Burke for raising this matter, which is of importance to many women right across the country. The HSE provides an extensive range of medical aids and appliances to individuals living with a wide variety of medical conditions. Those aids and appliances support individuals to continue living within their communities and to enjoy a greater quality of life than would otherwise be the case.

Community funded schemes are the collective name for the provision of these products and services. The HSE spends in excess of €300 million per annum on that provision nationally. The medical aids and appliances are prescribed on the basis of an identified clinical need. Historically, many of these aids and appliances were not provided on a standardised basis across the country and did not have formal contracts in place governing their supply or cost. This resulted in an inequality of access for some aids and appliances in some areas. It also did not allow the HSE to deliver best value for money in the provision of these products.

As part of the HSE's service improvement programme for the community-funded schemes, a national advisory group examined the provision of post-mastectomy products with the intent of ensuring a standardised provision nationwide. A new national standard operating procedure has been devised for the provision of post-mastectomy bras and prostheses. These will now be provided to all patients, irrespective of medical card status, following partial and full mastectomies, who have not undergone reconstructive surgery. The patient will be provided with their initial post-mastectomy products in the acute hospital where their surgery took place and subsequent provision, which normally would be one year post mastectomy, will be through the CHO where they reside.

The HSE advised that the updated procedure on the provision of post-mastectomy products is to ensure greater access and equity along with a simplified administrative procedure for patients. The new national procedure replaces any previously existing local procedure. In addition to improving equity and access for all patients who require post-mastectomy products, it will also ensure the same level of contribution to purchase those products is available to each patient. The need for this arose due to awareness of a significant variation in the practice of funding post-mastectomy products across the country. The standardised approach seeks to speed up and simplify the process and decrease the burden placed on patients and administrative staff alike.

The overriding goal is to provide practical, clear and unambiguous processes. The scope of this new procedure applies to all breast cancer patients, irrespective of medical card status, who have undergone a partial or full mastectomy only and all healthcare professionals involved in the care of such service users.

Deputy Colm Burke: I thank the Minister of State for the clarification. However, as I said, there is a watering down of what is available in the South/South West Hospital Group area and I ask that that be revisited. That is the issue of funding for two free bras per annum. My understanding is that number per annum is not even sufficient but it is now watered down to funding for one free bra per annum.

I am concerned about the procedure now being talked about, where people have to fill out the application beforehand. It has to be processed before people can access the care they require. I am concerned about that because I have seen this happen in the HSE previously. It is not a criticism; rather it is the volume of work involved. I have seen it with respect to applications under the fair deal scheme where we are waiting for quite a long time before applications are fully assessed. I am concerned. The old procedure, as I understand it, was they went to the provider, they filled out the forms there, the prostheses or bras were provided there and the funding was then followed through by the provider.

I very much welcome what is happening throughout the country. There was not a comprehensive support scheme in many parts of the country and I welcome this being introduced. It is extremely important that we give support to women who have gone through that type of treatment and who want to get on with their lives. It is important we give the maximum support. I ask that the issue be looked at as well as the issue of how the applications will be processed. I am not clear on the way we are talking about doing it. I am concerned about the delays that may occur. If this is the scheme we are going to go through with, in six months' time, we should review it to see how it is working. I ask that we revisit the supports annually rather than watering down what is in the South/South West Hospital Group.

Deputy James Browne: On behalf of the Minister for Health, I again thank Deputy Burke for raising this very important matter. Aids and appliances provided by the HSE under the community funding scheme support individuals to continue living within their communities. They are prescribed on the basis of an identified clinical need and are provided in line with established criteria. The purpose of the service improvement programme established by the HSE has the aim of improving the quality of services provided, improving access and eliminating historical inequities in the provision of these services in different parts of the country.

Recently, the HSE implemented a national standard procedure in respect of post-mastectomy products as, previously, no clinical procedures were in existence for these products. While

this procedure does not include products for sporting activities, for example, swimming and running, and other leisure activities, it does ensure there is equal access to appropriate post-mastectomy products for all women who need them, irrespective of medical card status.

Deputy Colm Burke: I ask that Minister of State clarify the issue in respect of women who have gone through lymphoedema care. I ask that it is clarified because it is not clear in the HSE's publication.

Deputy James Browne: I will ask the Minister for Health to clarify that.

Post Office Network

Deputy Gary Gannon: I thank the Minister of State for taking Topical Issue Matters today. From about 8.45 onwards this morning and every weekday morning, a trickle of people start to arrive at Phibsborough post office. That trickle very quickly turns into a queue and that queue is representative of the vast array of different people who live in and make Phibsborough their home. They queue outside the post office for a variety of reasons. It is a hub of the community.

Phibsborough post office provides a multitude of different services. The people who go there frequent it for the services it offers, the sense of the community and the conversations they have along the way. In the past two weeks or so, the community has been told that Phibsborough post office is at risk of being closed or having the services significantly diluted and placed off site.

I cannot begin to describe the manner in which I would object to that. As I said, it is a place where people buy their stamps and so on, but it is far more than that. Phibsborough post office is not unique in that sense. Post offices the length and breadth of Ireland play a vital community role. If we are to erode those services, it would be to the detriment of the community and the people who use them.

First, I strongly seek more information from the Government. I note the Minister of State is representing the Minister for communications. I would like to understand better the intention for the erosion of this service. I strongly protest against any dilution of the services. We simply cannot have a scenario where it is outsourced to a postmaster who moves those services off site to the back of a shop or we find some other little outlet that does not come anywhere close to providing the same service. I wish to understand exactly what the Government's plan is. The Minister of State can speak of post offices in general but I ask that he speak about Phibsborough, if possible.

I also wish to understand how best we can oppose this. I do not believe for a second the Minister with responsibilities for postal services, Deputy Ryan, wants to see the erasure of these types of services in communities. There has to be an appreciation of the role they play. You do not notice those services until somebody says they are gone. Last week, there was a general level of anxiety, with people wondering what would happen if the post office were taken away. There is no bank in Phibsborough, so that post office becomes a hub where older people in particular, who are not using their phones, do their banking.

The postal service on Mountjoy Street was taken away a number of years ago and there was a threat to remove Phibsborough post office in 2017. We should not have to protest too hard

to keep these types of services. They are needed and valued. Post offices are a central hub of communities. I would like to understand the Government's plan and position and how best we oppose this dilution of service.

Deputy James Browne: I thank Deputy Gannon for raising the important issue of the proposed closure of the Phibsborough post office in Dublin 7. I welcome the opportunity to outline the position on this matter on behalf of the Minister of State, Deputy Chambers.

An Post is a commercial State company with a mandate to act commercially and, as such, day-to-day operational matters, including the decisions related to the size, distribution and future of the network are matters for the board and management of the company and are not ones in which the Minister of State has a statutory function.

The Minister of State is aware of the impact that decisions relating to changes in An Post operations have on communities and individuals in both rural and urban areas. I understand the Minister of State, Deputy Chambers, met with An Post officials on 14 February and discussed the proposed conversion of six post offices run by An Post to being contractor run. Several of the post offices in question are located in key business community locations and An Post gave an undertaking to review its decision to the proposed conversion and will revert to the Minister of State, Deputy Chambers.

In line with its ongoing transformation, An Post recently announced that it is converting six post offices from being An Post run to being contractor run, one of which is the Phibsborough office. That post office will join the mainstream of national post offices, of which more than 90% of the country's 900 post offices are run by contractors. Fewer than 40 post offices throughout the State are now run directly by An Post.

An Post indicated that the change in business model of the six offices will not in any way change the range or extent of the services offered by An Post in those selected locations. The company remains committed to providing each area with the highest level of services for the future. An Post staff formerly employed at the post offices in question will have options, including taking up employment as a new postmaster or being redeployed within the network. The Government's objectives for the An Post network include harnessing the opportunities presented by e-commerce and the digital economy and delivering a sustainable nationwide post office network offering a range of e-commerce, financial and government services. The Government agreed that an amount of €10 million per annum will be provided by the Department of the Environment, Climate and Communications over a three-year fixed term from 2023 to 2025 to support postmasters with funding to be dispersed across the post office network. The funding is being paid monthly for each 12-month period. More than €9.7 million has been claimed by An Post for 2023 for the postmaster network.

Over recent years, An Post has transformed its business by delivering new products and new formats in the way it operates. This includes, among other things, diversifying and growing the financial services products it provides for individuals and SMEs to include loans, credit cards and more foreign exchange products, local banking in association with the major banks, and a full range of State savings products. An Post is also providing agency banking services for AIB and Bank of Ireland.

The programme for Government recognises that a modernised post office network will provide a better range of financial and e-commerce services for citizens and enterprise as part of

our commitment to a sustainable nationwide post office network. The overall €30 million in funding being provided to support a sustainable nationwide post office network is in line with this commitment.

Deputy Gary Gannon: I thank the Minister of State for his response. I disagree with him in that I do not necessarily think a dilution of services through their transfer from An Post to a different style of service will have any benefit at all for the community. That is captured, in particular, by the staff who currently work in the An Post office at Phibsborough. There is a genuine sense of anxiety about what it will mean for their employment and the people who avail of that service. I appreciate the building has a particular significance within the area. I hope it is not the Minister's plan, and the Minister of State might clarify whether it is intended for the services to remain within the building. That is not the understanding of the community regarding these changes. It is expected that the services will transfer to a smaller building, which would definitely impact the nature and type of community we have in Phibsborough.

I oppose, from the bottom of my heart, any dilution of services in the postal service at Phibsborough. It will have a detrimental effect on the sense of community spirit there. We cannot keep losing institutions from communities. Phibsborough is going through various changes, but there have to be landmark buildings and places where people can gather and go about their business. Taking that away erodes the fabric of communities. It will have a detrimental effect. I encourage the Minister of State to implore the Minister of State, Deputy Chambers, to go back to An Post to ensure the service remains on site in Phibsborough. We do not need any more postal services in the backs of shops. It does not work. I thank the Minister of State. I will take the matter up further.

Deputy James Browne: I certainly agree with the Deputy regarding the importance of our post offices and the fact they go way above and beyond the individual services provided in those local communities. As I indicated, decisions relating to post offices are operational matters for An Post, but the Minister of State, Deputy Chambers, will continue to engage with the company on the proposed conversion of post offices and those concerns that have been raised by the Deputy and other Deputies. At the meeting, An Post gave an undertaking to review its decision on proposed conversion and will revert to the Minister of State in the very near future.

Deputy Gannon will appreciate that the Minister cannot issue a direction to prevent An Post from doing that which the Oireachtas has given it to do as a statutory responsibility. An Post has an independent board with a clear mandate and plays an important role in serving the needs of business and domestic customers alike. This is at the forefront of An Post's mandate. The board of management is doing what it can to maintain the company's sustainability and relevance to customers. As the Deputy rightly pointed out, that includes relevance to local communities. The Minister, Deputy Ryan, the Minister of State, Deputy Chambers, and their officials and Cabinet colleagues are working to support the company to that end.

Cuireadh an Dáil ar fionraí ar 9.54 a.m. agus cuireadh tús leis arís ar 9.58 a.m.

Sitting suspended at 9:54 a.m. and resumed at 9.58 a.m.

Deputy Carol Nolan: I move:

That Dáil Éireann:

recognises that:

— healthcare General Practice, being the patient's first point of contact with health services, provides person-centred and comprehensive care from the beginning to the end of life, often coordinating care between many agencies involved in the treatment of complex chronic illnesses;

— general practice in Ireland, providing professional quality care at the heart of the local community, is the cornerstone of the Irish health service, with General Practitioners (GPs) being the first port of call for most patients;

— over two-thirds of GPs (66 per cent) in rural Ireland are currently unable to take on new patients, with some reporting waiting times of up to two weeks for an appointment, according to a survey by the Irish Independent;

— the Irish Medical Organisation warns that Ireland, having only seven GPs per 10,000 population (one of the lowest in the European Union), falls well below the required minimum of 12 per 10,000 to ensure a safe and effective healthcare service;

— Government policy and planning has failed to ensure Ireland is training enough GPs for the population increase, leading to many GPs emigrating due to better pay, terms, and conditions abroad; in 2022 alone 442 Irish doctors were issued temporary work visas for Australia;

— the recent Irish Independent study highlights a mounting health crisis in rural Ireland, whereby a severe lack of healthcare accessibility is causing strain on residents and leading to delayed diagnoses and treatments;

— over two-thirds of GPs are currently not accepting new patients which signifies a shrinking healthcare horizon in rural Ireland;

— medical services in rural communities are currently unsustainable, as evidenced by patients reportedly waiting up to two weeks to secure a GP appointment;

— despite warnings from the Health Service Executive (HSE) years ago, little or nothing has been done at senior Government levels to address this unfolding crisis; and

— modelling suggests that by 2025 Ireland expects a shortage of between 493 and 1380 GPs, mainly in rural areas; this, coupled with an aging population and the likelihood that many GPs are due to retire by 2026 (expected to be around 700), paints a grim picture for a rural health service that is being hollowed out due to a lack of political support;

notes that:

— according to the Irish Independent study, 68 per cent of medical practices outside the country's main cities are not open to taking on new patients, reflecting a clear urban-rural divide;

— the urban-rural divide in healthcare access has stark implications, with rural patients facing significant barriers to timely medical care, despite rural areas having an older population compared to urban centres in Ireland;

— the cumulative effect of a lack of access to GPs in rural areas has led to an alarming rural health crisis, which is exacerbated by limited or absent public transport services making health services less accessible to rural people;

— the Irish Independent study found that, on average, patients in Dublin can be seen on the same day as a request for an appointment, while those in the midlands looking to book a non-urgent appointment with their GP could be waiting up to two weeks;

— the rural health crisis extends beyond patients to GPs in rural Ireland, with many practices closing down and the remaining ones grappling with overwhelming workloads due to a lack of support from the Department of Health and the HSE, resulting in onerous working conditions that deter new GPs;

— GPs often cite high insurance costs, overheads, and an overly bureaucratic system as obstacles to their patient-centred role, all of which are issues that the Government can address;

— the rural healthcare crisis extends to an emergency in dental care provision where children are forced to wait up to ten years for treatment and less than half of eligible children were seen under the school screening programme last year;

— the rural healthcare crisis is further exacerbated by a severe shortage of home helps, a worsening crisis in every accident and emergency department, an almost non-existent mental health care service, and a severe lack of residential places for people with physical and mental disabilities;

— the Irish Dental Association has previously highlighted to the Oireachtas Joint Committee on Health that children are waiting up to ten years for treatment and less than half of those who were eligible for the school screening programme have been called for treatment;

— the number of dentists registered to treat patients under the Dental Treatment Service Scheme is in freefall, requiring a complete overhaul of the contract governing the scheme; and

— the failure of the Government and the Minister for Health to address the unfolding rural healthcare crisis will likely have a grave negative effect on the health and life expectancy of the rural population; and

calls on the Government to:

— accept that the leading cause of the severely diminished access to healthcare provision in rural areas is Government neglect and inaction in adopting a strategic

rural healthcare framework that incorporates increased resources by the Minister for Health and the HSE;

— end the policy and practice of addressing all healthcare policy problems through a narrow Dublin-based approach, and recognise the healthcare problem in rural Ireland, accepting that rural residents deserve equal access to healthcare;

— explain how, despite an increased national health budget, the country is witnessing a steady deterioration of health services, especially in rural communities;

— urgently address the rural health crisis by establishing a high-level Ministerial working group or Cabinet sub-Committee to generate immediate, medium-term, and long-term solutions, and report to the Dáil within four weeks from this day with a strategic roadmap to reverse this decline;

— immediately implement a strategic 'rural proofing' and 'patient first' approach to all healthcare policies;

— acknowledge that trying to recruit more GPs or allied health professionals from abroad is unlikely to succeed given the global shortage of both these groups of professionals;

— increase the number of GPs through sustained Government funding and a long-term GP workforce strategy and plan, addressing the unhealthy work climate for GPs by improving support, reducing their administrative workloads, and tackling their patient workload intensity and volume, as well as long hours;

— implement policies that will make the provision of rural healthcare attractive for young doctors, such as offering scholarships to medical students from rural areas to return and practice in their home areas;

— ensure the HSE changes policy and puts in place new salaried GP posts where vacancies remain unfilled in rural areas, along with providing premises and staff in areas where the patient list is small; and

— recognise that action is long overdue and the fact that Ireland does not have enough GPs to meet patient numbers, especially in rural Ireland, which constitutes a national health emergency that needs to be treated as such.

I am delighted to move the motion on my behalf and that of my Rural Independent Group colleagues. Before I begin, I convey my sincere condolences and those of the group to Deputy Michael Collins and his extended family on the death of his nephew, which is no doubt a devastating tragedy for them all. Our thoughts and prayers are with them all at this very difficult time.

It is absolutely clear that for many years now rural communities have been struggling to attract and retain GPs and locum GPs. The HSE's own modelling suggests that by 2025, Ireland expects a shortage of between 493 and 1,380 GPs, mainly in rural areas. This is coupled with an ageing population and the likelihood that many GPs will be due to retire by 2026. I understand that the figure for GPs due to retire by 2026 is 700. This paints a stark picture ahead for the rural health service. The emigration rates for young qualified medical graduates, which continue to grow alongside this rapidly ageing population profile, means that unless we get to grips with this emergency now, we are facing catastrophic outcomes in the years and decades ahead.

10 o'clock

We have all seen the recent *Irish Independent* study highlighting the mounting health crisis in rural Ireland, where a severe lack of healthcare accessibility is causing strain on residents and leading to delayed diagnoses and treatments. The study found that over two thirds of GPs are currently not accepting new patients, which signifies shrinking healthcare on the horizon in rural Ireland.

What does that mean in real terms? In the worst-case scenario, it means an early or avoidable death or more intense and prolonged treatment. Those are the facts and what we are talking about here. The lack of GPs in any area and even my own area of Offaly, rural or urban, logically means people who need to be seen quickly for a referral or initial diagnosis are not being seen. This can lead to the development of conditions that might have been addressed more effectively if a GP or doctor had been available to diagnose or assess. From our perspective, all of these issues are being disproportionately felt in rural communities where we live and work.

What is truly alarming is that, looking around the world, the same is true in rural communities almost anywhere. Even in Australia, where so many of our emigrants are and are heading to, we have seen rural GP services and rural medical provision described as a professional wasteland. Indeed, in the UK, the Royal College of Physicians warned that just 13% of consultants appointed in England last year went to hospitals serving mainly rural or coastal areas, with the other 87% being hired by those with mainly urban populations. Examples from other countries could be multiplied with ease.

Coming back to our own country, what this reveals to me is that while Ireland is far from unique, rural communities must be prioritised with the delivery of a rural healthcare strategy that fundamentally addresses these kinds of geographical inequalities. I have no interest in getting up here and simply complaining about this horrendous situation. I want at the very least to point towards some solutions such as those outlined in the Shaping the Future discussion document from the Irish College of General Practitioners, ICGP, last year. In it, the ICGP outlines the ten potential solutions it believes will help relieve the GP workforce crisis, as well as the non-EU rural GP initiative.

What do we need to do? We need to expand GP-led multidisciplinary teams. We need to at least double the number of GP practice nurses, which is key. Many people think they need to see a GP, but a professional practice nurse can take the pressure off GP waiting times. We need to resource the career expectations of future GPs. Local GP roles can be seen as not very exciting or fulfilling from a career perspective, whereas many local GPs who actually take up the role feel that it is at the heart of good medical practice and can be deeply rewarding when properly resourced. We must provide suitable premises for GP-led multidisciplinary teams. We must support suitably qualified GPs to take on General Medical Services, GMS, scheme and medical card lists. We must have increased remote consulting, but this may be more difficult where unreliable broadband unfortunately is still an issue. Many older people still prefer the personal touch. The final point the ICGP gave as a solution was to increase exposure to general practice in medical schools.

These are just some of the many ways and solutions that have been put forward that we can put in place to help to rejuvenate rural GP services. I am aware that the non-EU rural GP initiative is aimed at addressing the issue of brain drain faced by the Irish healthcare sector by attracting non-EU doctors to rural general practice, and that this has led to about 50 participants.

That is to be welcomed. The ICGP, as we know, has stated that it wishes to attract at least 100 such doctors to Irish rural practice throughout 2023. While this is welcome to some degree, there appear to be real ethical issues with taking away medical professionals from what may be already poor or underdeveloped areas, particularly when we have a substantial number of our own graduates who could be motivated or incentivised to stay at home and work here.

I accept there are no easy solutions, but at the same time the policies that have been adopted to date unfortunately have failed. There is a myriad of complex and intersecting issues relating to this crisis. Among them is the sheer unattractiveness of living and working in Ireland, with the lack of housing, sky-high rents and an insurance sector that seems almost designed to exploit. All of these things make it more difficult for GPs who are private practitioners to be able to choose a professional life here. The longer these issues prevail, the worse the situation becomes, because existing pressures are then deepened, which in turn leads to professional burnout and to even more pressure on the GPs who are available.

Mention has also been made of the capacity constraints that now exist. We have a Government prioritising free universal access when the capacity of the system to absorb those numbers is just not there. We need targeted supports for the vulnerable in rural and urban communities. What we absolutely do not need are more of the same failed and failing policies, the only outcome of which has been to deepen a GP availability crisis that shows no sign of abating.

Deputy Michael Healy-Rae: I, too, pay my sincere sympathies to Deputy Michael Collins, his brother, Councillor Danny Collins, and to the mum, Kay Lynch, of the late Michael John Lynch, who would be a nephew of our colleague in the Rural Independent Group, Michael Collins. We are sorry for his sad passing. To his friends, his family and his neighbours in the Durrus area in Cork, I send my heartfelt sympathies.

I thank the leader of our group, Deputy Mattie McGrath, and his excellent staff, including Brian Ó Domhnaill, Triona and others, for their work in putting together this important Private Member's motion. I remind the House what we are actually looking for. We are saying that healthcare general practice is the patient's first point of contact with health services. It provides person-centred and comprehensive care from the beginning to the end of life, often co-ordinating care between many agencies involved in the treatment of complex chronic illnesses. General practice in Ireland, providing professional, quality care at the heart of the local community, is the cornerstone of the Irish health service, with general practitioners being the first port of call for patients. Over two thirds of GPs, 66%, in rural Ireland are currently unable to take on new patients, with some reporting waiting times of up to two weeks for an appointment according to a survey by the *Irish Independent*. I acknowledge and thank the *Irish Independent* for the work it has done in recently reporting this serious situation, as did the *Irish Examiner*.

The Irish Medical Organisation warned that Ireland having only seven GPs per 10,000 population, one of the lowest levels in the European Union, falls well below the required minimum of 12 per 10,000 to ensure a safe and effective healthcare service. I want to highlight this and remind the Minister of State of those words about 12 GPs per 10,000 persons. I want to explain exactly where the Iveragh Peninsula is. I have been saying it here now for many years but I will say it again because it is where I started out on Kerry County Council. I am talking about going from Killorglin, on through Glenbeigh and heading over Mountain Stage, down into Portmagee, Kells, Cahersiveen and Foilmore, over the water and down to Valentia Island, Ballinskelligs, the Glen in Emlaghmore, Waterville and up to Dromod, then out to Coomakista, Caherdaniel and Castlecove. When you are talking about the Iveragh Peninsula, that is where

you are talking about. It is open terrain, with places that are very far from care centres of excellence. It is very far away from University Hospital Kerry, Limerick hospital or CUH, and if it were not for the advent of air ambulances in recent times, many deaths would not have been avoided.

I thank the people working in healthcare there over the years, but in the past, we had up to six GPs. Now, we are down to three, with another GP retiring. Our indigenous population in the Iveragh Peninsula was 7,000 but we have now gone over 8,000 because Ukrainian families are living there. Look at how far short of the recommended safe numbers we are. If we go down to two or three GPs, that will be for 8,000 people but, at the same time, the statistics tell us it should be 12 GPs for 10,000 people. My goodness, the people in the Iveragh Peninsula and elsewhere in south Kerry are having their lives put in danger because of the lack of GPs. I thank every one of them I know personally going back over 25 years working politically in that area. I know the GPs and the excellent service they have given. I know about the late nights, the weekends and the full cover they have given and I thank them for it. Of course, some of them have gone to their eternal reward, while more have retired or are going to retire, which they are entitled to do.

In recent times, I met the local coiste and I have been talking to the Minister for Health. I publicly thank him for the hearing he is giving me with regard to the Iveragh Peninsula. We are looking for a bespoke arrangement to be put in place because we are finding it so difficult to attract doctors there. Between providing the premises, the insurance and the backup staff and what they will earn, it is not financially viable for them. One shoe does not fit all sizes, so we desperately need a bespoke arrangement for the Iveragh Peninsula. I acknowledge the work of the Minister, which I discussed with him only in the past ten days. I want the people of the Iveragh Peninsula to know I am working on that. I am working to ensure we will have full cover with SouthDoc, which we did not have previously because we were missing Tuesday and Thursday nights when we did not have full cover. To the people who have come to me with horror stories, including over Christmas when a young boy's life was put in danger because there was no service at the time and the child had to be moved out of south Kerry late at night, I want them to know I am giving it the attention it needs.

There is an urban-rural divide in healthcare access and it has stark implications, with rural patients facing significant barriers to timely medical care despite rural areas having an older population compared with urban centres. The cumulative effect of the lack of access to GPs in rural Ireland has led to an alarming rural health crisis, which is made a lot worse by limited or absent public transport services, making the healthcare service less accessible to rural people. An *Irish Independent* study found that, on average, patients in Dublin can be easily seen on the same day as a request for an appointment, while those in the midlands or other places looking to book a non-urgent appointment with their GP could have to wait for up to two weeks.

Coming back to the issue in Kerry, if we do not have GPs working in rural Kerry, whether that is south, north, east, mid or west Kerry, and if we do not have easy access to a GP, patients are going to go to the emergency department. I thank the excellent people working in Kerry University Hospital, in particular in the emergency department because they work in very stressful circumstances. Even so, an elderly person could have to wait 14 hours to see a doctor. I have said previously in the Chamber, and I will reiterate, that if an animal needs care, there is no way in the world that its owner should be waiting for more than two hours for a vet to come to their yard. In Kerry, if you ring Padraig Teahan, Mike the vet or any of the other local vets we have, they will be into your yard within two hours to look after a calf that is in trouble after

calving, a ewe lambing or whatever the difficulty is. If there is speedier access to treatment for animals than for people, something has gone radically wrong.

We have never spent more money than we are now spending on healthcare. The spend per head of our population is frightening, yet we have not got it right. We are talking about the pressure our emergency department is under. For goodness' sake, is it any wonder? If you cannot get a GP, whether it is for a child or a middle-aged or older person who needs care, you are going to put them into the car, ring for an ambulance, land in the emergency department and take up more space there, and the case might not need to be in a hospital at all. The accident and emergency department is what it says - it is for accidents and emergencies - but in many cases it is being used for something it should not be used for.

When I was growing up in the parish of Kilgarvan, where I am from, we had an excellent doctor, Dr. Boland, who was our local doctor. Like many other parishes, we all had a local doctor. They were busy people, they were kept going and they were able to make a living. Why is it that we have gone so far from that? We are trying to attract foreign doctors and I am so grateful we have foreign doctors working in our hospitals, but we have not been able to make it profitable for a doctor coming in from abroad who is weighing up whether to become a GP in a local community or to work in the local hospital. They will want to work in the local hospital, because they know they will get a wage there and they can see where they will be able to survive and so on. If they have to go to a rural area, however, they will have to provide a house for themselves, provide a premises for the business and the surgery to be run from, sort out the back-up staff and work maybe seven days and nights a week or at least be on call. Why can we not make it profitable for those people? If it were profitable in the past and made sense in the past, why can we not go back to that system whereby in every community, you should not be far from a doctor? You are not far from a vet, but why is it easier to access the care of a vet than it is to access the care of a GP?

On that note, I thank the excellent GPs in County Kerry, who have given us Trojan service. One man I have to mention is Dr. Gary Stack in Killarney. I thank him and his team for the work they do in SouthDoc, and all the other GPs and their back-up staff throughout Kerry for their excellent care. They are working in difficult and tough circumstances. This is not to be critical of them but of us as politicians. Why are we not getting it right?

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

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

"recognises that:

— access to effective and sustainable general practice services is a cornerstone of the delivery of healthcare;

— the Government, recognising the importance of general practice and acknowledging the challenges faced in some areas to maintain sustainable general practice services, has significantly increased investment in general practice in recent years;

— expenditure on general practice has increased from €561 million in 2019 to €784 million in 2022, with expenditure in 2023 likely to exceed €800 million;

— some areas are experiencing challenges in attracting General Practitioners (GPs);

— the implementation of the 2019 GP Agreement increased the Rural Practice Grant by 10 per cent, increasing the financial support to rural GPs;

— the Government has increased the number of GP training places from 258 in 2022 to 286 in 2023 and 350 in 2024;

— applications to join the GP training programme in 2024 reached the record-high level of 1,311 medical graduates;

— research undertaken by the Department of Health indicates that for every GP retiring over the coming four years one and a half to three GPs will enter practice;

— the Government has provided funding to the joint Irish College of General Practitioners/Health Service Executive (HSE) non-EU Rural GP initiative that resulted in the recruitment of 112 GPs from outside Ireland in 2023, with 75 already in place by year-end;

— the Government has provided funding to increase the number of GPs recruited under the non-EU Rural GP Initiative to up to 250 in 2024;

— Irish College of General Practitioners surveys have demonstrated that a large majority of GPs graduating from training intend to remain and to work in general practice in Ireland;

— the role of general practice is continually evolving to include new and innovative services, such as the Chronic Disease Management Programme which helps patients living with chronic obstructive pulmonary disease, asthma, chronic heart disease, and diabetes to proactively manage their conditions in the community, improving quality of life;

— the Government has put in place the resources to allow GPs to refer patients directly to diagnostic services, resulting in reductions in waiting times and earlier diagnosis;

— this Government has consistently made significant increases in expenditure on health services, resulting in an increase of 26,000 staff in the HSE, an additional 1,126 acute hospital beds, 25 per cent more intensive care beds, and a fall in hospital waiting lists for two years in succession in 2022 and 2023;

— there has been considerable additional investment in oral healthcare services in recent years, including an expansion in 2022 of care available within the Dental Treatment Services Scheme for adult medical card holders and a 40-60 per cent increase in fees paid to dentists across most treatment items; and

— sustained investment in recent years has reduced the numbers of children waiting to access public orthodontic care by 47 per cent between 2019 and 2023; and

agrees that:

— the Government is committed to fundamentally reforming dental services

through implementation of the National Oral Health Policy, Smile agus Sláinte and that the HSE's Strategic Reform Lead will drive service reform for adults and children in line with policy in 2024;

— increased investment is making general practice in both urban and rural areas a more attractive career prospect for medical graduates;

— the initiatives taken by the Government to increase the number of training places and to recruit non-EU GPs will result in an increase in the number of GPs providing services in both urban and rural areas; and

— the measures supported by this Government will result in an increase in the ratio of GPs to population and improved services for patients.".

I join the Rural Independent Group in offering my condolences to Deputy Collins and the extended Collins family, including his brother Councillor Danny Collins, on the death of his nephew. I am sure all Deputies will join me in expressing that sentiment. I thank the Rural Independent Group for raising this important issue. I welcome this debate regarding the challenges with the provision of doctors, especially in rural communities. The programme for Government commits to transforming health and social services in the State in line with Sláintecare, recognising the importance of the expansion of community-based care to bring care closer to home. Access to effective and sustainable GP services is a cornerstone of the delivery of healthcare generally, and in particular the delivery of care close to the home and close to the people who need it. The Government is actively working to increase the number of GPs and GP access for patients throughout the country. We have significantly increased expenditure on general practice in recent years.

The Deputies spoke about the fact that it is not always cost effective for some doctors to run a service. In 2019, fees and other supports paid to GPs amounted to just over €560 million. In 2022, this increased to €784 million, with expenditure in 2023 likely to exceed €800 million, an increase of €230 million, or 41%, compared to 2019.

The 2019 agreement provided for a significant increase in expenditure on general practice, including a 10% increase in rural practice supports. Improvements to GP maternity and paternity leave arrangements were also made under the 2019 agreement. The 2023 GP agreement included a total financial package amounting to €130 million. This included enhanced capitation rates across various age groups and improvements in payments relating to the provision of contraception services under the GMS. The 2023 GP agreement also included measures to specifically support GP capacity, including €2 million to support GP out-of-hours services and a further €30 million in additional capacity supports to assist GPs to retain and recruit additional staff to meet patient demand. These measures make working as a GP in Ireland increasingly more attractive to doctors.

The number of GPs entering training has more than doubled from 120 in 2009 to 286 in 2023, and the Minister, Deputy Donnelly, has worked with the Irish College of General Practitioners, ICGP, and the HSE to further increase the number of places to 350 this year. We are already seeing the impact of the increase in training places in recent years. It is estimated that for every two GPs that currently retire, we now have three to six new GPs entering general practice. In addition, medical graduates are showing an unprecedented level of interest in general practice. A record number of 1,311 medical graduates applied for GP training in 2024.

This notable increase, surpassing all previous years, underscores the strong interest in entering general practice among medical graduates and the growing confidence in the future of general practice. The ICGP has stated that the number of GP training graduates emigrating has been decreasing since 2017, with fewer than 6% of GPs now choosing to emigrate. I think everybody will welcome that.

As well as preparing for the medium- and long-term demand on general practice by increasing training places for medical graduates, the non-EU rural GP programme which commenced last year is already increasing the numbers of GPs in practices in the community. New doctors under the programme will work in general practice for a two-year period, following which they can take up an Irish GMS contract. The normal GP training period is four years. The initiative is targeted particularly at rural areas - Deputy Nolan referred to this in her speech - and those difficult to fill posts in various geographic locations across the country. This will further increase capacity in general practice and access to services in these areas. Some 121 non-EU GPs were recruited by the end of January 2024 under the training programme, with 84 non-EU GPs already in place in various practices across the country. The Government has provided funding to bring up to 250 more non-EU GPs to Ireland by the end of this year.

Notwithstanding the positive actions taken by this Government, I want to recognise that the provision of GP services in many areas has been challenging, including in some rural areas. The financial uncertainty associated with smaller panel sizes in some of these areas is often greater than elsewhere. Combined with the growing trend among GPs to seek to work as part of a multi-GP team in a larger practice, this can make it more difficult to fill certain GMS vacancies. When vacancies do arise, the HSE engages and takes all reasonable steps to recruit a GP to the vacant GMS panel. When a vacancy has not been filled before the departure of the existing GP, the HSE puts in place locum or other appropriate arrangements to maintain continuity of services. Rural practice supports increased by the 2019 GP agreement support GPs in these areas and help to increase the attractiveness of vacancies when they arise.

As of January there are 23 GMS vacancies across the country, approximately 1% of the total number of GMS panels. I am happy to report that the number of GMS vacancies fell from 34 in April 2023 to 23 in January 2024 as a result of HSE recruitment to vacant GP practices. Five of the vacancies that were filled were long-term vacancies, that is, vacant for over 12 months.

We all know that GPs are private practitioners, most of whom hold a GMS contract. I understand the points Deputies have raised. I am dealing with a situation in Lismore in Waterford where a doctor retired and the HSE advertised the contract. A person was offered the job but did not accept it so it has to be offered again. A locum is in place. When a locum is in place, patients do not build up the continuity they have with a GP who is serving over many years. I am sure we are all very familiar with what happens when a doctor retires or chooses to move to another area.

As I said, GPs are private practitioners, most of whom hold a GMS contract. In accordance with that contract, the HSE can assign medical card or GP visit card holders who have trouble finding a GP to accept them to a GP's GMS panel. People who do not hold a medical or GP visit card access GP services on a private basis and make inquiries directly to any GP practice. As we know, some practices are full and it has proven difficult for some to access them. I am working with a few people on this issue.

There has been considerable additional investment in oral healthcare services in recent

years, including an expansion in 2022 of the care available under the dental treatment services scheme, DTSS, for adult medical card holders and a 40% to 60% increase in fees paid to dentists across most treatment items. Sustained investment in recent years has reduced the number of children waiting to access public orthodontic care by 47% between 2019 and 2023. The Government is committed to fundamentally reforming dental services through the implementation of the national oral health policy, smile agus sláinte. The HSE has appointed a strategic reform lead, who is driving service reform for adults and children in line with policy.

Finally, with respect to the future of general practice, in April last year the terms of reference for the strategic review of general practice were published. Following a delay in commencement due to the Covid pandemic, the review, as committed to in the 2019 GP agreement, is now underway. The Department of Health is leading on the review, with support from the HSE and input from key stakeholders, including the IMO and ICGP. The review will examine the issues affecting general practice, including GP training, GP capacity, out-of-hours services reform, the ehealth agenda, the financial support model for general practice and, of course, issues facing rural general practice.

The review will identify the arrangements necessary to improve the current system of GP care as part of a primary care focused health service and in line with the Sláintecare vision on access. This will include the consideration of innovative solutions, such as a possible role for HSE-employed GPs. As a result of the 2023 GP agreement, the HSE is already engaging with practices to develop a satellite surgery approach to ensure continuity of sustainable GP services within communities. The HSE is also looking at how it can improve locum support for rural GPs who have been finding it difficult to secure locum cover for holidays and other needs.

I looked at the figures of projected graduates over the next three years. In 2024, there will be 209 graduates. In 2025, there will be 226 and in 2026, there will be 257. It is estimated that for every two GPs that currently retire, we will have three to six new GPs entering general practice. In light of the above, it is the Government's intention to propose a countermotion to this Private Members' motion, agreeing that the Government is committed to fundamentally reforming dental services; that increased investment is making general practice in urban and rural areas a more attractive career prospect for medical graduates; that the initiatives taken by the Government to increase the number of training places and recruit non-EU GPs will result in an increase in the number of GPs providing services in urban and rural areas; and will result in an increase in the ratio of GPs to population and improved services for patients.

Deputy Danny Healy-Rae: I am glad to have the opportunity to speak and thank Deputy McGrath and his staff for putting this important motion together. At the outset, I want to convey my deepest sympathy to Deputy Michael Collins, a member of our group, Councillor Danny Collins and the mother of Michael Lynch. Michael was a nephew of Deputy Collins and tragically lost his life in the last few days. We pass on our condolences and sincerely wish them strength and that God will assist them in this very difficult time they are encountering.

This motion is basically about the lack of GPs. People cannot get a satisfactory service with GPs at present. Elderly people cannot get appointments. No GP is in a position to take on local families, including those returning to Killarney and many other parts of Kerry, because they are so overstretched. I remind the Minister of State that up to 5,000 new people with medical cards have been placed in Killarney. As these people have medical cards, the doctors have to take on so many of them. This is putting a severe strain on the service. I have dealt with many cases of people, including those returning to the area, who cannot get a doctor to take them on.

I would also like to speak about ambulance delays. I know of a little baby of three months old who stopped breathing and the doctor could not attend. The doctor did the next best thing and organised an ambulance. It took an hour an a half to come and that is not satisfactory. A young life could have been lost. It is only by the grace of God that this child is still alive. That is serious stuff. What the reconfiguration of the ambulance service in 2012 has meant to local areas is a reduction in the service. The word they used at that time was "reconfiguration", but what it has meant is a reduction in the service.

When people take family members into University Hospital Kerry, they have to wait many hours for doctors there. I had a call from a family whose mom was taken in there in the last few days. It was many hours before the doctor could attend to this elderly lady. She spent many hours on a trolley before she actually got a bed. One of the sons rang me again yesterday to say that the family have been advised by the hospital that some family member must come in to feed their mother and to attend to the tablets she needs to take. That this is happening brings it home to me in a very real way that there is a lack of medics, nurses and staff in University Hospital Kerry. A couple of years ago during Covid times - God help us - family members were not allowed to go in to feed their people. We can say that this left them seriously compromised without being fed properly. That was very wrong. It was a dark hour in our history when family members could not go in to visit their elderly people in the last days of their lives. When they became unconscious, everyone was let in.

We have a serious problem in rural areas in getting a GP service. I thank Dr. Gary Stack and others who set up SouthDoc some years ago. My father, the late Jackie Healy-Rae, worked very hard with Dr. Stack and others to provide an out-of-hours service, but we do not have enough GPs in that service now. If you get sick on a Friday evening, it is a long wait until Monday morning. People cannot organise that they will not get sick during those hours because people do. Gone is the day when Dr. O'Callaghan or Dr. Boland would come to the house to the elderly person or whoever was sick. That time is long gone. We depend on SouthDoc but we need that service to be enhanced because the doctors start out in Killarney on one side and have to travel all the way through Kilgarvan and Kenmare back to the county bounds in Lauragh, down through Templenoe and Blackwater as far as Sneem and over Moll's Gap down into Killarney. They travel massive distances and they are under savage pressure to see after people. We need more GPs. As has been said already, they are the first point of contact for any family member who has someone sick or for an elderly person living on their own who is sick and needs a doctor. Sometimes it is desperately hard to talk to a doctor - to get one on the phone - because they are so busy. As I have said, families are being advised to come in to feed their elderly family members in the hospital. That shows how understaffed the hospital is.

So much money is going into the HSE but we still do not have a proper service. I see all the people going out in the country early every morning, working hard and paying their taxes. This is one of the things their taxes are for. They are not getting the rewards for the taxes they are paying in this regard.

The rural healthcare crisis extends to emergency dental care provision. Children are forced to wait up to ten years for treatment. Less than half of eligible children were seen under the school screening programme last year. This is terribly serious because if children outgrow the time for getting the treatment, their mouths may not be perfect anymore. They get one chance and we should be doing a lot more there.

The rural healthcare crisis is further exacerbated by a severe shortage of home helps, the

worsening crisis in every accident and emergency department, the non-existent mental healthcare service and the severe lack of residential places for people with physical and mental disabilities. Too often, I have heard stories from people who tried to get a place for their son or daughter. I have met those people. I feel very hurt when I am at the door looking for a vote and they tell me what happened. They tried to get their child kept in a residential place because they were worried, but it did not happen. As much as they minded them and tried - people know when a youngster is in trouble - they could not get the proper care for them and they lost them. That is a sad reflection of our healthcare system.

I call on the Government to explain how, despite an increased national healthcare budget, the country is witnessing a steady deterioration of our health services, especially in rural communities. If all things were equal, we would still need more doctors to travel the expansive and extensive areas that they have to cover in rural places like the Iveragh Peninsula, the Dingle Peninsula and the Beara Peninsula on the south side of Kenmare Bay.

An Cathaoirleach Gníomhach (Deputy Michael Ring): Thank you, Deputy.

Deputy Danny Healy-Rae: We need more GP services. I appeal to the Minister-----

An Cathaoirleach Gníomhach (Deputy Michael Ring): The next slot is Sinn Féin. There are eight speakers with two and a half minutes each. I ask people to respect each other and stick to the time.

Deputy Pauline Tully: I wish to be associated with the expressions of sympathy to Deputy Collins and his family on the sad passing of his nephew. I commend the Rural Independents on bringing forward this motion. Rural health services are under major pressure from a stretched and ageing workforce and from demographic changes. The Government has abandoned local communities. It has underfunded the health service, making it more difficult to deliver reform and improve local health services. When there is a situation when more than two out of three GPs in rural Ireland are not taking on new patients, there is a very big issue. Others have waiting times of up to two weeks for an appointment. I know people who have moved into an area and cannot get a GP to take them on. They end up retaining a service, which might be an hour or two away from them in order to have access to a GP. Others do not have access to a GP and resort to using the accident and emergency department in the local hospital, which is not a solution and not something they want, or should have, to do.

I will raise the issue of the GP service in Swanlinbar in my county. I have raised it in the Dáil already but there has been no progress, to my knowledge. The GPs there, a married couple, retired towards the end of 2020. A rolling locum contract has been in place on a three-monthly basis since. It has been the same locum. He has actually moved into the area and he is willing to take on this contract. The local people like him. They want him to stay and he can provide a five-day service to them rather than what was suggested, namely, a three-day service from another local GP who is already overstretched with their own patients. I believe this man's wife is about to be qualified as a doctor so there would be two doctors who would be willing to provide a service in the Swanlinbar area. The local development association has requested a meeting with the HSE to explore this. I have inquired as to whether something is precluding this doctor from taking on this contract and have not received a reply. I ask that the HSE would engage with the local people.

Deputy Mary Butler: Will the Deputy confirm the area?

Deputy Pauline Tully: It is Swanlinbar in County Cavan. I have sent the details to the Minister of State's office on the back of last week's Questions on Policy or Legislation, QPL.

Deputy Mary Butler: Yes, okay.

Deputy Pauline Tully: I think it has been forwarded to the Minister for Health, Deputy Donnelly's, office as well.

This motion also makes reference to the extreme shortage of carers for older people and disabled people. A woman in County Cavan, named Marilyn O'Connor, was diagnosed with motor neurone disease approximately two years and the condition has progressed quite rapidly in recent months. She felt compelled to chain herself to HSE headquarters in Monaghan. She fought for a care package. She was finally allocated a sufficient care package but it was not fulfilled. The carers were not there. She was being left for three nights on her own without carers. She does not have the use of her arms or her legs. She said to me, " I did not just do this for myself. I did it for others as well because it is not fair on people who find themselves in this position." We need to see a situation where people with the most need are prioritised for care as this is unfair.

Deputy Martin Browne: From the inability to find a GP with the capacity to take on new patients, to dental services being unable to provide the most urgent procedures within an acceptable timeframe, to home support hours being inadequate, rural Ireland is being left behind. After being contacted by yet another constituent who is experiencing difficulties in getting orthodontic treatment for their child I was told that in the second quarter of 2020, 859 children classed as being in grade five of that index were waiting for orthodontic treatment for 48 months or more. In quarter 2 of 2023 that figure increased from 859 children to 1,474 with nearly half of those in the south east. This indicates the scale of the problem that is not just affecting these children now but will affect them in the years to come, unless they get the treatment abroad.

At a time when our emergency departments are coming under increasing pressure, especially UHL, we find that more than two out of three GPs in rural Ireland are not taking on new patients, while waiting times increase. At the end of last year I asked the Minister, Deputy Donnelly, what his plans were to increase GP capacity in Tipperary. The second line of his response was shocking. He said that there is no prescribed ratio of GPs to patients, yet the IMO outlined there are seven GPs per 10,000 of population and that this figure needs to get to at least 12 GPs per 10,000 to ensure a safe and effective service. What data is the Department applying to its plans, especially in rural Ireland given its geographical makeup?

On this issue, Sinn Féin would implement a multi-annual strategic workforce plan to meet rising demands and would develop this plan with healthcare workers, the health service and the higher education institutes to address short-, medium- and long-term workforce challenges. In addition to this, we would directly employ GPs to support local community health services rather than taking the Government's arms-length approach.

The current challenges also indicate this Government's failure to prepare the most basic approach, matching ageing and population growth with increased resources. This affects dental services not just GPs given that the number of dentists providing services for medical card patients have more than halved since 2019. This Government had failed to plan and failed to prepare. Sinn Féin has a plan it is ready to put in place because the people of rural Ireland deserve more.

Deputy Rose Conway-Walsh: First, I express condolences to Michael and the Collins family at this heartbreaking time. I thank the Rural Independents for bringing forward this motion.

Rural communities face unique barriers to healthcare. We have one of the lowest rates of GPs in Europe. I commend the people of Lahardane this morning on what they have done to retain the GP service within their community. They are an example to communities across this country but they should not have had to do that.

Those problems are even more acute in rural areas. Dental care for people on medical cards has collapsed. There are ambulance waiting times, emergency rooms waiting times, people in pain on trolleys, the loss of step-down beds in communities, such as Belmullet, and the fact the people of Ballina are still waiting to have their extension.

I will again raise the issue of rural transport for healthcare. I have been dealing with the case of a 46-year old disabled man who is non-verbal and has been in a nursing home for the past four years. He is on the fair deal scheme and it is topped up by his disability payment. He needed urgent dental treatment in Mayo University Hospital last summer. Keep in mind he has no source of income or savings due to his disability. He cannot agree to any decision on his health costs. He was transported by ambulance to Mayo University Hospital - an ambulance that had to be sent from Galway. Invoices for €2,275 arrived at the home of the man's elderly parents. This was all because he needed dental care. The parents were not consulted, yet they were sent the bill. Naturally, they were distraught. In desperation, they turned to social welfare for the exceptional needs payment. They were sent back to the HSE because it was not an exceptional need. I am now waiting for a response from the HSE. This is no way to treat the most vulnerable people. If I ask the Minister of State for one thing today, it is to please sort out transport for access to dental care and healthcare in rural communities.

Deputy Martin Kenny: I thank the Rural Independents for bringing forward this motion. Rural healthcare, and particularly GP services, is in crisis across every constituency. Certainly across my constituency, we continually have people contacting our office. These are people who have moved into the area or who have moved from Dublin or abroad but they cannot get a GP. All of the GPs are full. That is the message we hear everywhere. It is really at crisis point and needs to be dealt with, with great urgency.

Dentistry was also mentioned and I know that in the past five years the number of dentists accepting medical cards has halved across the country. That is also a service which is equally in absolute crisis. We need to get the services in place. In some communities which are growing and where more people are coming to live in an area, that is not being matched by an increase in services. That is the real problem we have.

We had a little bit of good news yesterday. I see that Ballyshannon Community Hospital is due to open, which is good news. There is a list of all the services that will be provided, such as speech and language therapy, occupational therapy, dieticians and all of these things. It looks great on paper. However, the problem is that when people go looking for those services, they are not there. That is a really serious issue across every constituency, and particularly across my constituency of Sligo-Leitrim and south Donegal.

We need to recognise that if the Government is going to be able to provide these services, it must invest in them. The Minister of State mentioned in her speech that more people were going through the service and that more people were being recruited - GPs and so on - but it

simply is not enough. What needs to happen is that the HSE needs to directly employ GPs in communities where they are not able to sustain them because of the present system. An awful lot of GPs do not want to become self-employed contractors. They want to be employed properly. That is something the HSE needs to do with urgency because it is the only way we will resolve these problems.

Another issue is physiotherapy. In Manorhamilton hospital, which deals an awful lot with elderly people, particularly across north Leitrim, the physiotherapy service there, which was a five-day service, has been reduced to a part-time with a person who comes two days per week to deal with both inpatients and outpatients. It is a hospital which specialises, in many cases, in rheumatoid arthritis and people who are recovering from strokes and issues like that. To see the service being cut to such a level means that this creates huge waiting lists and anxiety, particularly among elderly people in that region. I ask the Minister of State to deal with those couple of issues in particular.

Deputy Claire Kerrane: There are chronic shortages in general practice right across the State, including in many of our rural communities. They have been worsening in recent years. I see it throughout many towns and villages in Roscommon and Galway. People are unable to see their GP and are waiting for weeks for an appointment to see their GP and more and more GP surgeries are running waiting lists and are unable to take new patients. It is obvious that the situation is getting worse and that the Government is not doing enough. There is also an issue whereby when word goes around that the local GP is either leaving or retiring, there is widespread fear in rural communities. I was contacted just this morning by a resident of Williamstown. Their local GP is leaving and they are concerned for the future of the GP service in their rural community. That should not be the case. They feel that they will have a battle on their hands in order to make sure that a GP is retained in their area. That should never be the case for any rural community, or any other community for that matter.

Not being able to access a GP can have serious consequences for a patient's health. There are a number of short-term measures that can be taken by this Government immediately. My party has repeatedly called on the Government to develop a directly hired GP contract so that directly hired GPs can cover areas where they are needed, that this can be targeted and that they can also provide cover in respect of vacancies and absences in understaffed practices. This is something that can be done immediately. Additional primary care staffing supports can be put in place, particularly around public health and practice nurses. Those supports would take the pressure off GPs. There should also be a greater role for pharmacies. Again, we have repeatedly called for a minor ailments scheme as a first port of call for minor illnesses. That could be done through our pharmacies.

These are the measures that are needed now. I acknowledge that the Minister of State has referenced that the numbers undergoing training are increasing. That is great, but it takes four years to become a GP. We need measures that will make an immediate difference because patients cannot wait.

What is being done in respect of dental care, such as the changes and the contract, has not been enough. Not a single dentist has taken up the contract in Roscommon or Galway. Clearly, this matter needs to be looked at again. I ask that the Minister of State would do that.

Deputy Louise O'Reilly: I thank the Deputies for bringing forward this motion and for giving us an opportunity to discuss the dire state of access to GP care across the State. I represent

north County Dublin. My constituents are no different from the people we have heard described here. They wait for GP services and appointments, and they cannot get onto lists. Only last week, I spoke to a woman who has three children. Two of her kids are registered in Balbriggan but her third child cannot get to see a GP in the town. She now has to go to Malahide, which is a fair old trek for someone who has three kids registered across two practices.

Likewise, access to dentistry is a massive issue throughout my constituency. At one of my clinics, I met an elderly gentleman who was on his way down to the credit union to get a loan in order that he could pay privately for dental care that he desperately needs because he is in pain. He cannot access a dentist either in his local area or anywhere else. The man is absolutely desperate and is putting himself in debt for what is very basic dental care. Access to a dentist should not require someone to get a credit union loan. It is an absolute disgrace.

All the while, we have a bright and shiny primary care centre in Balbriggan. That centre came into being in controversial circumstances. The Minister of State's own party was very critical of it at the time, if I recall. Notwithstanding that, the building is there but there are no diagnostics on site. Balbriggan is the biggest population centre in north County Dublin. The centre serves a massive area. If we need diagnostics in my area, however, we have no choice. We have to travel for that. We have campaigned in Sinn Féin for many years for access to diagnostic facilities for people in my area. The population there is already massive and is growing fast. The people who live in Balbriggan deserve access to proper medical treatment and diagnostics.

Deputy Patricia Ryan: I also want to sympathise with Deputy Collins.

Dia is Muire dhaoibh, agus míle buíochas to the Rural Independent Group for bringing forward this motion. I welcome the opportunity to speak on it. Yet again, the fact that the Government is failing when it comes to the health service has been laid bare. Rural health services are struggling to cope - not because of the dedicated and overworked people involved, and we must thank them - because the Government has abandoned local health services. Chronic underfunding by successive Fine Gael and Fianna Fáil Governments has decimated the number of GPs, dentists, public health nurses, occupational therapists, etc., available to provide services. As a result, people have been left in need of services. Waiting lists have got worse and people are not able to access services at all. For example, in my constituency of Kildare South, one poor woman in her 80s, who is the sole carer for her severely disabled son who is himself in his 50s, in absolute desperation contacted me for help. My staff and I had to fight tooth and nail to get a hoist to help her lift him out of bed, not to mention the battle we had to get respite care to give her a break. Why? There was no community care available for this woman and her son because the Government has failed to fund it, failed to plan for it and failed to deliver it. Imagine an elderly woman at that age with no care and saving the State a fortune. It is absolutely unreal.

We need more GPs in rural areas so people do not have to travel miles to get a doctor. We need more occupational therapists, OTs, in rural areas in order that our elderly people do not have to wait for months for occupational therapy reports to allow them to access vital disability aids or home adaptations. They are waiting months to have their homes adapted. What we need are more GPs directly employed. We need more OTs, public health nurses and dentists. The list goes on.

I am going to finish on this. The Minister of State mentioned that there has been an increase of €230 million, or 41%, in funding in comparison with 2019. Where is the value for that

money? Yesterday, I had a little girl who is 12 years of age and who needs to have her tonsils removed. She was told that the waiting list will be three years but that if her parents could pay €1,700, she could have the procedure in Clane next Wednesday. That is incredible.

Deputy Pa Daly: I thank the Rural Independent Group for bringing forward this worthy motion. This may well be the seventh anniversary of the Committee on the Future of Healthcare's Sláintecare Report. Despite the commitment to ending the two-tier system contained within the health service, little progress has been made. This is especially the case in the context of GP care.

The Sláintecare Report states:

> A new GP contract is due to be negotiated in 2017. The new contract provides an opportunity for the GPs to provide the core leadership role in delivering care outside of hospital in multidisciplinary primary care teams.

I get slightly jealous when I hear some of my colleagues from the cities talking about primary care centres because there is a big absence of them in rural areas. The report goes on to state

> Potentially, GPs will be hired as salaried HSE staff in areas where it is hard to attract them. In order to extend primary care to the whole population more GPs and primary care staff are needed ...

It is obvious that in some rural areas, qualified GPs do not want to work five days a week. They do not want to work weekends, but they will work two or three days a week. Directly employing them would find a solution in order that they could go in. In recent years, I have seen, in Ballyduff, Milltown and other areas around Kerry, how it has been difficult to attract a GP who wants to sign up to the HSE contract. The lack of progress that has been made in the past seven years with regard to GP cover is disappointing. County Kerry has a high degree of rural isolation and peripherality. In that context, appropriate GP care is key. Campaigns such as the one in Clare - known as No Doctor, No Village - highlight the importance of GPs to rural communities. The most recent Sláintecare progress report up to May 2023 merely states that there is a strategic review of GP services, setting out measures to ensure that sustainable services into the future should be approved. Terms of reference have been published but little else seems to have occurred. All the time, communities suffer, and some right-wing forces have then stirred division by pointing out the lack of services in rural areas. I would like to say that there have been difficulties in the Ring of Kerry, Killarney and other areas around Kerry long before 70 people arrived at the Muckross Road. It is very divisive and irresponsible of some Deputies to raise this as an issue that is only caused by migrants.

With GP care under pressure in County Kerry, there are other solutions to salaried GPs. Pharmacists, as has already been stated, could be engaged to ensure late-night options are available across the State. I was interested to see that the NHS in England made similar suggestions so that in specific conditions, patients can be prescribed medicine by pharmacists without the need to see a doctor.

There is also a constant demand for patients to avoid accident and emergency departments. It came to my attention recently that a constituent from Ballybunion who had a heart difficulty went into an accident and emergency department. The following day, some 11 hours later, they left and went to a hospital in Dublin instead. That cannot continue. Pharmacists can be suitable for some of these functions, and it should be explored to free up GP appointments and accident

and emergency departments for more urgent care. I know that the hospital in Kerry has a capital submission in to have a minor injuries clinic on the same campus but outside of the accident and emergency department, which will free that up, in addition to some other capital submissions.

I will finish on this point. The minor injuries clinic in Gurranabraher in Cork has been very successful.

An Cathaoirleach Gníomhach (Deputy Michael Ring): I thank the Deputy. His time is up.

Deputy Pa Daly: What is happening there should be looked at.

11 o'clock

Deputy Duncan Smith: I also want to extend my sympathies and those of the Labour Party to Deputy Collins on his loss. I thank the Rural Independent Group for bringing forward this motion on GP numbers and rural healthcare.

I will send the Minister of State a note on this, but there is a situation with a community nursing home in Nenagh that has been in development for seven years. My colleague Deputy Kelly has been instrumental in pushing this forward. The facility has been built and is ready to go. The Deputy received a communication from the HSE stating that it is not in a position to say when the home will be open or what the timeline in that regard is. This is because it cannot provide the whole-time equivalent staff who are needed there. This is what the recruitment freeze is doing. Also in Nenagh, St. Conlon's Community Nursing Unit is not going to meet the new HIQA standards. We have a community healthcare facility ready to go that we cannot get staff.

There is a crisis in the provision of healthcare services in rural and, indeed, all other communities, including my own. The previous speaker mentioned not having enough primary healthcare centres in Kerry. We do not have a primary healthcare centre in Swords, which is the largest town in Ireland that does not have such a centre. I was on the radio this morning making the point that it is the largest town in Ireland that does not have a rail link. We are at the top of a few lists that we do not want to be at the top of. It is incredible that we do not have these services. Like other places throughout the country, we have problems in relation to GP services. GPs are often people's first point of contact with the wider health service. For many years, they have been a cornerstone in towns, villages, communities and cities all over the country. Many families will have had the same GP for decades. It is not unusual for a GP to take care of multiple generations of the same family. For many people, GPs feel like an extension of the family. They are a constant and someone they trust who provides them with a positive and trusted gateway into the wider health service. This is people are so concerned by the fact that they cannot get access to GP services. Even when they do, they face a long wait. According to a survey carried out for the *Irish Independent*, two out of three GPs in rural Ireland are not taking on new patients. Some have waiting times of more than two weeks for appointments. While some people in Dublin can get same-day appointments, there are others, including in my constituency of Fingal, who also have to wait for up to two weeks to be seen.

There are irregularities in the context access to care across the country. This needs to change. There can be no postcode lottery when it comes to access to health services. The Irish Medical Organisation, IMO, has outlined that we have seven GPs to every 10,000 people at present. This is despite the fact that we need at least 12 per 10,000 to ensure a safe and effec-

tive service. This is another metric in respect of which we are failing. The people of Ireland are rightly angered by this. Rural communities have been especially impacted. Many people have been served successfully for many years by GPs with small practices who are now retiring. It is expected that 700 GPs will retire by 2026. A critical situation is developing rapidly before our eyes. We need to see action in respect of it now.

The Government has facilitated more training places for GPs, but it will take years to see the results of this. There is no guarantee that these GPs will be able to set up services. The statistics we have in respect of young medical professionals here moving abroad are a cause for extreme concern. They speak to what feels like an overall collapse of the system. In 2022 alone, 442 Irish doctors were issued temporary work visas for Australia. Questions need to be asked about how attractive we are making the healthcare sector to our young healthcare professionals. The Government needs to take responsibility for this. All young workers hear about chronic understaffing in our health service, which is worsened by the recruitment freeze in the HSE, as I just outlined with the examples relating to Nenagh. Understandably, workers do not see working in the Irish healthcare system as a viable or prosperous career path. When we couple that with the guarantees they receive when moving abroad about safe staffing levels, decent salaries, better weather and a better quality of life, it is understandable, albeit very sad and lamentable, that so many of our young medical professionals travel abroad.

In 2022, the Irish College of General Practitioners, ICGP, reiterated its consistent call for a working group on future general practice to plan for serious GP workforce pressures in a submission made to the Joint Committee on Health. The ICGP knows better than anyone just how of much of a tipping point GP care is at in this country. According to its statistics, we will need an estimated 2,000 GPs over the next decade in order to meet impending retirements and population growth. This is a massive jump. Without serious intervention and a proper plan, we have no chance of meeting that challenge.

I take this opportunity to highlight an initiative started by the ICGP last year. This initiative aims to attract at least 100 qualified doctors from overseas to rural practices as part of a two-year supervised work programme. At the end of it, the plan is that they will be fully qualified as GPs in the Irish system, that they will stay in their new communities, if they want to do so, and that they will hopefully want to treat publicly funded patients in practices of their own. This is a fantastic initiative. The impact of the GPs who have travelled from all over the world to help the people in this country, particularly those in rural Ireland, cannot be understated. This story was covered by *The Irish Times*, and those who did make the move to rural communities commented on how they felt the desire to help those they felt had been neglected by a service that was under pressure. Dr. Omair Latif Naz who moved to Clonaslee village in County Laois noted that the welcome they received was superb. This only further supported his desire to stay and help the community. He said, "They're lovely people and they need us". He also said that people do not want to drive 30 km or 40 km to go to hospital if they have someone they can walk to see in the village.

It is worth noting the positive impact of initiatives to attract overseas workers into rural Ireland. It behoves all Deputies, when we are talking about immigrant workers, to remember the positives they bring to all our communities, including those in rural areas. The example to which I refer is one of many. We know that immigrant workers are the glue that keeps our health service together, not just in our major acute hospitals but also in our rural services. I would like to see that level of understanding and acknowledgement in all debates when it comes to immigration.

Ultimately, we need to see changes and we need to see them now. However, these changes have to be sustainable for GPs in the areas to which I refer. We can no longer expect GPs to forgo holidays, sick leave or time off in order to try to keep up with the growing demands of the local population. Support needs to be provided by the Government in order that GP practices in all communities, including those in rural areas, can grow and be an attractive option for young workers to want to join and thereby be part of that element of our healthcare sector.

A record health budget, by the Government's own measure and which it is so fond of mentioning, is no good for the people who simply do not have access to the most basic services. There is no more basic a service in the Irish healthcare system than having access to a GP

Deputy Holly Cairns: I want to extend my sympathies to Deputy Michael Collins on the tragic loss of his nephew. My thoughts are with Michael's family and friends and the wider community.

I am grateful for the opportunity to talk about the provision of healthcare and GP services in rural areas. In Cork South West, we are very familiar with the pressures on and failures relating to health services in rural communities. The blunt truth is that the current GP model is not working and has not done so for a very long time. The GP contract is more than 40 years old and is completely unfit for today's world. It requires GPs to set up private practices. The medical work of GPs is hard enough without their also being forced to deal with the pressures of running a small business. It puts medical graduates off the role. In 2019, an ICGP survey showed that only 26.9% of graduates wanted the responsibility of running a small business.

The HSE cannot just keep hoping that this problem will fix itself. We need an alternative model. The HSE has to take responsibility for community healthcare and provide salaried HSE positions for GPs who want to do the work, but do not want to take on the incredible workload of running a practice. We also need to see multidisciplinary GP teams, consisting of nurses, pharmacists and healthcare assistants all working together within general practice, to be built up. This is especially important in the context of rural areas. There are GP practices in my constituency that are two hours away from the nearest trauma centre, obstetrics unit and surgical unit in Cork city. Putting that pressure on lone GPs is completely unfair and unrealistic, and puts patients at risk.

Out-of-hour GP services throughout the country, but especially in rural areas, are running on a skeleton staff. A salaried model would mean that salaried GPs could work those out-of-hours shifts instead of the expectation that GPs who are already running services during the day, potentially five days a week, would also do that work at night on a completely *ad hoc* basis. It would also offer a flexibility that GPs do not have at the moment and would include basic things such as part-time contracts, four-day weeks, the option to work a couple of evenings per week, maternity cover and holidays. GPs need a better work-life balance and this is the measure that would provide it.

We cannot keep expecting doctors to carry on like this. Last year, Dr. Fiona Kelly, a GP in my constituency in Castletownbere, tried to take her first holiday in over a year. She tried everything she could to get cover but could not and was forced to close her practice for the day. That is the level of pressure GPs are under. They are never able to take a holiday or sick day or take a break without having to cancel appointments for patients. These working conditions are ridiculous. Dr. Kelly told the *Irish Examiner* that a typical day for her means dealing with 70 to 100 patients, with consultations in person, by email and on the phone. The European Union

of General Practitioners recommends that the safe level of patient contacts per day is no more than 25. A salaried model would also make it a much more attractive career for young people. A serious concern in GP services is replacing local GPs as they retire. More than one quarter of GPs in Cork and Kerry are over 60 and it is incredibly difficult to replace them in rural areas because of the pressures to provide those out-of-hours services. When these practices lie empty and when SouthDoc services, such as those in Skibbereen, close their doors and reduce their hours, it is a recipe for disaster that forces people in medical emergencies to travel even further to reach an open clinic in areas in which a person would have to wait a long time for an ambulance.

Everyone in rural Ireland knows the pressure GPs and out-of-hours services are under, but what does not help is the absolute lack of transparency on the part of the HSE with respect to these reductions in services. Last summer, when I was first informed that patients from Skibbereen and its surrounding areas were being diverted to Bantry for SouthDoc, I was at my wit's end trying to get a straight answer from the HSE. Officials from the executive swore there was no reduction in services in Skibbereen SouthDoc while the call centre operators were telling my staff they had been diverting patients to Bantry for weeks. These are vital services in rural areas and the absolute least that communities deserve is clarity around the operational status and their capacity. Healthcare must be available to everyone 24-7 regardless of their postcode, but it is getting more and more difficult every year to access medical care and pharmacy services out of hours in west Cork.

This all comes down to a complete absence of Government planning and investment, which has brought the service to a crisis point. The GP training programme needs to be massively expanded. Figures released to Deputy Shortall last September showed that of 964 eligible applicants for GP training, only 286 were taken on. That is disgraceful. We are crying out for GPs throughout the country and nearly 700 potential GPs are being turned away from training.

Another health service under considerable pressure in rural areas is dentistry. There are currently only two public dentists serving the whole area of west Cork: one in Bantry and one in Clonakilty. I am contacted repeatedly by desperate parents whose children are in pain and cannot access dental care. The Bantry clinic is under extreme pressure with cuts, forcing it to operate on a three-day week with staff expected to cover the entire west Cork peninsula. The situation is desperate. We need to provide affordable dental care to people in our communities. It used to be that children in west Cork would see a school dentist in first, third and sixth classes. Appointments are now only available for those in sixth class. Are primary school children supposed to wait eight years for any dental treatment?

There is a severe shortage of dentists participating in the schools scheme. In response to a recent parliamentary question, the HSE told me there were 28.3 full-time equivalent dentists serving 380 schools across Cork. That is tens of thousands of children being covered by 28 dentists. Is it any wonder parents cannot get appointments? The HSE seems to be blaming the failing services on a lack of private dentists participating in the scheme, which is another example in the long list of the State outsourcing its own responsibilities to the private sector.

The HSE needs to provide these services itself with public dentists. This all comes down to a complete absence of Government planning and investment, which has brought rural health services to a crisis point. I know there is a strategic review of GP services ongoing and I join my colleague Deputy Shortall in appealing to the Minister of State to include the possibility of salaried GPs in that review. The Government needs to act quickly to increase capacity in the GP

and dentistry systems, to make the professions more accessible to young doctors and to ensure GPs can access cover when needed.

Deputy Verona Murphy: I thank the Rural Independent Group for tabling this motion. I also pay my sympathies to Deputy Michael Collins on the loss of his nephew.

Where to start? The reality is we have a very serious problem within our GP sector and within rural Ireland in general in the provision of healthcare. Our GPs do not feel supported, as we have heard a number of times. I noted the comments of the Minister of State, Deputy Butler, in respect of the number of GPs who will qualify in the next three years. There is no guarantee those GPs will enter our system. We have heard similar figures quoted with respect to An Garda Síochána and our teachers but we do not seem to be able to recruit them when the time comes. I ask for some scheme or incentive to be put in place such as the one that exists in the UK. As I have mentioned before, when GPs or dental practitioners undertake training in the UK, they sign up to the public health service for two years. They do two years' mandatory service within the public health service before they escape the country for their fling of travel or whatever else. We need to seriously consider an approach that would allow us to recruit all of the GPs who are qualifying.

I am discouraged by something I received in the post from a dentist. It refers to something of a letter of hope from the Department. We all know that prevention is better than cure and any GP will tell us that dental care is the essence of anybody's entire health. If people do not have a dental practitioner or are not looking after their dental health, they are likely to be sick in general. This letter went out on 31 January and is addressed, "Dear dentist". I am not going to read it in its entirety but I will refer to its last paragraph. It states that the Department regularly updates the list of dentists which it provides to medical card patients. It states that, as outlined in the dental treatment scheme, it is difficult for patients if the HSE is providing them with a list of contract holders who are not actively involved in providing care under the scheme. It further states that the Department hopes the dentists to whom the letter is addressed will reconsider accepting new patients under the dental treatment services scheme, DTSS, so as to maximise the opportunities for medical cardholders to access the care they need.

A note was included in the correspondence that was addressed to me. It states that the letter from which I have quoted reflects the attitude of the HSE towards the dental profession and that attitude is what has led to the mass exodus from the scheme in recent years. It states that while the fee structure reflects charges of 15 years ago, the reality is that most dentists are reducing their exposure to these schemes with a view to exiting at the earliest opportunity.

I am sure the Minister of State shares my concerns about that correspondence. Some people who are in need of a hip replacement have come to my office. They cannot have the anaesthetic without the all-clear from a dentist, and because they are new medical patients, they do not have dentists and cannot get appointments. Quite often, I have gone to a dentist myself and asked if they would undertake to see a patient so the patient could have the more serious healthcare treatment. This is going under the radar entirely. It is predominant in rural towns and, for GPs, in villages. I am from the Hook Peninsula. It is very difficult for a GP there to get a replacement to undertake holiday care or anything like it. I will not start on CDNT and CAMHS because my colleague is going to speak, but we could have ten debates on this.

Deputy Seán Canney: I, too, wish to be associated with the vote of sympathy to Deputy Michael Collins and his family on the passing of his nephew. I welcome the opportunity to

speak on this motion, whose subject matter is close to my heart for the simple reason that, in Galway East, which is predominantly rural, people trying to find a GP contact my constituency office weekly. This is not an issue in rural areas alone because it is also happening in Tuam, the largest town in the county. Mothers come to my office distressed because they cannot not get a GP for their newborn child and the vaccinations. What is happening is wild.

We talk about the recruitment and retention of staff in the service. It is important to remember that one of the biggest problems faced by young doctors and nurses who have spent four, five or seven years studying is that they must work in a powder keg, under constant pressure. They need to have a proper work–life balance. Those going into the medical profession in the public service find it very hard to cope and, within a short time, they seek an alternative or seek to get out.

In Tuam, we have built a fantastic primary care centre. We have renovated the old Bon Secours hospital at a cost of €30 million to include mental health day services. We have put our children's disability network team, CDNT 7, into it. The facility is totally understaffed. Before Christmas, it got to the stage where the parents protested on the streets outside the newly opened facility.

I receive conflicting reports on the number of staff approved. For some reason, the approved number seems to have been reduced, according to two reports. I have taken this up with HSE. There is manipulation in reports. Even on the day of the official opening in Tuam, a senior person from the HSE stood up and claimed bravery for having so many staff in the disability network service. He was challenged on the floor, in front of the Tánaiste, with a statement that if he divided the number in two, he would be nearer the mark.

I do not know whether the issue is that people are unaware of what is going on. Staff are trying to deal with all this. It is no wonder staff go off sick. They need to have their holidays. They just walk away and go into the private sector, where they get a better quality of life. If this keeps happening, we will have fine buildings that are half empty, as at present in Tuam. The primary care centre was built for about €20 million but we never included an X-ray facility. In 2009, or maybe 2017, the then Minister for Health, Simon Harris, provided €700,000 for an X-ray facility to be installed in the building. This is 2024 and the facility is still not operational. All we needed to do was convert a room by lead-lining it, put in a door and put up a gantry.

The Minister of State knows what needs to happen in Galway. We are working on that, but if projects are to be carried out at the rate to date, we will not see the facilities built in Galway for the next 20 years. We need radical change to attract staff into the facilities and provide the most modern facilities, which people deserve.

Deputy Thomas Pringle: I am thankful for the opportunity to speak on the extremely important topic of healthcare provision in rural communities. I start by welcoming the opening of the new Ballyshannon Community Hospital yesterday. This is great news for the people of south Donegal, who have suffered from a lack of healthcare services for many years. A new hospital equipped to provide professional services for older people in south Donegal, north Sligo and north Leitrim is certainly welcome and well overdue. Unfortunately, however, there is still a long way to go in addressing the lack of services in Donegal.

Hospitals like Killybegs Community Hospital have the potential to provide much-needed community healthcare to rural communities if given the necessary funding. Unfortunately,

the services in community hospitals like that in Killybegs are suffering due to a lack of staff and funding. I was recently contacted by constituents who were unable to receive any physiotherapy because the only physiotherapist available was on annual leave. It should never be the case that an entire hospital must rely on one physiotherapist such that the whole system collapses when that person goes on a deserved holiday. This is completely unacceptable and puts immense stress on our community healthcare workers. One constituent told me they were concerned that the lack of physiotherapy would have a negative impact on both their physical and mental health. During what is a severe mental health crisis in this country, we cannot afford to exacerbate this issue any further. Patients' mental health must be taken into account and prioritised. Community health services need better support and funding. We need to ensure the healthcare services in rural Ireland are on par with city services.

It is important that community healthcare services divert people from the hospital service. The costs crisis in hospitals would be eased if people received care where needed and could avail of it the most.

We must not underestimate the importance of our community paramedics, who provide a vital service to communities throughout Ireland. I have previously raised the issue of lack of support and appropriate training, and I urge the Government to take this issue seriously as our paramedics do an important job in bridging the gap between our community services and hospital services. They divert patients from hospitals and keep them in the community, where they can be treated most cheaply, which is vital.

I support this motion's call for the Government to increase the number of GPs through sustained Government funding and a long-term GP workforce strategy. It has become clear in recent years that Ireland does not have enough GPs to meet patient numbers, especially in rural Ireland. This is not a new issue. It has been the case for some time and the Government's lack of action is not acceptable.

I have highlighted a recent incident in a Garda station in Donegal. Gardaí were forced to hold a man with severe mental health issues for 12 hours because there were no GPs available to assess him. This was unfair not only to the man being held but also to the gardaí, who were unable to do anything else while he was in their care. This is just one of many examples of how difficult it can be to access a GP in rural Ireland. Many people in rural communities must wait for years to become a new patient, with many GPs simply not accepting new patients.

The lack of healthcare access in rural Ireland is a crisis and is leading to many delayed diagnoses and treatments. This must not go on any longer. I support the calls in this motion and sincerely hope the Government starts to address the severe issues in rural healthcare. This would help to address the problems in our hospitals, where accident and emergency services are constantly under threat. It is because people cannot get access to care and treatment in their own areas that they end up going to hospital for it.

Deputy Marian Harkin: I sympathise with Deputy Michael Collins and his family on the tragic death of his nephew.

I thank the Rural Independent Group for tabling this motion on the significant and ever-increasing gaps in healthcare provision in rural communities. Over two thirds of rural GPs are unable to take on new patients and there are waiting times of up to two weeks for non-emergency appointments.

In my limited time, I want to raise three issues, the first of which affects both rural and urban patients and relates to the shocking change in HSE policy on post-mastectomy products, including mastectomy bras, prostheses and swimwear, announced in recent days. So many people have been in contact with me about this. They are shocked, angry and distressed about this mean-spirited, cruel cut to post-mastectomy services. It is important to say that mastectomy bras, prostheses and swimwear are not underwear or swimwear. They are medical devices necessary to help women's recovery from the perspective of lessening the risk of lymphoedema and for giving breast cancer survivors a little bit of confidence to face the world.

Back in 2017, the HSE attempted to cut back on post-mastectomy products, but a public outcry ensued and the decision was reversed. Deputy Harris was the Minister at the time and he ensured the HSE deferred the introduction of this mean-spirited cut to services, but it seems to have sneaked back in again in recent days. A 50% cut in funding is proposed. Women are entitled to two mastectomy bras, one or two prostheses, depending on need, and one or two swimming prostheses, again depending on need. For that to be cut in half is unacceptable. Many women, their partners and their families are really upset about this decision. Will the Minister of State immediately contact the Minister for Health to ensure this totally unacceptable cut to women's post-mastectomy services is immediately reversed and is finally and fully taken off the table?

The second issue I wish to raise is the loss of a GP in Swanlinbar in County Cavan. This GP service treats patients along the Cavan-Leitrim border. The local GP, Dr. Cristian, has been there since 2021, working four days per week in the health centre. He bought a house in the village. He and his wife are both doctors and they are part of the community. He is appreciated as a great doctor. However, now it seems that the Swanlinbar Health Centre will be serviced by the Ballyconnell Health Centre, which is an excellent service, but bursting at the seams and is 16 km away. I am told it is so busy that it takes two weeks to get a routine appointment and two to three days to get an emergency appointment. This is madness. As one person said to me, the decision-makers in Dublin are so far removed from life in rural Ireland that they do not understand the knock-on effects of this decision. I ask that it be reversed.

I raise the appalling situation, where, according to a response I received from the HSE less than a week ago, there is only one contractor providing care to medical card patients under the dental treatment services scheme in County Leitrim. This letter also confirmed that there has been significant reduction in the number of participating dental contractors in Sligo and Leitrim, with dentists already in the scheme not taking on any new patients. In effect, there is no dental service for medical card patients in Sligo and Leitrim.

An Cathaoirleach Gníomhach (Deputy Michael Ring): On the issue the Deputy raised, it is Government policy that if a service can be retained, it should be retained, like it was in Lahardaun. The people of Cavan should know that.

Deputy Violet-Anne Wynne: I also extend my deepest sympathies to Deputy Collins, his family and friends on the very sad loss of his nephew.

I commend the Rural Independent Group on tabling this important motion on an issue that affects every community in my constituency of Clare. As I have mentioned in this House on many occasions, GP availability in Clare is 33% below the national average. Meanwhile, we saw in the recent census results that Clare is on a par with the national increases in population. People from all sides of the county contact my office every day to say they cannot find a GP

or they are waiting a long time for an appointment. Ennis GP, Máire Finn, was on Clare FM yesterday and she stated she feels cruel having to refer patients to University Hospital Limerick, UHL. There are practices in Kilrush, Newmarket on Fergus and other areas that have significant question marks over their long-term sustainability because the pipeline of GPs is not there.

Last year, I called for the rural general practice grant to be increased; it was not. I have called for the General Medical Services scheme to be reformed; it has not. I have called for greater oversight of the €2 million of public money that we give to Shannondoc almost every year and that has not happened. If we want more GPs in rural Ireland, we need to move away from treating GPs as private contractors, bring them under the HSE, have the HSE provide the premises and the nursing and administrative staff to support them, and overhaul the IT system to cut their paperwork in half. In areas where GP sustainability is not guaranteed, we need the Minister to put in place financial incentives that are greater than the rural practice grant to make those posts more attractive. We need to do all of this quickly to make care in the community a reality for my constituents in Clare and all the people of rural Ireland and not just a slogan or a line in a manifesto.

I wish to mention briefly the availability of dentists. Almost three years ago, I organised with a dentist in a neighbouring county to secure appointments for my constituents. That worked for a period until that dentist reached capacity. Having no access to a GP or dentist has been leading to delays in care and, more often now, no care whatsoever being provided.

Minister of State at the Department of Health (Deputy Hildegarde Naughton): I also begin by adding my condolences to those of others to Deputy Michael Collins on the loss of his nephew.

I thank Members of the House for their contributions to this discussion on general practice in rural communities and for their interest in and commitment to the issue. I acknowledge the issues various Members raised, such as the delays patients are facing in getting appointments with GPs and some GP practices not currently accepting new patients.

The Government has substantially increased investment in general practice in recent years in an effort to increase GP capacity. Expenditure on fees and other supports paid to GPs has increased by 41% since 2019, with expenditure in 2023 expected to exceed €800 million. These fees and supports include a 10% increase to rural practice supports, improved GP maternity and paternity leave, and enhanced capitation rates. It also includes increases in payments for the provision of contraception services under the GMS, €2 million to support GP out-of-hours services, and a further €30 million in additional capacity supports to assist GPs in retaining staff and recruiting additional staff to meet patient demand. These measures are making general practice an attractive option for medical graduates, as can be seen in the record levels of applications to enter GP training in 2024 and the decreasing number of GP training graduates who now intend to emigrate.

It is acknowledged, however, that the provision of GP services in some rural areas is more challenging than in others. The pattern of work in general practice is changing and there can be financial uncertainty in setting up a practice in a rural area as the size of the GMS panel available may be smaller. GPs increasingly favour a multiple-GP team model, with some GPs developing sub-specialisations such as in chronic disease management or women's health. While the overall anticipated increase in GP numbers is expected to help to address the challenges of service delivery overall, including in rural areas, it is accepted that some difficult to serve areas

require additional supports to ensure access to general practice services in the community. To address this, the 2023 GP agreement included specific supports for rural practices. In addition to the 10% increase in rural practice supports, a ring-fenced fund of €600,000 is being made available to support the delivery of an initiative to support rural GPs to source locum cover for approved leave periods. The HSE is currently exploring how to implement this solution. The HSE is also in the process of implementing a programme to improve the sustainability of GP services in rural areas by working with a larger practice in a nearby town to take on a smaller practice as a satellite entity. It is hoped that, if successful, the programme could be rolled out elsewhere and help to ensure the ongoing provision of services in rural communities. These are examples of creative solutions which will make rural general practice more attractive to GPs. Increasing GP training places will increase GP capacity in the medium to long term, and the number of GPs entering training has more than doubled, from 120 in 2009 to 286 in 2023, with a further increase to 350 places planned for this year. While there may be some concern that the planned retirements of some GPs will result in GP capacity issues, the replacement rate for retiring GPs is very encouraging for the future of general practice. Due to the increased number of GP training places over the past several years, it is estimated that for every two GPs who currently retire, we now have three to six new GPs entering general practice.

As regards more immediate measures to address rural GP capacity, the non-EU rural GP programme is already placing GPs in rural practices across the country with 121 non-EU GPs recruited by the end of January 2024, of which 84 were already in place in GP practices. The Government has provided funding to bring up to 250 more non-EU GPs to Ireland by the end of this year. The strategic review of general practice is under way and will identify the arrangements necessary to improve the current system of GP care as part of a primary care-focused health service and in line with the programme for Government and the Sláintecare vision of access.

There has been considerable additional investment in oral healthcare services in recent years, including an expansion in 2022 of the care available under the dental treatment services scheme for adult medical card holders and substantial increases in fees paid to dentists. Sustained investment in recent years has reduced the number of children waiting to access public orthodontic care. The Government is committed to fundamentally reforming dental services. The HSE has appointed a strategic reform lead, who is driving service reform for adults and children in line with policy.

The Government is committed to delivering the enhanced community care programme, which is designed to deliver the reorientation of service delivery towards general practice and community-based services, thereby providing health services closer to people's homes - the right care in the right place at the right time. Therefore, I support the Government's amendment to this motion, which agrees that the Government is committed to fundamentally reforming dental services, that increased investment is making general practice in urban and rural areas a more attractive career for medical graduates and that the initiatives taken by the Government to increase the number of training places and recruit non-EU GPs will result in an increase in the number of GPs providing services in urban and rural areas, in an increase in the ratio of GPs to population and in improved services for patients.

Deputy Mattie McGrath: I thank the Deputies of all parties who have supported this motion. I wish to express my sympathies to Deputy Michael Collins on his tragic loss and to his brother Danny and the mother of the young man. I thank Tríona and Brian Ó Domhnaill in our office for putting this motion together.

I am disappointed because, as usual, the Government has put forward a countermotion. Everyone knows that something is wrong. Somebody quoted figures earlier and said that spending has increased by €800 million, or 40%, since 2019. It might be true but this is not about money. It is about mismanagement and pure neglect of rural and urban areas. GPs are not valued or respected. They have an ever-increasing workload. In my county, there are advertisements on Tipp FM and other radio stations asking people not to attend Limerick University Hospital or Tipperary University Hospital, and instead to go to their GPs, but you cannot get a GP appointment. Somebody phoned a GP practice last week to be told there is a waiting list of two and a half weeks and it was not an emergency. This woman wanted her blood pressure checked so this could very well become an emergency. There is unbelievable pressure on GPs.

This motion is fair and balanced. It is calling for an interdepartmental group to be set up to report back in a short number of weeks, and to do something about this rather than just turning paper and speaking volumes of words. Deputy Harkin raised the case of women who have had mastectomies being unable to access post-mastectomy services. There is shocking cruelty and inhumanity inside the HSE. We know there are thousands of good people working in the HSE and thousands of good things happen there. We saw the poor unfortunate young adults suffering with scoliosis in the Public Gallery last night. They have been suffering for so long and have had to come to protest outside the gates of Leinster House and come into the Public Gallery to appeal. This has been going on every year but has not been dealt with. Why is the system so inhumane that it cannot realise that it has to deal with these children with scoliosis. I could talk about a plethora of areas.

Former TD Dr. Michael Harty was elected here on a "no doctor, no village" ticket. It was a wonderful campaign. How right he was. The Government asked him to chair the Oireachtas Committee on the Future of Healthcare, which he did. He spent hours and months of dedicated time. As we approach the seventh anniversary of the announcement of Sláintecare in May, nothing has really happened under Sláintecare. That is what is wrong in this system. We keep producing reports and carrying out investigations and inquiries, and we keep making the system bigger and fatter and doling out largesse, but there are no services on the ground. We were told recently that the HSE recruited 1,000 people last year. I would love to know how many were pen pushers. I would say 92% of them were. This is the problem. It has just got bigger and bigger, has cannibalised itself and is unfit for purpose.

We have heard our colleagues here mention many areas around the country. I remember that when I was a young fellow, GPs could come out to you but now they are overwhelmed. The Government has rolled out different schemes, such as free GP care for the under-sixes, and after that for those under the age of 12, and the free contraception scheme. It rolls out any scheme it likes without proper consultation. There are the two GP associations, but they are like all the others - they are organs of the Government. When they arrive in Government Buildings for negotiations, they cave in and forget their members on the ground.

I salute GPs up and down the country and their staff, including nursing and ancillary staff, for the way they deal with people and try to manage the situation. However, I am critical of diagnosis by receptionists, which has been happening since Covid and involves a person being diagnosed over the phone or by someone standing in front of them through a glass screen. They have suddenly become GPs and can diagnose you just by asking questions. This is very poor practice, but it is happening wholesale. I hear awfully embarrassing stories about receptionists asking awful questions in front of a full waiting room, shouting through a screen, asking where somebody has a pain and how they feel, throwing the person a urine bottle and asking him or

her to fill it up. That is inhumane. That is the pressure GPs are under. People cannot get to see them.

The figures are there. The Minister of State quoted them. We know the number of doctors who are going to retire. The Minister of State has figures regarding having so many doctors per 12,000 population. The Government is failing in respect of every figure it has nominated. It is failing the people. Two iarthaoisigh, Bertie Ahern and Brian Cowen, told me at different times that they were going to abolish the HSE but instead it has got bigger and more powerful and there are more cover-ups. It has become more unaccountable and disrespectful to the people and to public representatives.

I would like to speak about the primary care centres that are built. We closed a hospital in Carrick-on-Suir but a primary care white elephant was built on a flood plain and is three quarters empty. I have heard stories today about primary care centres. Money was spent on a brand-new nursing unit in Nenagh. It was built and kitted out but there is nobody to staff it. What kind of lack of joined-up thinking is going on? This is the problem.

The ongoing issue of the construction of the national children's hospital is having a damaging effect on children. First of all, it is in the wrong place. It will never be a proper hospital. It will never be accessible, with only a small helipad on the third floor. There is blackguarding, waste and unaccountability. CEO after CEO comes in and gets huge remuneration packages with no accountability. If you ask a question of the Minister here, he will tell you that it is a matter for the HSE. It is a handy stalking horse to fob people off - to hell or to Connacht, or go where you like. We do not have the resources we should have.

I also want to mention dental care, where there are significant pressures under the GMS system. Dentists just cannot take patients on anymore. Any time I visit my dentist on the quay in Cluain Meala, he is so concerned. He is a wonderful man. He is getting on in age like any of us but there is nobody to replace him and the system is being abandoned. We will see the Minister addressing the doctor's conference in early summer. We will hear about the great things that are happening. The Minister is sent out to read scripts, as the Minister of State, Deputy Naughton, does. I acknowledge there are good things happening, but our GPs are the lifeblood of our community. What is going in Swanlinbar, as Deputy Harkin mentioned, is happening everywhere. Practices are being taken out of rural villages. Bigger primary care centres are taking them over but they have no interest in them really. They want the people from rural areas to go in to the town - isteach go dtí an baile - which means that there is less and less service.

The rural GP services, the nurses in them and the different dispensaries all over the country did a valuable job for decades. Now the HSE will not give them any proper supports. If a place is closed down or a doctor is retiring, they have to build a new centre themselves. There is no proper funding for that. They have insurance. They have health insurance, obviously, or mitigation against claims. They have all kinds of issues - light, heat, you name it. Really, they are small businesses. They might have up to ten staff.

The Minister of State's eye is not on the ball here, and neither is the Government's. I do not know what is to come over the Government, as I have said here. Sláintecare is a grandiose and glamorous document. The former Deputy Harty chaired that committee, but the report is not being implemented. We keep doing reports. We keep doing more and more reports and renting office space all over the country to store these reports instead of taking action. It is time that the Ministers ponied up.

The Minister, Deputy Stephen Donnelly, did not deem it worthwhile to come in to address this motion today, nor did any of the Ministers of State say why he was not here. If he was out of the country or if he is sick, it is fair enough, but he has not even the interest in listening to us. The Minister knows it all and he does not want any solutions.

This motion is calling for practical solutions and for a task force to be set up to decide, once and for all, how to deal with this problem. It does not call for pushing paper and everything else, or for voting on motions only to let them fall into oblivion. In the past while, it has been the practice of the Government to accept motions and then put them into some pigeon hole somewhere and leave them there. Their job is to govern here. Their job is to deliver services for the people.

We have migration into the country. Everywhere you go, in every town and village, there is a huge explosion in population and no services for them - GPs, hospitals, dentists, schools, etc. It puts more pressure on. The Government has a will to destroy the public services we have out there for the public and to deny our people public services they are entitled to, such as basic fundamental healthcare. These are human rights. We have doctors going out to field hospitals doing cataract operations. Deputies Danny Healy-Rae and Michael Collins are bussing people up to Belfast to do them. We cannot do them here. The Government can find the money under that scheme. That scheme is operating on the reverse as well where people from the North and other countries are coming here for those operations. It is farcical in the extreme.

I ask the Government not to oppose this motion, to listen to the voice of reason - everyone who spoke here this morning - and to try to do something for the country to ensure we have some modicum of GP service again and take the pressure off the overworked GPs we have.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): That concludes-----

Deputy Danny Healy-Rae: Before we close this-----

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Sorry, the debate is finished.

Deputy Danny Healy-Rae: -----debate, could I just say that I am very disappointed-----

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy, you cannot.

Deputy Danny Healy-Rae: -----that no member of-----

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy, take your seat.

Deputy Danny Healy-Rae: -----People Before Profit saw fit to come to this debate today?

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy, take your seat now.

Deputy Danny Healy-Rae: Certainly I will, but I am-----

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Take your seat then.

Deputy Danny Healy-Rae: -----very disappointed at their non-attendance.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy, you can express your disappointment all you like but you may not do so outside of the orders of the House. You are here long enough to know better.

Amendment put.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): The division will be deferred until the weekly division time this evening.

Cuireadh an Dáil ar fionraí ar 11.54 a.m. agus cuireadh tús leis arís ar 12.02 p.m.

Sitting suspended at 11.54 a.m. and resumed at 12.02 p.m.

Ceisteanna ó Cheannairí - Leaders' Questions

Deputy Mary Lou McDonald: Seven years ago, the then Minister for Health and the Taoiseach's Fine Gael colleague, Deputy Simon Harris, promised that no child would be waiting longer than four months for scoliosis surgery. That promise was never met and of all the Government's broken promises, I think it is one of the most callous. The fact is there are more children on scoliosis-related waiting lists now than when the Minister gave that commitment in 2017. This has happened on the Taoiseach's watch. There remain, as of this month, 327 children on waiting lists for scoliosis-related surgery. It is not acceptable.

The families and children involved deserve better. Last night, I met with them and I listened to their concerns. I listened to the tragic stories of those families and heard about the pain that their children are in and the life-limiting state in which many of these children find themselves. What these children and families must endure is heart-breaking. They feel they have been let down because Government promises have been made and broken time and again.

Mothaíonn na teaghlaigh seo gur ligeadh síos iad toisc go bhfuil gealltanais an Rialtais briste arís agus arís eile.

Two years ago, in 2022, I raised the issue of children with scoliosis waiting years here in the Dáil. I visited Cappagh Hospital and I met with CHI management. I also met with parents and advocacy groups. The Government subsequently committed to €19 million of additional spending on the promise that this would result in no child waiting longer than four months by the end of 2022. That promise has also been broken.

Astoundingly, the Minister for Health, Deputy Stephen Donnelly, informed the Dáil last night that he cannot guarantee that the €19 million was spent for the purposes for which it was intended. He does not know. The Government does not know. What we do know is that far too many children are waiting and waiting.

One such child is Kylie Ann from Donegal. Kylie Ann is ten years old and she has been waiting five years for life changing surgery. That is half of her young life. Kylie Ann's mother has challenged all of us here to see Kylie Ann as she sees her, with love, to give her the chance and the quality of life she deserves. I think we should meet that challenge. That is why our motion tonight matters so much. These children deserve better.

Will the Taoiseach agree to work with us and the parents and advocates to establish a task force that works? Will he work with us to achieve accountability and transparency? Will he work with us to put in place a plan that delivers finally for these children? There is an urgency

to all this. Every and all treatment options must be on the table for these children and young people. Everyone must commit to doing everything necessary to end the scandal of children waiting for spinal surgery once and for all.

Our motion sets out that plan to address all of these matters in co-operation with parents, advocates, clinicians and the Taoiseach. As a gesture of seriousness and goodwill, I ask the Taoiseach to withdraw the Government's amendment to our motion this evening. I ask that he work collectively with us to finally crack this and get the job done. The plan we have set out is the plan the families want implemented. As I understand, they are looking to meet the Taoiseach to discuss that plan. Will he meet them?

The Taoiseach: Gabhaim buíochas leis an Teachta as a cuid ceisteanna. Tá a fhios agam go bhfuil fadhb mhór againn leis na seirbhísí sin agus tá brón orm faoi. I know from my own experience, having worked in medicine as a doctor in what seems a long time ago now, that the problem of failures and inadequate services when it comes to spinal surgery, scoliosis and spina bifida surgery for children, goes back generations, sadly. It goes back many more lifetimes than these children have yet experienced. I guarantee that if it had ever been an issue simply of money, political will or how much we care about this, it would have been resolved a long time ago. I do not have adequate answers as to why it has not been fixed but I intend to do anything I can to establish why not and to put things right. The Deputy has my assurance on that point and I would be happy to work with her, provided it is in good faith, to deal with this issue because it should not be a political football. I know that is not the Deputy's intention but there are others who would make it such. We need to stand together against those and work together to resolve this issue, which will take more than one Government to solve, in my view, but at least, let us get started on it.

At the outset, I want to acknowledge that there is no doubting the worry, anxiety and pain for many patients and families attending these services. A comprehensive patient safety review has been commissioned into paediatric orthopaedic surgery services. This is independent and is led by independent expert Mr. Selvadurai Nayagam. Concerns initially related to the clinical outcomes of some complex surgery, including what appears to be a higher than normal incidence of post-operative complications and infections and two serious surgical incidents. This, of course, does not necessarily mean that somebody did something wrong. These may have been high-risk patients that other doctors would not operate on but we need to make sure we know the facts before we make any further decisions.

Two additional patient groups are now being included. Patients have been randomly selected for the purpose of audit and patients have been identified as potential cases of concern by other surgeons in CHI. Those directly affected have been informed and patient advocates have also been informed. After meeting with the paediatric orthopaedic surgeons, the Minister for Health has also determined that a dedicated paediatric spinal surgery unit should be established. Mr. David Moore, a consultant surgeon, has recently been appointed to head it up. The Minister met him in January. Senior staff have been appointed to the new unit and the Minister has requested that a task force be convened as soon as possible with an independent chair. The task force will include all stakeholders, including patient representatives and clinicians. This is a model that has worked well in other areas, such as haemophilia and cystic fibrosis.

The Minister wrote to all advocacy groups and invited them to meet with him, seeking their engagement and views on the terms of reference for this task force, which will have an independent chairperson. He met with a number of the groups earlier this week. The Minister's invita-

tion to meet those who did not attend or request separate meetings remains open. Mr. Nayagam has met with the Minister for Health, families, patient representatives and other stakeholders following which he finalised the terms of reference for his independent review. In addition, the Minister has asked HIQA, the independent patient safety regulator, to carry out a statutory review of springs that were not see CE marked.

On waiting lists, we have increased the numbers of procedures being carried out significantly. In 2019, which we often use as a base year for comparison because it was the year before the pandemic, 380 spinal procedures were carried out. That went up to 509 in 2022. In 2023, 464 procedures were carried out. There has been a big increase in the number of procedures being carried out and waiting lists have gone down. As of the end of last year, 78 patients were on the active waiting list, which was a reduction. Some 231 patients are awaiting spinal procedures.

I am advised by the Department of Health that Sinn Féin has miscalculated the waiting list figures. The claim that 327 children are on the waiting list is incorrect, even if those who are only waiting a few weeks are included.

Deputy Mary Lou McDonald: Tá níos mó ná fadhb ann sa scéal seo. Tá sé scannalach go bhfuil daoine óga ag feitheamh is ag feitheamh is ag feitheamh agus ag fulaingt mar seo. Tá sé scannalach agus is é sin an focal ceart atá i gceist. I have being raising this issue here for almost a decade, as have other colleagues. It is time for the Taoiseach to confess and own up to the fact that it is utterly scandalous that children in that degree of pain are left to wait. More scandalous yet is the fact that the Minister for Health could state last night that he does not know where the €19 million that was to be dedicated for the children's treatment is. He cannot tell us where that money went. I am not interested in a political football; nor are the families and their advocates. We are interested in a credible, good-faith response from the Government. That means accountability and it means action. It is certainly not acceptable that the Taoiseach cannot answer basic questions on where resources have gone.

Will the Government withdraw the amendment to the Private Members' motion? Will it accept in good faith the plan that the families and advocates support? Will the Taoiseach meet with them to discuss that very plan?

The Taoiseach: I thank the Deputy. Is fadhb mhór í agus is tubaiste é i mo thuairim agus táimid ag lorg níos mó eolais agus ag iarraidh an fhadhb sin a réiteach. I have met the patient groups and I would be happy to meet them again. It is not my practice to organise meetings on the floor of the House, but I will be happy to meet them again as soon as there is a gap in my diary. There are different groups involved, however, and they do not all agree with each other. The Deputy knows how complicated it can be to deal with an issue when there are different groups with different perspectives representing the same people in the context on what should and should not be done.

Acting in good faith means being big enough to admit when one has got one's numbers wrong. It also means not misrepresenting the Minister in the House. It is not the case that we do not know where the €19 million was spent. We know where it was spent. It provided for an additional 204 healthcare professionals working, at least some of the time, on spinal surgery at CHI at Temple Street, CHI at Crumlin and the National Orthopaedic Hospital Cappagh. It also provided for a fifth theatre in Temple Street, which is now open. It further provided for an additional MRI scanner and for additional beds. What we cannot establish for certain is exactly how much of the €19 million was spent on this. We need to find that out.

Deputy Pearse Doherty: That is the point.

The Taoiseach: No, it is not the point. The Deputy had used misinformation about the waiting lists here in the House.

Deputy Mary Lou McDonald: Are you serious? Let it publish details relating to the waiting lists.

The Taoiseach: She has also claimed that the Minister said that he did not know where the money was spent. That is not what he said. It was spent on 200 staff, more beds, a new theatre-----

Deputy David Cullinane: He should spend it for the purpose for which it was intended.

The Taoiseach: -----and a new MRI scanner. If the Deputy and her party honestly want to be involved in helping us to come up with a solution, which should not be political football, they need a different approach.

Deputy Mark Ward: Withdraw the amendment.

An Ceann Comhairle: Can we stop the heckling Members, please. I call Deputy Bacik.

Deputy Ivana Bacik: Gabhaim buíochas leis an gCeann Comhairle. Upon taking office in December 2022, the Taoiseach's stated aim was to make Ireland the best country in which to be a child and to improve well-being and opportunity for children. However, there are many children in Ireland today who are being failed by the State. I am talking about children who are denied care in our health system, who are waiting for surgery, who are lost in mental health services or who are not receiving the care and support they so badly need. No parent wants to make public the private pain of their son or daughter, but we are seeing so many who are utterly desperate. Some parents have even been driven to posting videos on social media of their young children sobbing with pain through the night in a desperate effort to secure appropriate healthcare. Those videos are harrowing. It is even more harrowing to meet the parents and the children and hear their stories.

As we know, in 2017, the then Minister for Health, Deputy Harris, made a commitment that no child would be made to wait more than four months for surgery. Yet, children are still waiting longer for spina bifida or scoliosis surgery than was the case when the Government took office. As my colleague, Deputy Duncan Smith, said in the debate last night, 78% of children are waiting longer than Sláintecare target times for paediatric and orthopaedic inpatient appointments and 81% are waiting longer than that target for inpatient urology services. There are also the outpatient waiting lists.

Let us look at the children's mental health services. Yesterday, we heard yesterday from the Children's Rights Alliance that, for the third year in a row, the Government deserves only an E grade, an unacceptable grade, in respect of access to children's mental health services. Four years ago, the Government made a commitment to end the admission of children to adult psychiatric wards. Yet despite successive damning reports from the Mental Health Commission, children's ombudsman, and others, the Government has apparently rowed back on that important commitment. The Department of Health has acknowledged that in some cases children with mental health problems will continue to be admitted to inappropriate wards. Last year, 50% of children were unjustifiably admitted to such wards because there were no beds available

in child and adolescent mental health services, CAMHS, units. We know that almost a third of in-patient CAMHS beds were not operational in 2023 due to staff shortages. The waiting list for a first appointment for CAMHS stood at almost 4,000 in July 2023. This is a national disgrace.

On so many fronts, we are seeing vulnerable children let down by State health services. It appears that the Government has quietly abandoned commitments it made on children's health. It is not good enough to say that it may take two successive Government terms to recover this. I heard that the Taoiseach saying that in a response earlier. There are things the Government can do now. The Irish Hospital Consultants Association has pointed to staff shortages as a real factor in driving unacceptable delays for services relating to children. Will the Government end the recruitment freeze and the embargo relating to certain grades in the health service. Will it move to tackle the outrageous waiting lists and address the failings in CAMHS that have been made so glaringly obvious in so many reports, including that from Children's Rights Alliance yesterday.

The Taoiseach: I thank the Deputy. Ireland is a very good country in which to raise a child. Out of 200 countries in the world, we are in the top ten or 20 in almost everything. We have very good maternal and neonatal health services. We have among the lowest infant mortality rates in the world. We have a very good education system with among the best education outcomes in the world. We have introduced early years education and by September the cost of childcare will be half what it was when this Government came to office. We have the free schoolbooks scheme and hot school meals schemes. We get an A grade from the Children's Rights Alliance, to which the Deputy referred, when it comes to online safety and media regulation, particularly in light of the appointment of the Online Safety Commissioner. Of the 16 matters on which the Children's Rights Alliance grades us, we are up in four, the same in 12 and down in none. We fail only in only one of the 16. I absolutely believe that this is not good enough, because my ambition is something more. It is for this to be the best country in the world to be a child, bar none. That is one of the things which drives my work and that of the Government.

On the recruitment freeze, I know the Deputy wants to know the facts - that is not always the case with people in this House but she is one of the ones who does - since the Government came to office, 26,000 more people are working in our public health service than was the case before. That includes 1,000 more consultants, 2,000 more doctors and 6,000 more nurses and midwives. By extra I mean extra, not replacements. When the recruitment freeze was in place last year, the total number of staff in the HSE increased by more in a year than has been the case for many years. Some 8,000 extra staff were hired by the HSE last year. This year, during the so-called recruitment freeze, the HSE has the authority to hire an extra 3,000 staff. Those are the facts.

What we cannot allow the HSE to do, which is what happened in the past, is that money allocated for one purpose is spent on another. It may be a worthy purpose, but that is not the point. I refer, for example, to funding being allocated to hire 50 staff in a certain area and then 50 staff being hired somewhere else for some other purpose else. While all of the latter might be doing really important work, that type of thing is just not good enough. The new CEO of the HSE agrees with me and is making those changes.

On children being admitted to adult psychiatric units, we stand over our promise, I restate it and we are making progress in that regard. In 2019, the year before this Government came to office, 54 children were placed in adult wards. Last year that was down to 12, so we are going

in the right direction in that regard. All decisions to put a child in an adult ward are made by a consultant psychiatrist with the interest of protecting the young person and their well-being. The majority were over 17 years, all were voluntarily detained for a short period of time and in some cases the young people even turned 18 and transferred to adult care during their admission. No consultant takes the decision lightly and it is often done in consultation with parents. I have been there, Deputy, and sometimes it makes sense for a 17-year-old or even a 16-year-old to be in a private room on an adult ward rather than in a children's unit 200 miles away.

Deputy Ivana Bacik: We are certainly ready to acknowledge progress where it has been made and we have welcomed moves by Government to review how additional funding for spinal surgery was spent by the VHI as that is important. However, I repeat that it is just not good enough for the Taoiseach to say it will take two Governments to resolve issues with children's health in Ireland. He is in government and has been for many years now and it is not good enough that we are still seeing these waiting lists.

Let us look at facts. The Irish Hospital Consultants Association tells us the difficulty with filling permanent consultant posts is a root cause of what it in its words are "unacceptably long" child waiting lists. In August last year the association told us over 100,000 children and young people were on hospital waiting lists with 20,600 children waiting longer than a year for treatment or assessment by a hospital consultant. The latest HSE data reveals the number of unfilled permanent consultant posts has risen to a record 933 and the Irish Hospital Consultants Association says this is the highest consultant vacancy rate ever. These are the facts, just as there are facts on the admission of children to adult psychiatric units. A commitment was made by the Taoiseach's Government four years ago to end this practice yet we see 50% of those children admitted to an adult unit last year. This was done because no bed was available in a CAMHS unit. There are unacceptable waiting lists for CAMHS services. There are the facts and the Taoiseach's Government has simply not done enough to address them.

Deputy Aodhán Ó Ríordáin: Hear, hear.

The Taoiseach: I thank the Deputy. I will clarify one point and I appreciate I was not clear. When I say it will take more than one Government to solve some of these problems, I do not mean two Governments over ten years; I mean this Government has a year to run and this problem is not going to be solved within a year. The opening of the new children's hospital next year and everything around that creates a once-in-a-generation opportunity to dramatically improve paediatric healthcare in Ireland and I am determined that should be the case.

When it comes to consultant appointments we have 1,000 more consultants now than when this Government came to office and that is significant. There was a time when the number of doctors per head of population in Ireland was below the OECD average and it is now above it. That happened during my party's term in office. The term "vacancy" as used by the IHCA is a misleading one as when the people at home hear "vacancy" they think empty, thinking that is what "vacant" means. Of course, a lot of these posts are not empty; they are filled by locums, people on contracts or through agencies.

Deputy Ivana Bacik: Permanent. I said "permanent".

The Taoiseach: That is for a lot of different reasons and much of the time, unfortunately, it is in peripheral locations where consultants, especially Irish ones, are not willing to work and therefore we rely-----

Deputy Sean Sherlock: "Peripheral to Dublin" is what the Taoiseach means.

The Taoiseach: -----on people to come from other parts of the world who are willing to work in places that sometimes Irish doctors are not.

I wish to clarify again the recruitment restrictions that exist do not apply to filling consultant posts on a permanent basis.

Deputy Ivana Bacik: But we need the team of medics to support the consultants.

Deputy Richard Boyd Barrett: For a considerable time People Before Profit has argued we need a State construction company in order to address the absolutely dire housing and homelessness crisis and to deliver the housing we need, and especially the social and affordable housing we need.

The evidence for that is manifold. The Government has not met its own social housing targets, nor its affordable housing targets. The national residential property price index today again confirms private developers and the private sector are still delivering housing that is getting ever more expensive. Prices were up 4% last year, this is the seventh month in a row that house prices have gone up, and they are now above Celtic tiger heights. Something I have mentioned a few times in the last few weeks is the private sector is not building family homes, that is, three- and four-bedroom homes, but are disproportionately building one- and two-bedroom ones because these maximise profits and this is contributing directly to the rise in child and family homelessness.

As if all that was not enough evidence, we have more today with Goodbody Stockbrokers - an unlikely source - confirming that private developers and private builders simply do not have the capacity to meet the housing requirements of the State. The report says the State's home-building sector has a "distinct lack of scale" and that "This lack of scale threatens the attainment of Ireland's housing requirements". This was also recorded in an ESRI report at the beginning of this year that said we do not have enough construction workers to deliver on the State's housing requirements and we are probably 15,000 to 20,000 construction workers short of getting to the necessary levels of housing supply in order to begin to address the housing crisis. Goodbody elaborates on the point when it says that compared with England the top ten builders here are building a far lower proportion of the housing we need, that only five companies built more than 500 units last year and that the Irish building and construction sector is dominated by small-scale builders who are building on average 34 units per year.

We are simply not at the races in terms of delivering the scale of housing output and especially the social and affordable housing output we need to address the crisis. Do we not now have all the evidence we need that the State must have its own construction capacity? The private developers and builders are not capable of giving us the housing supply, and particularly the affordable and social housing supply, that we need to address the dire and urgent housing crisis.

The Taoiseach: I thank the Deputy. First of all, the State has a construction company and it is called the LDA. It was established in 2019. It got off to a slow start, but it is really getting going now. The Deputy will know Shanganagh in his constituency, where hundreds of social and affordable houses are being built. He likes to claim there is none in his constituency, but there are hundreds being built and they will be available quite soon for people to occupy. I certainly hope when people do live there that you will not have the brass neck to knock on their

doors and look for their votes-----

Deputy Jennifer Carroll MacNeill: And in Cualanor.

The Taoiseach: -----because the LDA is a body you voted against the establishment of.

Deputy Richard Boyd Barrett: You have some brass neck, but I will come back to that.

The Taoiseach: I have been sent a very long list by Deputy Carroll MacNeill just now, and indeed previously by Deputy Devlin, of all the developments in your own constituency you have objected to-----

Deputy Michael Healy-Rae: There are a lot in here doing that.

An Ceann Comhairle: Please.

The Taoiseach: -----on ideological grounds because-----

Deputy Michael Healy-Rae: A lot of objectors in this House.

The Taoiseach: -----they are built by a private provider and they were one-beds and two-beds. However, if we look at the facts, look at the homelessness and look at the housing shortage, the areas we need the most new housing in are one-beds and two-beds. We need family homes as well, but the biggest shortage is for one-beds and two-beds and these are the kind of things Deputy Boyd Barrett and people who share his ideology seem to regularly object to.

We built over 30,000 new homes last year. That is up from 20,000 when I first became Taoiseach back in 2017 and up from 7,000 when my party got into office. We are scaling this up and doing so as fast as we possibly can. We are not willing to cut corners because we saw what happened in the past when that was done. It should not be a case of public versus private. If we try to fix the housing crisis with just the public sector we are putting one hand behind our backs. I understand the Deputy's position based on his politics and ideology - and he is entitled to his ideology - is that pretty much all houses, or the vast majority, should be built by the State. That is a mistake. We would build fewer and it would cost more. What we want is the public sector and the private sector working together.

He is right about the skills shortage. We know that is an issue. That is why the Minister, Deputy Harris, in particular, has led the charge on apprenticeships. We now have about 10,000 people becoming apprentices every year now, which is pretty extraordinary. We have also changed the work permit and work visa system to allow more people with construction skills from outside the EU to come here. They are much-needed and they are very welcome. We are investing in modern methods of construction, MMC, so we can build homes much more quickly. The Deputy is welcome to come out to Church Fields in my constituency to see where Fingal County Council, a public body, is building hundreds of social and affordable homes using MMC. I encourage councils that are not doing that to do it. The whole point of local government is autonomy. The latter allows councils to do different things. There are good examples of very good councils - of best-practice councils. I ask people to come to Fingal and see what a local authority, a public body, is doing in my constituency, using MMC and building hundreds of social and affordable houses. It is the same in the Deputy's constituency, in Shanganagh, which he always refuses to acknowledge.

Deputy Richard Boyd Barrett: You have some brass neck. I have been campaigning for

Shanganagh-----

Deputy Michael Healy-Rae: Objecting.

Deputy Richard Boyd Barrett: -----and for the development of public and affordable housing there for 17 years. It was Fine Gael and Fianna Fáil on the council that insisted that there would be some private development. It was People Before Profit that argued relentlessly that the entire development-----

(Interruptions).

Deputy Richard Boyd Barrett: I was not talking to you.

Deputy Josepha Madigan: Will you stop shouting?

Deputy Richard Boyd Barrett: People Before Profit argued that the entire development should be social and affordable. We eventually won out against the resistance of Fianna Fáil and Fine Gael, but it has taken 17 years to finally deliver - they have still not been delivered - the social and affordable housing on that site. What we are saying is that we should supplement the lack of capacity in the private sector, so do not play at this either-or business. We are saying, and Goodbody is arguing, that private builders and developers do not have the capacity and that we need to ramp up our housing delivery and to deliver social and affordable housing, which your Government is failing to do. It missed its social targets, it missed its affordable targets and it is self-evident that the housing being built by the private sector is unaffordable. The average house price is €327,000; in my area it is €620,000. The average rent in Dún Laoghaire is now €2,400; in Dublin in general it is €2,200.

An Ceann Comhairle: Thank you, Deputy. Your time is up.

Deputy Richard Boyd Barrett: This is not affordable. We need a State construction company to build up capacity, to build houses and to make those houses public and affordable.

Deputy Michael Healy-Rae: You are a serial objector.

The Taoiseach: There is something I admire about the Deputy. I do mean this; I am not trying to be smart. Deputy Boyd Barrett is very articulate, very passionate and performs really well in this House.

Deputy Michael Healy-Rae: And he is an objector.

The Taoiseach: It is really obvious, however, when you get angry - not just pretending to be angry-----

Deputy Josepha Madigan: Shouting.

The Taoiseach: -----but genuinely angry - and the way you spoke to Deputy Carroll MacNeill there was-----

Deputy Richard Boyd Barrett: Because she was heckling.

The Taoiseach: No.

Deputy Richard Boyd Barrett: Because she was heckling.

Deputy Mary Butler: You are heckling now.

An Ceann Comhairle: Deputy Boyd Barrett, please, will you let the Taoiseach respond?

Deputy Richard Boyd Barrett: She was heckling. You do not like being heckled, do you, Taoiseach?

The Taoiseach: No, but-----

Deputy Richard Boyd Barrett: No. So why should she heckle me?

The Taoiseach: No, but I am in this House four or sometimes five hours a week. I am constantly heckled.

Deputy Richard Boyd Barrett: Not by me.

The Taoiseach: Sometimes by you.

Deputy Richard Boyd Barrett: Not by me.

The Taoiseach: Sometimes by you-----

Deputy Richard Boyd Barrett: Not by me.

The Taoiseach: -----just as you are doing now, and often by Members opposite, and I have never talked down to somebody, particularly a female Deputy across the way, like that and say "I am not listening to you".

Deputy Richard Boyd Barrett: She was heckling. I said I was not talking to her.

An Ceann Comhairle: Deputy, please.

The Taoiseach: Again with your brass neck. Do you not see the irony of it? I am criticising you for talking down to Deputy Carroll MacNeill, for heckling her, and then you are heckling me.

Deputy Richard Boyd Barrett: No. She was heckling me, which is out of order.

The Taoiseach: A Cheann Comhairle, is the Deputy not out of order?

An Ceann Comhairle: He is out of order, yes.

The Taoiseach: Thank you. The Deputy-----

Deputy Richard Boyd Barrett: Oh, but Deputy Carroll MacNeill was not out of order?

An Ceann Comhairle: There are many Members out of order.

Deputy Richard Boyd Barrett: Ah.

The Taoiseach: Anyway, let us deal with the substantive issue now that we have dealt with the nonsense.

Deputy Pauline Tully: We cannot really because the Taoiseach is out of time.

An Ceann Comhairle: We are out of time, a Thaoisigh.

The Taoiseach: What we need is more private and more public housing. The constraint does not relate to who owns the company; it relates to getting workers with the necessary skills and the materials. That is where the constraint lies.

An Ceann Comhairle: May we go on to the Regional Group and Deputy Seán Canney, please? We will not have any heckling from the Regional Group, will we?

Deputy Seán Canney: I hope not. My two colleagues are here; I will restrain them as best I can.

I am interested in a particular issue that has arisen over recent weeks. It relates to special education training hours for national schools. The Department has issued a circular which has caused fear and anxiety among school principals, boards of management and parents. It relates to the criteria by which children will be assessed for these hours. The biggest problem with this is that the criteria are not based on the specific or complex needs of the children. This is causing a great deal of stress for parents. I spoke to the Minister of State, Deputy Madigan, and her adviser yesterday about this, but we need to get clarity on what is actually happening.

In my constituency, over 50% of the schools surveyed will get less hours next year than they did last year, about 20% of them will remain as they were last year and maybe 30% of them will get an increase in hours. The budget has remained the same; it is just that the allocation of the hours has changed. Yet the schools that have lost hours will have the same problems next year as they have this year. There is something amiss in the context of what is going on.

It is important that we try to resolve this matter prior to September, because what we are talking about here is children who need every chance to fulfil their full potential. If we have schools that have lost up to five hours in special education teaching time, it is a major concern for the school and the parents. I ask, therefore, that this be looked at. I know it is a complex issue, that children's disability network teams, CDNTs, especially the one we have in Tuam, are way behind the curve in assessing children and that the waiting time to get assessments is impacting all this. Perhaps the Taoiseach will look at this and see what we can do to improve the system we have so the schools can retain the staff they have in order to provide the education that is required for our students.

The Taoiseach: I thank Deputy Canney for raising this very important issue. It has been raised with me by other Deputies, including very many here on the Government benches. When any change is made to how resources are allocated to schools, it can cause worry for students, parents and the schools in question. Inevitably, when a change is made, there will be schools that gain hours and schools that lose hours, but that is based on objective criteria and, most importantly, on the needs of the children in the schools concerned.

Special education teachers provide valuable additional teaching assistance for students with special needs enrolled in mainstream classes in primary and post-primary schools. For the next school year, which starts in September, there will be 14,600 special education teachers, 1,000 more than at the end of 2021 and many more than the entire Defence Forces at full strength, just to give the Deputy the context of the number of special education teachers we now have. This is reflected in the fact that 98% of all children with special educational needs are now in mainstream settings.

The Department of Education commenced a review of the model in late 2022. This involved consultation with unions, management bodies and schools to hear their views on how things

could be done more fairly. There were 30 meetings and 12 consultation sessions. The NCSE undertook 40 reviews of individual schools to get their feedback. This feedback was incorporated into the revised model. The allocation for September next distributes the total number of special education teachers in line with each school's profile and need across the country. It is not about the schools, it is about the children who attend them and the needs of those children. Of course, that changes from year to year. The model ensures that children with the greatest level of need can get access to additional hours and are allocated the greatest level of resource. It is transparent and the model takes into account a number of factors. These include the total enrolment of a school, complex needs, literacy, numeracy and disadvantage. Of all the schools in the country, 67% will either have the same number of hours or will gain hours.

In County Galway specifically, there has been an increase of 25 in the number of hours for post-primary schools. There has, however, been an overall reduction of 148 in the case of primary schools. That is because the number of pupils in primary schools has fallen considerably. Ten schools will have 30 or fewer pupils next year. To give an example, that is the equivalent of 30 fewer classes of children in Galway next year in primary school. The Minister acknowledges, however, that there may be particular issues in particular schools that need to be looked at, and for that reason a review process is now being put in place. The Minister and I encourage any school that has a concern about its allocation to engage with the NCSE in order that we can see if it can be reviewed upwards or if, perhaps, a transitional arrangement can be put in place. Schools can make their applications for a review for March through to May of each year. The review will be completed before school the school holidays in order that a school will know where it stands for September.

Deputy Seán Canney: I acknowledge the work of the Minister of State, Deputy Madigan, on this and welcome the fact that there will be a review and that schools will be able to look for a review in order to try to get the problems that are there sorted out. The worst thing for schools is that while the support hours are based on a three particular criteria, a school is then asked to look at how it will allocate its special educational teaching hours based on the complex needs of the children. There is an anomaly there that needs to be looked at.

As a member of the Joint Committee on Disability Matters, we come across many things we might say would not make us proud of what is happening with disabilities. For sure, we need to be able to stitch in what is happening with the HSE's early diagnosis and early interventions with what is happening in the education sector, and we need to do that as a matter of urgency so that we actually give every child the same and equal opportunity to fulfil his or her full potential.

The Taoiseach: I thank the Deputy again for his contribution. What is happening here is that the amount of resource for special education is increasing, but it is shifting from primary to secondary. That is the right thing to do because that is where the population is moving. As I mentioned previously, in the county of Galway alone, there will be 300 fewer children in primary school next year and ten fewer classes and, of course, that means fewer teachers. Logically, it would mean that. However, we are not reducing the number of teachers. We are moving that resource to follow the children into the post-primary area, and that is the right thing to do.

In terms of how the allocation is weighted, the baseline number of enrolments for the size of schools is weighted at 25%. The weighting in favour of boys has been got rid of because that was deemed to be inappropriate in a modern world. Disadvantage remains a criterion, and so do complex needs, literacy and numeracy. There has been some suggestion that complex needs

are not taken into account anymore. That is incorrect. We are not willing to use the HSE data for complex needs, however. We will use the education data, but we are not willing to use the HSE data for complex needs anymore because we do not believe it is reliable.

An Ceann Comhairle: I thank the Taoiseach. That concludes Leaders' Questions.

Ceisteanna ar Pholasaí nó ar Reachtaíocht - Questions on Policy or Legislation

An Ceann Comhairle: There is a maximum of one minute for each question.

Deputy Mary Lou McDonald: Earlier, I cited the number of 327 children on waiting lists for scoliosis-related surgery. The Taoiseach challenged me on that matter. I wish to put the correct figure on the record of the Dáil, which is, in fact, 333. I had underestimated. This is published data from Children's Health Ireland from 19 February.

The Taoiseach lost no time in summoning the Russian ambassador to Ireland to correctly express outrage at the death of Alexei Navalny and call for an independent investigation into his death. It is lost on no one that the same approach has not been adopted in respect of the Israeli ambassador to Ireland. Israel has broken every rule in the book and breached every law, repeatedly and in plain sight. There are 30,000 dead in Palestine and thousands of children suffering from disease, starving and living under the threat of continued bombardment and death. As of yet, however, the Israeli ambassador has not been summoned to go to Iveagh House. Can I ask why?

The Taoiseach: I will have to inquire about that. My understanding is that the Israeli ambassador has been summoned to Iveagh House. She certainly met with the Minister and Secretary General in some location about these matters. I will follow up on that.

I will also follow up on the numbers with regard to the waiting list. The numbers I have here are from the Department of Health. I believe them to be correct and Deputy McDonald's to be wrong. That publication might be incorrect or out of date, but we will clarify that.

Deputy Mary Lou McDonald: We have a real problem.

Deputy Pádraig Mac Lochlainn: It is shameful.

Deputy Ged Nash: Drogheda will lose 56% of its tourism hotel beds in March. The nature of the Department of integration's arrangement with the D Hotel must be re-examined. As the Taoiseach knows, the town of Drogheda has a long and proud history of social solidarity and tolerance of pluralism, and that continues. For the vast majority of the people of my town, this was only ever about the loss of key hotel beds. Here is the evidence. On Saturday, the far right organised a protest in my hometown, which 300 people attended. The important point is that 41,000 Droghedians did not. The economic impact of this decision is very real, and evidence shows a loss of at least €5.4 million in revenue locally. There needs to be a mitigation package.

As the Taoiseach knows, I proposed last week that a dual use tourism and international approach should come into play. I want to have the Taoiseach's views on that. We know that Ukrainian families are hosted in hotels side by side with tourists and there are no child protec-

tion issues.

An Ceann Comhairle: I thank the Deputy.

Deputy Ged Nash: The D Hotel should not be any different. Will the Taoiseach accept and work with me and the Minister, Deputy O'Gorman, on the constructive proposal I made for dual use in the D Hotel?

An Ceann Comhairle: I thank the Deputy.

Deputy Ged Nash: The Government owes that much to 41,000 Droghedians.

The Taoiseach: I think Drogheda is a great town. It is a town I have a personal affection for, because when my father came to this country, when he was dragged back to Ireland by his Irish wife, he needed to find a job and found it hard to get one. He found a job in Our Lady of Lourdes Hospital working in the paediatric service there. He always speaks fondly of that town and the people who live there. I know it is a welcoming town to migrants. It is a town that has its troubles, but one which we have put a lot of investment into in recent years for new roads, new housing and major improvements at the hospital and IDA lands purchased to drive job creation. Many good things are happening in Drogheda. Certainly, the situation around criminal activity in gangs has improved considerably as well. I thank the gardaí in Drogheda particularly for their work on that. I understand where the people of Drogheda are coming from in their concerns about this. I pay tribute to the three TDs from Drogheda and the councillors in Drogheda borough for the approach they have taken. They are a credit to their town.

The Minister, Deputy O'Gorman, is meeting representatives from the chamber of commerce and the BID today. He is going to meet councillors tomorrow. If at all possible, we want to want to use a dual use option for the D Hotel. It has been done in my constituency and in Dundalk. It can be done. We think that is the best solution. We are not sure that the operator will fully co-operate, and there may be issues around child protection and so on. I am sure those things can be sorted out, and we want to do so. That would be the best outcome for Drogheda.

I heard about the protest. I understand that during the protest, which was a far-right protest, people from the town were asked to come up and speak and they could not find very many.

Deputy Ged Nash: Correct.

The Taoiseach: I think that says a lot.

Deputy Holly Cairns: Last night, the Minister for disability, Deputy O'Gorman, said that Ireland is "falling down in terms of our response to disabled people". For one, Ireland is not falling down. It is the Government. Then, the Minister suggested that a specific referendum on disability rights might be required to prevent this in the future. At this point, I am not sure if the Government is aware of this, but it should not need a referendum to force it to provide rights and services to people with disabilities. It could just do it. Just so we are all clear on this, last night, the Minister conceded that the Government is failing disabled people and suggested it would continue to unless there was a referendum, which it has no plans to hold.

Disability services in this country are a disgrace. They are threadbare and they are ruining people's lives. The Government does not need a referendum to change that.

An Ceann Comhairle: Thank you, Deputy.

Deputy Holly Cairns: The Government could bring pay parity to children's disability network teams. It could provide adequate personal assistance hours. It could, a decade on from scrapping it, introduce a transport scheme.

An Ceann Comhairle: Thank you, Deputy, please.

Deputy Holly Cairns: The list goes on. If the Taoiseach has any interest in addressing these shortcomings, he could start by ratifying the optional protocol to the UNCRPD. Will he do that before the family and care referendums?

The Taoiseach: I fully agree with the Deputy on one point. There is no referendum that will in itself improve services and there is no referendum that is going to build anymore house or anything like that. I totally agree with the Deputy in that regard. It can only ever be a certain part of the picture. We are putting record amounts of resources into disability services. Approximately €2 billion per year goes into disability services. I know there are huge gaps around the country. I meet the same people who are affected and hear the same stories as the Deputy.

Specifically, with regard to the UN Convention on the Rights of Persons with Disabilities, that convention was ratified by the previous Government, which I had the honour to lead. It is our intention to ratify the optional protocol on the rights of people with disabilities. I cannot say to the Deputy that it will be done in the next two or three weeks. I wish it had been. Quite frankly, it would have helped. However, I have spoken to the Minister of State, Deputy Rabbitte, and to the Attorney General about this. I am not satisfied with the reasons being given for it not being done yet, quite frankly. It is my intention and my commitment to do that during the term of office of this Government.

Deputy Gino Kenny: On putting a question to the HSE regarding CAMHS inpatient beds in the State, I received a reply that was slightly alarming. Out of the 72 registered beds in the State, only 51 were operational and, as of October last year, 30 ere occupied. The main reason for this was staff shortages. What has the Government put in place to address these staff shortages that are having a detrimental effect on children's mental health?

Minister of State at the Department of Health (Deputy Mary Butler): I thank the Deputy for raising this important question. He is quite right. Currently, we have 52 beds operational, and 21 beds closed. The reason they are closed is due to a safe staffing issue. However, what we have been doing is investing more in community teams. We have taken up, where necessary, private capacity, and I am monitoring the waiting list week on week regarding inpatient supports for young people. Whether it is the unit in Merlin Park University Hospital in Galway, Éist Linn in Cork, or Linn Dara in Cherry Orchard Hospital in Dublin, we are keeping a focus on this and the waiting list this week stands at one person waiting for inpatient admittance to a CAMHS unit.

Deputy Seán Canney: I received a letter last week from a developer in Galway city and I believe it was a copy of a letter he had sent to the Taoiseach regarding An Bord Pleanála. He submitted an application for planning under the strategic housing development forum back in August 2022. The inspector prepared his report on the application, submitted it to the board in January 2023, and here we are in February 2024 and the board has still not made a decision. This is a development of 170 houses and the developer wants to know if An Bord Pleanála will make a decision on it one way or the other. He is not asking us to influence the board. The more appalling thing is that there are 21,500 houses stuck in that logjam in An Bord Pleanála at the

moment. I know we have given increased resources to An Bord Pleanála but it is not enough. It needs more and it needs it now if we are to try to get through what is stuck in this system as quickly as possible.

The Taoiseach: I thank the Deputy. There are delays in An Bord Pleanála at the moment and that is particularly the case with SHDs. Some of that is linked to a court case, the outcome of which the board needed to know before it could decide on these applications. I met with the new chairperson of An Bord Pleanála about this and with the Minister. The board is getting the additional resources and staff it needs but it will take a bit of time to get through the backlog. Having met with An Bord Pleanála, I am now confident the backlog is now already coming down and will be resolved.

Deputy Mattie McGrath: We have a route option selection process going on for the new N24. I am talking specifically about the Cahir to Waterford stretch, or Cahir to Carrick-on-Suir in our case in Tipperary. Clonmel has a bypass for 20-odd years and it is like a car park morning and evening. It is proposed now to use that same bypass to link up with the new road. This is totally impractical. Clonmel town needs an outer ring road to take the traffic out of the town. It beggars belief that after all the planning, designing, land sterilisation and the planning permission being held up, we are back now looking at using the Clonmel bypass. They cannot widen it because there is nothing to widen. I am talking about from the Cahir Road roundabout to Moangarriff Road roundabout on the southern side and they need a proper outer relief road to relieve that bypass that is already chock-a-block with workers going to work, with housing, schools and everything. It is a car park from 7 until 10 in the morning and then the same in the evening. It is busy all the time as well. We need that rethought and we need to go back to the drawing board. They had sterilised the land for this road but now they are decided they are not doing it.

The Taoiseach: I am very familiar with the town of Clonmel as the Deputy knows. I am not familiar with the particular roads project so I will have to ask the Minister, Deputy Ryan, to come back to him directly on that. We have an issue around the country which we have to have a think about. There are a whole load of towns that have a bypass that are now seeking a bypass of the bypass. We have to ask ourselves if we are getting it wrong in terms of road planning that the bypass was not the right one in the first place or whether there is too much car-based development and the bypass of the bypass in time will need another bypass, which is not good planning.

Deputy Michael McNamara: I raise the issue of the West Bank. While the eyes of the world are understandably focused on Gaza, the horror that is anticipated there and, indeed, the apparent green light the Americans have given through the use of their veto, people are not looking at the West Bank and there has been a huge increase in the number of attacks on Palestinians and their properties there. Is there a role for the Irish representative office there in recording and documenting this? Is there an increased role for the EU office and would the Taoiseach propose to increase support for either to record what is happening in the West Bank so that it can be tackled and dealt with in tandem, of course, with the focus he has brought to Gaza? I support him in what he is doing with the Spanish Premier with regard to the trade association.

The Taoiseach: I thank the Deputy. We can certainly give that consideration. I would have to talk to the Tánaiste about it as it is, ultimately, his budget to manage rather than mine. However, we have increased funding for UNRWA, of which the Deputy will be aware. That was an important signal. Other countries suspended their funding. We said we were going to

increase it. It is alleged that some UNRWA staff were involved in the terrorist attacks, but that should be proven. It has not been proven yet, despite what the Israeli authorities claim, and we have increased funding for the ICC to help it collect evidence on the ground. Therefore, we are certainly happy to give that consideration but I will have to speak to the Tánaiste about it.

Deputy Robert Troy: The Taoiseach will be aware that, because of ash dieback, a significant number of ash trees have to be felled this year in the interest of public safety. Due to the significant number of trees to be felled, there is a backlog and farmers are finding it more difficult to access contractors to do this by 1 March in the hedge-cutting season. Is any consideration being given to extending the hedge-cutting season, even by a number of weeks, to facilitate farmers in carrying out this much-needed work? As we know, many of these trees are on the side of the road, and from a public health and safety perspective, it is important the Government would consider giving flexibility to farmers to carry out this work.

Minister of State at the Department of Housing, Local Government and Heritage (Deputy Malcolm Noonan): I absolutely appreciate the concerns of landowners but road safety is one of the issues that is not covered under the Wildlife Act. Therefore the cutting of trees that are causing, or have the potential to cause, a road safety hazard can still be carried out but there are no plans to extend out the hedge-cutting season.

Deputy Fergus O'Dowd: More than 100,000 people have found refuge in our country in recent years from war, famine and so on. Very important decisions have been made. However, the people of Drogheda are extremely angry or concerned at the fact they are losing their only remaining functioning hotel. They are more than willing to play their part but this is not acceptable. They are losing a resource that is essential. Will the Taoiseach meet with public representatives, businesses and leaders in the community to find a solution to this? The policy is wrong. It is seen as arrogant and uncaring right now. I know the intention of the Minister is to do what is best, but this is the wrong way to deal with the problem. It is giving a voice to those who are extremists in our community and we need an urgent, immediate and effective resolution of the problem.

The Taoiseach: My office is trying to set up those meetings as we speak based on our conversation last Thursday or Friday. I put on record that Drogheda is a town that welcomes migrants and has done from all parts of the world for all sorts of different reasons. I understand the concern that taking out such a large hotel will have a major negative impact on a town, a town that has come on so much in recent years. The solution on which the Minister, Deputy O'Gorman, is working is a dual use option where some of the hotel will provide accommodation for people seeking protection but the rest of the hotel can still be open to tourists and visitors and still operate function rooms and so on. It is done elsewhere, including in my own constituency. I hope we can make that the solution and then perhaps provide some additional finance for community facilities in the town. We can get there but we will need the co-operation of the operator and to sort out any issues that might arise around safety and child protection.

Deputy John Brady: Are audits currently being undertaken in communities where decisions have been taken to place refugees? As far as I can see, none are being carried out. In my own constituency of Wicklow, there are more than 100 Ukrainians now in the small rural village of Carnew, which has a part-time GP service, and it currently takes two to three weeks for people to get an appointment. The local secondary school is at capacity. They are relying on Portakabins which are stacked high and pupils are crammed in. There are similar issues in Tinahely and in Baltinglass where there are sizeable numbers of Ukrainians located, and now

we hear the IPAS is looking at a premises in Dunlavin - another rural area - to house 32 people. This is an area with similar challenges in respect of school places and GPs. This is rural west Wicklow where public transport is non-existent. Is the Government being led by speculators who are making millions from this process or is there an actual plan that looks at services-----

An Ceann Comhairle: Thank you, Deputy.

Deputy John Brady: -----and amenities in areas before a decision is taken and addresses any deficit. Otherwise, the Government is failing-----

An Ceann Comhairle: Time is up, Deputy, please.

Deputy John Brady: -----communities and indeed refugees.

The Taoiseach: There is only one thing by which we are being led and that is the reality around the world and the realities on the ground. More people are on the move now than at any time since the Second World War. Millions of people have left Ukraine and people are leaving Africa and the Middle East for lots of different reasons such as poverty, conflict and war. Approximately 1.5 million or 2 million people entered the European Union irregularly last year.

1 o'clock

It is not a surprise that 1% or 2% of them might come to Ireland.

I am proud that we have welcomed 100,000 Ukrainians to Ireland. I do not think we will regret that in ten or 20 years time. I think it reflects very well on our society. Approximately 80,000 Ukrainians are still here. I appreciate that when the population increases, it puts pressure on services. What we have tried to do around healthcare is provide a visiting GP service so that it does not put additional pressure on existing practices. We have provided additional resources to schools as well. Where we can, we have put in transport. I totally appreciate that in some places, that still has not been done or is still in process.

Deputy Brendan Smith: I raise again the disappearance in July 2020 in Portugal of my constituent and family friend, Jean Tighe. Jean's family has sought every possible assistance daily to locate their beloved daughter and sibling. I have made numerous representations to the Departments of Foreign Affairs and Justice to stress the absolute necessity of ensuring proper and adequate searches are undertaken to locate Jean. It took an inordinate and totally unacceptable time for the Portuguese police authorities to put Jean's name on the missing persons database. It was clear from early on that modern investigative and search tools were not used in the search. I have called repeatedly for an investigation into Jean's disappearance that is absolutely comprehensive and thorough. I was extremely disappointed and indeed furious to learn that the Portuguese authorities have been awaiting responses from An Garda Síochána and the Department of Justice for some time. The least our authorities can do is to act with urgency. We have a young woman who is missing and a very distraught family, friends and community. This State, by its actions, must show that it cares.

The Taoiseach: I am familiar with the case of Jean Tighe. I really feel for the family concerned. I know that the Tánaiste and Minister for Foreign Affairs is aware of this case and has taken action on it. I know our embassy and our staff on the ground in Lisbon are doing all they can. If it is of any use, I will meet the Prime Minister of Portugal in a few weeks' time, around middle or late March. I am not sure whether it will be the new prime minister or the existing

one. If the Deputy wants to give me a short letter or something like that, I will take the opportunity to pass it on to him then.

Deputy David Stanton: It has been four months almost to the day since Storm Babet devastated my part of the country. The Taoiseach and Ministers visited and offered huge support, which was very welcome. What we did not see at the time was the devastation caused to roads. There was approximately €60 million worth of damage. I am told that the Department of Transport can only give €13 million at the moment. Some roads are almost impassable. Will the Taoiseach work with his Cabinet colleagues to increase the amount of money from the Exchequer to the county council so that these roads can be brought back into use?

The Taoiseach: I am happy to work on that. The general principle which was applied in other places, including County Donegal, was that once the Department had assessed the damage and the work that would need to be done, a special allocation would be made that was over and above the regular roads grant. What the Deputy is saying to me is that an allocation has been made but it is not enough. If the Deputy and I have the opportunity this Wednesday evening or the next one, we will attempt a pincer movement on the Minister, Deputy Donohoe, and see what we can do to get that additional special allocation. It is not just money from the Department of Transport; it is a special allocation and it falls into a different category.

Deputy Imelda Munster: I raise the issue of the problems caused by the Government's policy of privatising immigration and impact it has on communities, services and people seeking international protection. Not once were public representatives, the TDs, in Drogheda contacted in advance of that contract being signed to ask for our opinions or how it would impact our town. It was only after the contract was signed that we were contacted. The Taoiseach said over the weekend that a partial reversal of that decision was being examined, namely the dual-use option. However, the Minister had told us the day before that this was not possible and that the contract had been signed. We are now 16 days out from the change. The Taoiseach has said he is examining the issue now. Will he tell us what progress was made? When will we know? The Taoiseach has acknowledged that the dual-use option was used in three other areas, so why was it not used as part of the negotiations for the D Hotel in Drogheda? Why was nothing done until the contract was signed? When will we know if the dual-use option - the Minister said that it was impossible to change and could not be changed - can be changed by the Taoiseach?

An Ceann Comhairle: I thank the Deputy, the time is up.

Deputy Imelda Munster: I presume he is not just stringing people in Drogheda along.

The Taoiseach: I thank the Deputy. The dual-use option can be done because it was done in Blanchardstown and in Dundalk. I know it can be done. It will require a change to the contract. That is the truth of it but I think it can be done and it would be the best outcome all round. Perhaps that is what should have been done in the first place. I acknowledge that, but we are where we are now. We are working on that solution.

Deputy Danny Healy-Rae: Bus Éireann has the contract for delivering the school bus transport system, which takes all of our national and secondary school children to schools. It is a fact that there is a scarcity of school bus drivers. However, drivers of 70 years of age are no longer considered by Bus Éireann. It will not allow them to drive buses. Of course the safety of children is of paramount importance. There is discrimination against men and women when they become 70 years of age. They can drive lorries and buses all over the country. It is ironic

that they can drive the same children to a football match, a picnic or whatever after school.

An Ceann Comhairle: Your time is up, Deputy.

Deputy Danny Healy-Rae: They can drive in a private capacity. I will say one thing: it could be a condition that they would be medically assessed by doctors appointed by Bus Éireann.

The Taoiseach: I thank the Deputy. I have been trying to get to the bottom of this for more than a year now. I have not received a straight answer or an adequate explanation. It would appear to be a Bus Éireann or CIÉ rule rather than a Government rule because we allow people to drive lorries into their 70s. People can be Members of this House into their 70s or 80s. It is not about age; it is about someone's physical or mental capacity. I agree that a workable solution might be an annual check of some sort, as the Deputy mentioned. I think it may be a Bus Éireann rule that is tied in some ways to industrial relations agreements, pensions and so on. I am trying to get to the bottom of it.

Deputy Louise O'Reilly: On page 55 of the programme for Government, there is a commitment to introduce a social housing passport to allow households to move from one local authority housing list to another. This provision has been in every single programme for Government for the past 15 years, but there does not seem to be any movement on it. Bizarrely, there does not seem to be any objection to it on the Government's side. Maybe the reason it is not happening is inertia or a complete lack of interest.

I will explain the impact this has by way of illustration from one of my constituents. She was in Dublin city and was on the DCC list. She could not find anywhere to live so she moved to Balbriggan. She has now been in Balbriggan for 12 years, having spent 14 years on the DCC list. She nominated Balbriggan as one of her areas. Now she is imminently close to being housed in Dublin city, but she cannot be expected to have put her whole life on hold in the intervening time. She has had kids, she has worked in Balbriggan and her partner works in Balbriggan. She now has to choose between moving back into Dublin city, or losing those years and going onto the Fingal list, where she will stay for approximately 13 years. When will we get the social housing passport?

The Taoiseach: I thank the Deputy. We are working on the social housing passport and we want to do it. To an extent, it exists already in Dublin. A person can be on more than one list in Dublin but I appreciate that may not be the case-----

Deputy Louise O'Reilly: They cannot transfer their time.

The Taoiseach: -----in this case. It makes sense to me that if people move county, or move back to their home county they are originally from, they should be able to carry the years they waited with them. However, there are safeguards we want to put in place. The Deputy will appreciate that people who have been on the housing list for a very long time - five, six, seven, eight or ten years - in Swords or Blanchardstown might not respond so well to people coming from other parts of the country and pushing them down the list. I am sure there is a way to sort it out.

Deputy Louise O'Reilly: You could just build houses, I suppose.

Deputy Matt Shanahan: It appears that the enthusiasm the Taoiseach recently expressed to

me in this House about investing in Waterford Airport is not supported by his two Government partners. The Minister, Deputy Eamon Ryan, received the airport's business case on 13 December and signed a parliamentary question response to me on 11 January stating that. Despite his amnesia around that matter, he has let it be known that he has zero appetite for this project. The Government has invested heavily in all other regional airports, with the Tánaiste prominent in his support for Cork Airport. Unfortunately, he loses all interest in capital spending once it heads east of the Dunkettle interchange. The Taoiseach's recently stated support for the project needs to be made real. This means committing his power and influence to ensure the business case is properly considered. Without a Government response soon, the project procurement timelines will torpedo any hope of a 2024 build commencement. This week, the Government announced €1.5 billion of additional capital expenditure. None of it was in the south east, by the way. Does the Taoiseach support the political resistance, dressed up as bureaucratic bungling, that is jeopardising the delivery of this project in the south east? Will he commit that a decision on the project will be agreed in time to meet the 2024 build schedule?

The Taoiseach: I do not honestly believe there is "political resistance" to this, certainly not from the Tánaiste. The Minister of State, Deputy Butler, Deputy Ó Cathasaigh and Senator Cummins have all been on to me about this important matter. The business case has been received and it is being examined. I believe Department officials may have met with the airport last week because they had some further questions about it. The commitment made by the previous Government, of which I was the leader, was that we would match the investment 50:50. It is certainly my personal intention and desire that this commitment should be honoured.

Deputy John McGuinness: It is stated in media reports this morning that almost 1,000 asylum seekers are living in tents on our streets. This is at a time when the Department that is supposed to be looking after asylum seekers is rejecting properties around the country that have gone through the five stages to qualify. Alongside that, you have the 13,000 homeless. Is it not that time that the Taoiseach would look at these figures and use the properties that have been rejected, thereby allowing those who have invested in those properties to receive some of the supports that they expected in the beginning from the State? It appears to me that there is no joined-up thinking here, that the policy on asylum seekers is really a shambles, and that properties remain refurbished but vacant.

The Taoiseach: It is the case that there are almost 1,000 asylum seekers who have sought accommodation by the State and have not received it. We are just no longer in a position to provide State accommodation to every asylum seeker that comes into the country. We need to make sure people know that. If they are leaving another safe country where they have accommodation, they should know that it is inadvisable to come to Ireland, at least until we are in a much better space around accommodation. It is not the case that they are all in tents or on the streets. Many have found accommodation, often with people they know from back home or through the various networks that people have.

With regard to those properties, I am not familiar with them. There may be a good reason; there might not be. If there are two or three the Deputy is particularly aware of, he might give the information and some details on them and I will get my people to follow it up to see if there is a good reason. Sometimes there is a good reason that the owner might not tell you but that might not be the case, so let us look into it.

An Ceann Comhairle: There are three remaining Deputies, and we are out of time. We will take 30-second questions from each of the three. Deputy Alan Dillon is first.

Deputy Alan Dillon: The details of RTÉ's exit packages to its senior executives and managers, including their negotiation and approval process, remain undisclosed. Despite the promises of transparency and reform, what we have heard from RTÉ since last summer suggests that a tendency to hide, evade and obscure the truth is deeply ingrained in its culture. As RTÉ evolves into a leaner organisation in the future, voluntary exit schemes and packages are likely to be offered to future executives. Does the Taoiseach feel that our national broadcaster should continue to use confidentiality and non-disclosure agreements for these exit packages? Should there be a cap on severance packages for senior executives and managers?

Deputy Mairéad Farrell: We have almost 9,000 apprentices waiting for off-the-job training who want to build the homes that we so desperately need. This is a real-life impact. I received a message from one such apprentice and he said:

> Hi, I am an apprentice. I have been working for below-minimum wage as a plumber for the last 17 months. I am still waiting to go to phase 2 for over a year. I feel exploited since I have not been to college. I have been worked to my limits on a wage of €7.52 an hour. I have given all to my craft and I have had nothing but hardship given back but I continue to work hard every day.

What is the Taoiseach going to do about it?

Deputy Marian Harkin: Rarely have I heard so many breast cancer survivors and their families express such a level of outrage and anger as I have heard with regard to the HSE's 50% cut to the provision of mastectomy bras, mastectomy prostheses and post-mastectomy swimwear. These medical devices are essential to help to prevent lymphedema, and to give women just a little confidence to face the world. The HSE is now saying to women that it will provide one mastectomy bra per year instead of the current two. How is this possible? Who has decided on this mean-spirited and unacceptable policy? Will the Taoiseach personally intervene to change it?

The Taoiseach: I thank the Deputies for their questions.

In response to Deputy Dillon's question on RTÉ, I acknowledge his work and that of Deputy Griffin on the committee. It is fair to say that Deputy Dillon is as clinical in the committee room as he was on the pitch. Yes, I believe there should be a cap. There usually is in these schemes. It is usually a maximum of one year's salary, two years' salary or something like that. I absolutely agree that confidentiality clauses should be avoided by public bodies. There might be cases where there is a good reason for them but it seems they were the norm rather than the exception in RTÉ, and that is not right.

Deputy Farrell raised the issue of apprenticeship rates. That is something that is currently under examination-----

Deputy Mairéad Farrell: It was about the waiting list.

The Taoiseach: For?

Deputy Mairéad Farrell: There are 9,000 apprentices waiting for off-the-job training.

The Taoiseach: Okay. I am sorry, I thought the Deputy had raised something else. It is not the amount they are paid but the numbers waiting for their training. I will follow that up with the Minister, Deputy Harris. Obviously, we are keen to get as many apprentices through as pos-

sible because they are pretty desperately needed, particularly in construction.

With regard to Deputy Harkin's question, that was not a Government decision. I only became aware of it, I think, yesterday, so I have asked my staff to look into it. Maybe there is a good reason but I would love to know what it is, quite frankly. I do not support that kind of penny-pinching, particularly when it involves people who are recovering from cancer.

Consideration of Estimates by Committee: Motion

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Could I ask the Taoiseach to move a motion regarding the Estimates? It is normally done by the Chief Whip but she has stepped out.

The Taoiseach: I move:

> That, pursuant to Standing Order 215A, the Select Committee on Finance, Public Expenditure and Reform, and Taoiseach may complete its consideration of the Estimates for Public Services for the year ending 31st December, 2024, standing referred to it pursuant to Standing Order 215(2), later than the sixtieth day and not later than the one hundredth day, being the 22nd day of March, 2024, after the Estimates had been so referred.

Question put and agreed to.

Ceisteanna - Questions

Cross-Border Co-operation

1. **Deputy Mick Barry** asked the Taoiseach the extent to which he expects to develop the shared island initiative in the context of the resumption of the Assembly. [7450/24]

2. **Deputy Brendan Smith** asked the Taoiseach if he will report on his attendance at the third shared island forum; and the priorities under the shared island initiative in 2024. [7791/24]

3. **Deputy Cathal Crowe** asked the Taoiseach if he will report on his attendance at the third shared island forum; and the priorities under the shared island initiative in 2024. [7799/24]

4. **Deputy Paul McAuliffe** asked the Taoiseach if he will report on his attendance at the third shared island forum; and the priorities under the shared island initiative in 2024. [7800/24]

The Taoiseach: Tógfaidh mé Ceisteanna Uimh. 1 go 4, go huile, le chéile.

Yesterday, Tuesday, 20 February, the Government confirmed a range of funding allocations which affirm our commitment to working with the new Executive and the UK Government to implement cross-Border investment co-operation that will make the island of Ireland a better

place to live for all communities. This is the largest ever package of Government funding for cross-Border investments, and is in addition to the near €250 million already allocated from the shared island fund for more than 15 major projects and programmes. These decisions take forward the Government's priorities for the initiative in 2024, which I set out in a speech to the third shared island forum earlier this month. Our funding commitments also reflect years of co-operation and partnership by successive British and Irish Governments, and with the Northern Ireland Executive and Departments.

First, the Government has decided to make a commitment of €600 million to the A5 road upgrade to Derry and Donegal. The statutory activities are at an advanced stage in Northern Ireland, and I am told it is feasible that construction on the A5, or at least one section of it, could commence later this year. That is why we are confirming the Government's contribution now. The Government will also advance planning and design work for the related N2 Clontibret to the Border project and the TEN-T Donegal schemes, which will tie in with the A5. This will bring connectivity in the north west and in Ulster more generally on a par with other parts of the island, North and South.

The Government is also making substantial allocations under the shared island fund. This includes a €50 million contribution to the redevelopment of Casement Park stadium in Belfast. This will help to realise a long-planned sports infrastructure project in the city and maximise the benefit for Northern Ireland from the joint hosting by Ireland and the UK of UEFA Euro 2028. This is a North-South project but it is also an important east-west project, and something we are doing together. In addition, the Government has decided to move ahead with its long-standing commitment to the Narrow Water bridge between the Cooley Peninsula in County Louth and south County Down. We believe the contract for this could be signed as soon as next month.

New co-operation schemes are being developed in the areas of education and enterprise, including female entrepreneurship. The introduction of an hourly peak-time rail service from Dublin to Belfast will almost double existing service capacity and can be done as soon as next year. It will multiply the potential for new business, education and people-to-people connections along the Dublin-Belfast corridor.

The Government has also decided to progress a major investment in a renewed visitor experience at the Battle of the Boyne site to enhance conservation and the heritage and tourism profile of a place of unique historical significance. This includes an allocation in principle of €10 million from the shared island fund.

We are also moving ahead with work to assist a bid for UNESCO world heritage status for the transboundary astronomical observatories of Ireland partnership. Up to €250,000 will be spent on the related feasibility work on how the heritage, tourism and scientific education value of the three sites - at Dunsink, Birr and Armagh - can be harnessed in the years ahead.

The commitments we have made are about realising the potential of all-island investment co-operation, boosting the all-island economy and improving North-South connections. This is about understanding that regardless of whatever the constitutional future of Northern Ireland or Ireland as a whole may be, investing in people, in quality of life and opportunity and in the generations to come is all our responsibility. It is a common good that we can progress by working together. That is the focus of the Government's shared island initiative and we have taken very substantial steps forward.

Deputy Brendan Smith: I warmly welcome the Taoiseach's response and the Government decision yesterday to allocate very substantial funding to a range of projects that will benefit all of our country. I particularly welcome the funding for the N2 scheme between Clontibret and the Border in County Monaghan and the development of the A5, which is a crucial artery in building and strengthening the all-Ireland economy. Thankfully, today we have an all-Ireland economy that is being strengthened. The economy North and South is very interdependent.

At the same time, I would like to see the Ulster final remain in Clones. Cavan has a very good history, having won 40 Ulster titles, by far the most of any county in the province. Many of them were won in Clones. We look forward to winning more Ulster titles in Clones on Ulster final day.

At Question Time yesterday we discussed the potential for collaboration in further and higher education. I am particularly glad that funding was agreed by the Government yesterday for pilot co-operation on educational attainment. In the very dark days of this island, the Wider Horizons programme, funded by the International Fund for Ireland, was very beneficial. The programme brought together groups of young adults between the ages of 18 and 28 from socially and economically disadvantaged areas for training, work experience and personal development. Those young people were involved in projects in America, Australia and Canada, with people from those countries travelling to this island as well. The programme consisted of young people from Northern Ireland and our State. I was very familiar with those projects at the time because a number of them were centred in counties Cavan and Monaghan. Our Oireachtas colleague Senator Diarmuid Wilson, as the Youthreach co-ordinator in County Cavan at that time, was instrumental in putting many of those programmes in place. On a visit about a year ago to the Shankill I met senior loyalists. Some of those leaders said to me that they would love to see us reintroduce the Wider Horizons programme. They told me about individuals from families who had gone on those programmes and were transformed for the better from the point of view of getting skills, getting a job and having a different attitude to the rest of this island. It was transformative for those people and very important for society. From the point of view of education and training, I would love if a programme similar to the Wider Horizons programme could be reconstituted for young people from economically disadvantaged communities North and South.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy Richard Boyd Barrett will speak on behalf of Deputy Mick Barry.

Deputy Richard Boyd Barrett: An issue we should bring into the shared island considerations is that of water safety. We have a lot to learn from what is happening in the North and in the UK. It may be of interest to Members to know that 102 people drowned in 2021 in the Republic of Ireland. This is one of the worst rates of drowning in western Europe and three times the rate of drowning in the UK and the North of Ireland. As a lifeguard who came to my office in the last couple of weeks to raise these issues pointed out, one of the reasons is because lifeguards here, for the most part, are only provided for the months of July and August. In the UK they are provided everywhere from Easter to October. In the UK, including Northern Ireland, there is a proper centralised authority, the RNLI, which by the way, is based in Swords but manages Northern Ireland's water safety. It has dramatically improved it. Critically, they are given the equipment they need. A lifeguard here is on the minimum wage and is given a whistle. In the UK and the North, lifeguards are given a whole range of equipment. They are provided with defibrillators, special vehicles to move along coastal and surf areas, radios and so on. As a result of the changes they have made, they have dramatically improved water safety.

It is quite alarming that of the 102 deaths that occurred here, just under 50 were of people taking their own lives. If we exclude those figures, as Eurostat does, we have a rate of drowning that is considerably worse than most of the rest of western Europe. It is not even clear who is in charge because when I submit questions about equipment to local authorities, which provide the equipment, those questions are refused because they say Water Safety Ireland is responsible. When I put questions to Water Safety Ireland, it says that the local authorities are responsible for the provision of equipment and the employment of lifeguards. This is a very serious issue of water safety and people's lives. I ask the Taoiseach to look into it and learn from the experience in the North of Ireland.

The Taoiseach: I thank the Deputies for their contributions. I would like to echo Deputy Smith's comments on the A5. I am really keen that in building the A5, we do not forget about the Donegal TEN-T and the M2 because it is all one project in many ways, or at least it is all the one road, albeit that its name changes when it crosses the Border.

Regarding the Ulster final in Clones, I have never been to the Ulster final but I have been to Dublin matches in Clones. It is not for me to decide whether the final stays there. I hope to get to an Ulster final there long before Casement Park is built, which I think will be a while anyway.

I have heard of the Wider Horizons programme but I am not familiar with it. I will ask a member of my team to contact the Deputy to follow up on it. It might be something we could fund from the shared island fund, unless there is already something similar which has replaced it. I am not 100% sure.

Deputy Boyd Barrett raised the important issue of water safety. As he mentioned, more than 100 people drowned in Ireland last year, which is a very large number. With the Assembly and the Executive operating again, there is an opportunity to have Inland Waterways Ireland, which is a North-South body, working to its full effect. I am always open to learning from other jurisdictions where they do things better than us. I think Inland Waterways Ireland, not the local authorities, is the responsible body. I will double-check that and look into the issue of extending the lifeguard season. I completely agree that they should have whatever equipment they need. They should not have to provide it themselves.

European Council

5. **Deputy Mick Barry** asked the Taoiseach to report on his engagements at the special meeting of the European Council on Ukraine and the EU budget. [7451/24]

6. **Deputy Seán Haughey** asked the Taoiseach if he will report on his attendance at the recent special meeting of the European Council on Ukraine. [7795/24]

7. **Deputy James Lawless** asked the Taoiseach if he will report on his attendance at the recent special meeting of the European Council on Ukraine. [7797/24]

8. **Deputy Jim O'Callaghan** asked the Taoiseach if he will report on his attendance at the recent special meeting of the European Council on Ukraine. [7798/24]

9. **Deputy Paul Murphy** asked the Taoiseach to report on his engagements at the special meeting of the European Council on Ukraine and the EU budget. [7879/24]

10. **Deputy Richard Boyd Barrett** asked the Taoiseach to report on his engagements at the special meeting of the European Council on Ukraine and the EU budget. [7882/24]

The Taoiseach: I propose to take Questions Nos. 5 to 10, inclusive, together.

On 1 February, I attended a special European Council meeting in Brussels. The main item on the agenda was the mid-term review of the EU budget for the period 2021 to 2027, including agreement on a €50 billion assistance package for Ukraine. We had discussed the proposed package at our meeting in December. While it had been possible to secure agreement among 26 member states, Hungary was not ready to agree at that time. Hungary has since come on board and at our meeting on 1 February, agreed to the budget package on foot of some small adjustments to the text. The package agreed provides an additional financial envelope in the budget of €64.6 billion in total through a mix of new and existing funds being reallocated. Taking account of redeployments of €10.6 billion, and the €33 billion in loans in the money for Ukraine, the net amount of new moneys being committed under the revision is €21 billion. Some €50 billion will now go to the Ukraine facility, comprising €17 billion in grants and €33 billion in loans. That places financial assistance for Ukraine over the next four years on a predictable and sustainable footing. Additional funding will also now be available for priorities that include migration, external action and the solidarity and emergency reserve that assists member states experiencing a disaster.

We also held a strategic discussion on the situation in the Middle East. I once again strongly advocated for an immediate ceasefire that would allow access for the humanitarian supplies so urgently needed in Gaza, as well as for the immediate release of all remaining hostages, which should happen without any conditions and should have happened a long time ago.

We also discussed challenges facing the agricultural sector and significant concerns raised by farmers in several member states.

The evening before the special European Council meeting, I was honoured to attend a commemoration ceremony hosted by the European Commission in honour of Jacques Delors. Later that evening, I also attended an informal gathering of EU leaders over dinner.

Deputy Seán Haughey: I am sure the Taoiseach and the other EU heads of state and government were delighted when Hungarian Prime Minister Victor Orbán held up the €50 billion plan for Ukraine at the European Council meeting in December and made them all return for a special meeting in February. It is great that this four-year package, the so-called Ukraine facility, has finally been agreed.

As the Taoiseach stated, the meeting also discussed the terrible events taking place in Gaza. Unfortunately, yet again no conclusions were reached. Nevertheless the Taoiseach spoke on the margins of the meeting about the possibility of recognising the Palestinian state, the need to review the EU-Israel trade association agreement, given its human rights clause, the need to continue funding for United Nations Relief and Works Agency, UNWRA, and as the Taoiseach has said, the need for a humanitarian ceasefire. Can the Taoiseach give us a progress report on any of those issues? Has any progress been made at European Council level? I know it is difficult to get agreement on these matters but I wonder if the Taoiseach could update the House on those four points that were reported in the media?

Deputy Richard Boyd Barrett: Long before the current escalation of violence that we have seen, the genocidal attack on Gaza by Israel and the events of 7 October, I pointed out

to the Government, and to Ursula von der Leyen when she was here, something that was not lost on the people of Palestine or the Middle East, which was the shocking double standards in EU policy when we contrast Europe's attitude towards Russia's brutal and illegal invasion of Ukraine and decades of illegal Israeli occupation of Palestinian territory, a 16-year siege of Gaza, which, by any definition, is a crime against humanity and a collective punishment of the people of Gaza, decades of ethnic cleansing and the failure of the European Union ever to impose any sanction whatsoever on Israel. That was the case before October last year. That double standard continues. The Government has, under pressure, frankly, now begun to express what most people in this country and in the world think, which is that Israel is a rogue state and that a state capable of a genocide should be sanctioned and certainly should not be supported or given favoured trade status by Europe.

We are pouring billions into a war in Ukraine that is going nowhere. Understandably, we sympathise with the Ukrainian people as victims of aggression. The Palestinian people would have as much of a case to ask for armed support from the European Union as the Ukrainian people but they are not asking for that. They are just asking countries to stop giving guns to the Israelis so they can kill Palestinians. They are asking other countries to stop treating Israel like a normal state and giving it favoured trade status while it illegally occupies Palestinian territory, ethnically cleanses Palestinian territory, imposes a siege on Gaza and holds tens of thousands of Palestinians as hostages. Now, indeed, Israel is, in effect, holding Irish citizens hostage. Zak Hania and at least two other Irish citizens that I know of are being held hostage by Israel. That is outrageous. Does the Taoiseach not see the double standards? Does he not see how they would enrage, and are enraging, Palestinians and people across the world? The European Union throws the kitchen sink and billions of euro at arming Ukraine to resist what is a brutal and illegal invasion but gives effective support to Israel to conduct over a much longer period the same crimes and worse? It is now in the dock for genocide. What are we going to do about these shocking double standards? Surely the Taoiseach cannot deny they are obscene and stark double standards and hypocrisy.

I recently met representatives of the Western Saharan people. I do not know if representatives of the Government met them but they were here last week. They pointed out the same double standards. Under international law, they are subject to an illegal occupation by Morocco. The European courts have found in their favour but the European Commission is appealing rulings of the European courts against Morocco because of perceived strategic EU interests in backing Morocco in occupying the Western Saharan people. Unless these double standards are challenged in a serious and sustained way, why would anybody believe in international law or the moral credentials or principles of the European Union? Are those credentials and principles being exposed as non-existent?

The Taoiseach: I thank the Deputies for their questions. I will respond first to Deputy Haughey. This Parliament has already passed a motion in favour of the recognition of Palestine as a state. The Government wants to fulfil that in a way that is meaningful. We could do it unilaterally tomorrow but it would be effectively a press release that would be dismissed by Israel and nobody would follow it. What makes more sense is to do it on a multilateral basis and we are in discussions with approximately half a dozen other countries about doing it as a group and, crucially, linking it to the Palestinian Authority, or, I hope, a reformed Palestinian Authority, taking back control of Gaza and giving it the status of state, and then its engaging with Israel on an equal basis. That is the way we want to do it.

The EU-Israel association agreement that governs relations between the EU and Israel has

a democracy and human right clause. It is my opinion and that of Prime Minister Sánchez that Israel is in flagrant and open violation of that clause and is almost boasting about that, quite frankly, which I find shocking. We are pursuing this matter. The Tánaiste pursued it at a meeting of the Foreign Affairs Council as recently as Monday and I will do so bilaterally and at the European Council in late March.

Deputy Boyd Barrett talked about double standards. To be frank, in foreign policy, there are double standards, triple standards and quadruple standards all the time. That does not mean it is a good thing. There is evidence of double standards in the European Union's responses in Ukraine and Palestine. I have called that out. The Deputy also engages in double standards sometimes. I could not count the number of times the Deputy has raised Palestine as an issue during Taoiseach's questions and Leader's Questions. He has done so on so many occasions. I could count the number of times Ukraine was raised, probably on one hand or two. That is evidence of double standards. The Deputy's lack of interest in human rights in places like Cuba and Venezuela, because they are socialist, represents double standards. If he were as critical of them as he is of China, for example, he would not be guilty of double standards.

Deputy Richard Boyd Barrett: I am very critical of China.

The Taoiseach: That is the point. The Deputy is not critical of Venezuela or Cuba. There are double standards all over the place.

Deputy Richard Boyd Barrett: I am, actually.

The Taoiseach: The Deputy should do a bit of research and count the number of times he has raised Palestine as opposed to Ukraine, and the number of times he has raised human rights abuses in Cuba and Venezuela as opposed to China.

Deputy Richard Boyd Barrett: There is nobody knocking on my door.

The Taoiseach: He is pretty good at double standards.

The situation in Ukraine is different from that in Palestine. The attack on Ukraine was totally unprovoked. Ukraine is a democracy, not a dictatorship or a theocracy. It is also a European country, in our neighbourhood, and a country that had applied to join the European Union. Indeed, one of the reasons Russia attacked Ukraine was that it wanted to be part of the European Union. Therefore, it is different. The conflict has been going on for two years. There have been many more deaths in Ukraine, and many more people have been displaced, amounting to 6 million or 7 million at this stage. Fundamentally, however, the approach should be the same. When I meet representatives of Arab governments, I ask them why they have not done more for Palestine. Considering all the things European countries have done for their neighbour Ukraine – I am not referring to giving it weapons but to imposing the likes of sanctions and overflight bans and cancelling visas – Arab countries could do a lot more for their neighbour and their brethren in Palestine.

Departmental Investigations

11. **Deputy Peadar Tóibín** asked the Taoiseach further to Parliamentary Question No. 44 of 23 January 2024, the precise date on which the investigation was concluded and reported to the then Taoiseach. [6506/24]

The Taoiseach: In advance of the Government considering the Final Report of the Commission of Investigation into Mother and Baby Homes in January 2021, certain information that related to matters therein was disclosed in a newspaper article. In that context, the then Taoiseach requested that an investigation be carried out. The investigation was conducted by a senior official in my Department and it received full co-operation from all concerned. The investigation was concluded and the outcome was reported to the then Taoiseach, Micheál Martin, on 16 December 2022.

Given that information and documentation relevant to the matters in the commission's report had been circulated widely in advance of the Government meeting, the investigation concluded that it was not possible to establish with any certainty whether information relating to the matters in the report may have been disclosed in advance of the Government's consideration of the report or by whom any such information would have been disclosed.

As the Deputy will recall, on the publication of the commission's final report, the Tánaiste and I acknowledged the State's failures and apologised for the profound wrong that was visited on some Irish mothers and their children who ended up in mother and baby institutions. I said at the time that the survivors of those institutions were a stolen generation because the State stole from them the lives they could have had. Although it is late in the day, the State now has an opportunity to make restitution.

Since the publication of the commission's report, the Government has strongly prioritised giving effect to actions aimed at responding to the priority needs and concerns of former residents of mother and baby institutions or county homes. Those actions include memorialisation; improved access to health services, counselling and housing; access to records and information about residents, including birth certificates and medical records; financial reparations; and a repository to archive documents relating to residential institutions to enable study to be conducted and assist with advocacy.

The Minister, Deputy O'Gorman, and his Department have made very significant progress in advancing the various aspects of the Government's action plan, and the work is continuing on its implementation.

Deputy Peadar Tóibín: The leaking of the report into the mother and baby homes was very wrong. It caused considerable distress among the survivors of the homes. This investigation is very strange, and that is God's honest truth. In response to the parliamentary question submitted by Aontú, the Taoiseach stated the internal investigation into the leaking of the report on mother and baby homes was completed in December 2022. It is bizarre that it took 14 months for the Government to complete it and make this public. It is bizarre that it took an Aontú parliamentary question for the Government to decide it was noteworthy to the public.

The timeline is also very interesting. I asked the former Taoiseach, Deputy Micheál Martin, on 13 December whether it was he who leaked the report on the mother and baby homes to the media. He did not answer that question but said that there was no update on the report at the time. The current Taoiseach is saying the former Taoiseach received the report three days later. He is saying he received it the day before he assumed the office of Taoiseach, which insulates him from any responsibility in this regard. Those timelines are very hard to understand. I am referring to the Government's decision to tell people about the report only as a result of an Aontú question, to the former Taoiseach's statement that he did not know the answer to the question, and to his receipt of the report three days later, the day before the Taoiseach assumed

office.

Why did the former Taoiseach or the current one not think it noteworthy to tell the survivors of the mother and baby homes about the results of the investigation into the leaking of the report? Why did they find out only as a result of an Aontú question? The Taoiseach mentioned senior officials who participated in the investigation. We know Martin Fraser was the senior official involved in the investigation initially but he changed job during the timeframe, becoming the ambassador for Ireland in London. Who took on his role? What were the terms of reference? Who was questioned in the investigation? Given that what was leaked was part of a general report that heavily quoted the former Taoiseach, Micheál Martin, was he questioned about it? This is significant because the leaking of reports to individuals in the Cabinet is not new. I once asked the Taoiseach in this Chamber whether he ever leaked reports, my question being related to the contractual document provided to the doctors' representative organisation. The Taoiseach said he did not at that level. We need to have a system with administrative transparency and also accountability in terms of people who do wrong regarding their responsibility to provide information to survivor organisations in the first instance.

The Taoiseach: I emphasise to the Deputy that, as would be usual, the investigation was carried out by the Department. I was not involved in conducting it, directing it or influencing it, nor was the then Taoiseach. It is important to make clear, although it should be self-evident, that any process such as this should be allowed to be conducted without any interference or otherwise in the process.

Given the cross-cutting nature of many issues the Government considers, it is important to understand that there are often numerous Departments and many people with access to, and that feed into, discussions and documents prepared for the Government. This, of course, means a large number might be encompassed in an investigation like this one. In this case, it could have been 50 people. As I have said, I was not involved in the investigation. I did not conduct or direct it and did not seek to interfere with it in any way. That said, I have no reason to believe there is anything to read into the completion date of the investigation other than that it was finalised at the time in question and reported to the then Taoiseach, who had asked for it to be conducted. It is standard practice for a Taoiseach and Minister to try to clear his or her desk before changing office. I know it is something I have done.

Conspiracy theories abound and are increasingly popular, but I can honestly say to the House that I have no idea who was responsible for the leak or what their motivations were. There are rules on briefings and documents in government. Different documents can have a different status, of course. Some things are official secrets and some are not. Some things are the subject of Cabinet papers, others are not. In certain circumstances, Ministers have the authority to release information. Indeed, if they do not, who does?

Deputy Peadar Tóibín: Why 14 months and why not for survivors?

Transport Policy

12. **Deputy Richard Boyd Barrett** asked the Taoiseach when the Cabinet committee that deals with transport will next meet. [6662/24]

13. **Deputy Paul Murphy** asked the Taoiseach when the Cabinet committee that deals with

transport will next meet. [6664/24]

14. **Deputy James O'Connor** asked the Taoiseach when the Cabinet committee that deals with transport will next meet. [7801/24]

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputies will be happy to hear that we have 12 minutes and 40 seconds left for these questions.

Deputy Richard Boyd Barrett: Do they relate to transport?

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Yes.

The Taoiseach: Tógfaidh mé Ceisteanna Uimh. 12 go 14, go huile, le chéile.

The economic division of my Department assists me and the Government in developing and implementing policy across relevant areas, including economic growth and job creation, infrastructure and housing and climate action and social dialogue. The work especially focuses on the deliver of commitments in the programme for Government and co-ordination of issues that cut across multiple Departments. The division also supports the work of the Cabinet committees on economy and investment, housing and the environment and climate change.

Transport-related issues can arise at each of these committees and others, given their relevance to multiple policy areas, such as climate action, economic growth and provision of housing. For example, the Cabinet committee on the environment and climate change considers environmental and climate change dimensions of transport, as well as the implementation of transport-related policies and measures contained in the Government's climate action plan. The Cabinet committee on the economy and investment oversees the implementation of the programme for Government commitments aimed at sustainable economic recovery, investment and job creation. The Cabinet committee on housing deals with matters of transport as they relate to the support of large scale delivery of housing under Housing for All. This includes the monitoring of the progress of major transport oriented development opportunities. Issues relevant to the sector can arise at other Cabinet committees, such as the Cabinet committee on Northern Ireland and, as with all policy areas, they are regularly discussed at full Cabinet meetings where all formal Government decisions are made. In addition to meetings of the Cabinet and Cabinet committees, I regularly meet Ministers, including the Minister for Transport, to discuss particular issues of concern.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Deputy Boyd Barrett has a minute and a half or two minutes.

Deputy Richard Boyd Barrett: We have ten minutes for these questions.

An Cathaoirleach Gníomhach (Deputy Alan Farrell): The Deputies will have two minutes each. The Taoiseach might have to cede some time in respect of what I am sure will be the Deputy's substantial contribution.

Deputy Richard Boyd Barrett: Are we going on to another group of questions?

An Cathaoirleach Gníomhach (Deputy Alan Farrell): No.

Deputy Richard Boyd Barrett: I ask for a bit more latitude, given that no one else is here.

The Taoiseach: I have no objection if the Deputy wants to take three minutes.

Deputy Richard Boyd Barrett: I will raise two issues. First, and as the Taoiseach will be aware, I have raised the issue of taxi drivers many times. There is deep concern among taxi drivers about a campaign that seems to involve some of the ride-hailing apps, including Uber and others, suggesting that we are chronically short of taxis and implying we need to deregulate the taxi industry and develop the Uber model that exists elsewhere. Taxi drivers are concerned about that. They would like to be assured that we will not go down that road.

If you were to go out of this building now, you would find lines of taxis on many taxi ranks for which there are no fares. For much of the time, there is no work available for taxi drivers. They acknowledge that there are pinch points, but they feel it is completely wrong that the lack of public transport such as buses, especially at night, in a sufficient quantity and at a sufficient frequency should not land at their door. It is not fair to blame them for that problem. If we deregulate - there was deregulation in this area previously and it had quite disastrous consequences - people who, for example, forked out huge amounts of money to buy new electric vehicles or other new vehicles to use as taxis will not be able to make the income to repay the loans they took out.

It has also been stated that the reluctance of some taxi drivers to work at night is to do with safety issues. Indeed we have heard bus workers talking about similar safety issues. Again, safety problems late at night are not the fault of taxi drivers any more than they are the fault of bus workers. These issues have to be addressed by the Government, the National Transport Authority, NTA, An Garda Síochána and so on, rather than land at the door or taxi drivers. Critically, regarding passenger safety, it has been pointed that when you get into a properly regulated taxi, you know who your taxi driver is, that they are the person supposed to be, that they have the knowledge and so on, but that if we go down the totally deregulated Uber route, the safety of passengers could be compromised. For all these reasons, taxi drivers are asking that if issues need to be addressed in this area, that the NTA and other bodies engage with taxi representative groups that are more than willing to discuss these issues. There should be no question of the totally deregulated model being introduced.

I will briefly mention one other matter. There is a massive backlog regarding driving tests. In my area, it takes a year to get a test. Sometimes, this means that people cannot take up jobs they have been offered and so on. One of the problems is that we are relying too much on temporary contracts for driving testers-----

An Cathaoirleach Gníomhach (Deputy Alan Farrell): Thank you Deputy.

Deputy Richard Boyd Barrett: -----and they are not taking on enough full-time staff. The union has raised the matter. I ask the Taoiseach to look at that as well.

Deputy James O'Connor: I raise the post-Storm Babet issues in Midleton and the wider area of east Cork. The Taoiseach will be familiar with the damage that was done to our road infrastructure. Approximately €50 million worth of damage was done to local roads across the east Cork area. That is according to Cork County Council. Several roads remain closed, especially rural and secondary routes and quite a significant amount of infrastructure, including bridges, drains and embankments, need sufficient funding if they are to be fixed.

We saw a huge reaction from the Government in October when this happened. Many members of the Government, including the Taoiseach and the Tánaiste, came to visit, but we need to get the level of resources necessary to tackle the issue. Only €14 million has been made avail-

able through a severe weather allocation during a recent round of allocations. This is despite the fact that it will cost more than €50 million to repair the damage. Will the Taoiseach bring the issue of the impact the flooding has had to the attention of the Department of Transport and the Minister of State, Deputy O'Donovan, and ask why there is a deficit of approximately €40 million in respect of what is needed. This needs to be addressed as a matter of urgency.

Unfortunately, the damage that was done is having an adverse impact, especially on some of the rural areas I represent where agricultural vehicles and heavy goods vehicles cannot access roads to get to and from some farms and other businesses. I would appreciate if this could be done. Deputy Stanton and I met the director of services in the relevant areas and the chief executive of Cork County Council to gauge their concerns. Unfortunately, I report to the House that Cork County Council has a significant issue with the lack of funding that is being provided to deal with the post-Storm Babet issues, especially around road infrastructure. I would appreciate if the Government could comment on this.

The Taoiseach: Once again, I thank the Deputies for their questions. Deputy Boyd Barrett raised the issue of ride sharing. Perhaps I can give some assurance to taxi drivers in that regard. It is something we have all used when we were abroad. Generally speaking, it is a good service. I have used Uber, Bolt and Lyft. With one exception, I found the service provided to be good. However, I have concerns around deregulation. First, it would mean drivers are not vetted or regulated, at least by a public authority, and would mean that the vehicles involved would not be checked by a public authority. We do not propose to go down that road. However, we should try to make it easier for people to provide a service, particularly at peak times when it is most needed., but that is not full deregulation. We do not propose that and I would not support it.

We are working on the driving test backlogs at the moment. Staffing has been increased. There is a backlog that relates to the pandemic, but also, like with so many things, there is a big increase in demand for tests. However, I am now confident waiting times will come down in the next few months.

On Deputy O'Connor's question about Midleton and the Cork floods after Storm Babet, I understand the council has calculated that approximately €54 million would be needed to repair the roads and other public infrastructure. So far, a special allocation of €14 million has been made to the council. It is possible for more to be provided, and I expect that to happen. However, the Department of Transport will have to cross-check the council's assessment. Ultimately, these are central funds and taxpayers' money so due diligence will have to be done, but I am sure a further allocation can be made and it should be. I would be happy to follow up with Deputies O'Connor and Stanton.

Is féidir teacht ar Cheisteanna Scríofa ar www.oireachtas.ie.

Written Answers are published on the Oireachtas website.

Cuireadh an Dáil ar fionraí ar 2 p.m. agus cuireadh tús leis arís ar 3 p.m.

Sitting suspended at 2 p.m. and resumed at 3 p.m.

Civil Law (Miscellaneous Provisions) Act 2022 (Section 4(2)) (Scheme Termination Date) Order 2024: Motion

Minister for Children, Equality, Disability, Integration and Youth (Deputy Roderic O'Gorman): I move:

That Dáil Éireann approves the following Order in draft;

Civil Law (Miscellaneous Provisions) Act 2022 (Section 4(2)) (Scheme Termination Date) Order 2024,

a copy of which was laid in draft form before Dáil Éireann on 25th January, 2024.

I thank the Members of Dáil Éireann for making time to discuss this motion today concerning the order I propose to make to extend the termination date of the financial contribution scheme for hosts of beneficiaries of temporary protection from Ukraine, which is known as the accommodation recognition payment scheme. The scheme commenced in July 2022 and, where relevant, payments were backdated to March of that year. I increased the monthly payment to hosts from €400 to €800 with effect from 1 December 2022.

To date, in excess of €90 million has been paid to more than 13,300 hosts in respect of hosting almost 30,000 beneficiaries since the payment was brought in. The payment is supporting the accommodation of almost 22,000 Ukrainians around the country. This scheme is important because it has diverted Ukrainian individuals and families away from State-supported accommodation, which is often in hotels and guesthouses and which is unsuitable for long-term stays, particularly for families raising children. It is also far more cost-effective to the Exchequer and, importantly, it allows Ukrainians to have greater independence in moving out of State accommodation.

On the proposal itself, Part 2 of the Civil Law (Miscellaneous Provisions) Act 2022 introduced the scheme with a termination date of 31 March 2023. That date reflected the duration of temporary protection under Council Directive 2001/55/EC of 20 July 2001, or the temporary protection directive, which was activated on 4 March 2022. The directive was subsequently extended to March 2024 and the accommodation recognition payment was extended to mirror that extension. In a continued spirit of unity and support for the Ukrainian Government and its citizens, the European Commission has extended temporary protection until March 2025. It is, therefore, appropriate to make an order to extend the accommodation recognition payment scheme termination date to the end of March 2025.

Section 4(2) of the original Act of the primary legislation enables me to make such change to a date considered appropriate following consultation with the Minister for Social Protection and the Minister for Public Expenditure, National Development Plan Delivery and Reform. I can confirm to Dáil Éireann that I have undertaken those consultations with the two relevant Ministers and both are in support of the scheme's extension. In changing the scheme termination date, I was also mindful of the need to continue to provide for a financial contribution to assist in maintaining, if not increasing, the availability of accommodation for temporary protection beneficiaries. I thank all who have welcomed those fleeing the war in Ukraine into their homes and provided them with shelter, a safe space and, importantly, a level of autonomy over their own lives. The Act of 2022 requires a draft order to be laid before and approved by both Houses of the Oireachtas. The motion was approved by Seanad Éireann on 15 February. Ap-

proval of today's motion in Dáil Éireann is essential to ensure the continuation of the scheme beyond March 2024.

I understand that colleagues in Sinn Féin have proposed an amendment to the motion I am putting forward that seeks to curtail the conditions attaching to the accommodation recognition payment. This would result in reduced availability of accommodation for beneficiaries of temporary protection. I am not in a position to accept that amendment for two reasons. First, it contradicts the policy objectives of the recognition payment scheme. The accommodation recognition payment is a goodwill payment to recognise the valued contribution of those who have opened their homes to those fleeing the war in Ukraine. It is not intended to be a substitute for rent and is paid in recognition of the generosity of those who host. The legislation is very clear in that regard. The accommodation recognition payment is not a rental payment. It does not create any obligations or rights for the beneficiaries in the accommodation, rights that payment of rent would accrue.

Second, on a more procedural point, my understanding of, and advice on, the legislation is that the amendment proposed by Sinn Féin is outside the scope of the primary legislation. Section 4(2) of the Civil Law (Miscellaneous Provisions) Act 2022 only allows me to make an order to amend the scheme termination date. My understanding is that I am not allowed to make by order any other changes to the scheme. Any other changes to the scheme would have to be through primary legislation. In light of this, I am not in a position to accept the amendment to the motion proposed by Sinn Féin. I look forward to the Deputies' contributions.

Deputy Pearse Doherty: I move amendment No. 1:

To insert the following after "25th January, 2024":

": provided that this Order shall take effect only after the Civil Law (Miscellaneous Provisions) Act 2022 has been amended to provide for the Accommodation Recognition Payment Scheme termination date to be extended only for the following:

— existing recipients with respect to the beneficiaries of temporary protection currently benefiting from the scheme; and

— new applicants who propose to host a beneficiary of temporary protection in their property which is also their own principle primary residence and who have not availed of the Rent-a-Room Scheme in the previous 12 months".

What we are dealing with here is the €800 tax-free payment that is made available to hosts and landlords who provide their properties to Ukrainians and the extension of the scheme for another year. I acknowledge this was brought in two years ago at a time of great uncertainty but we now need to look at its impact and fairness. I applaud the generosity of thousands of Irish families who opened their family homes to thousands of Ukrainians. We need to provide certainty to Ukrainians who are currently availing of the scheme that they will continue to be supported by extending the scheme until 2025.

However, like any policy, we must achieve balance and avoid unintended consequences. It is clear that what the Government is proposing will provide an incentive for the displacement of private renters who are not beneficiaries of temporary protection and that is not fair. It was hard enough to find a place, never mind an affordable place, to rent but many people simply cannot compete with a Government scheme that provides €800 tax free to landlords who offer their

properties to beneficiaries of temporary protection. It is a scheme that is in direct competition with private renters. Sinn Féin raised these issues with the Minister in the Seanad last week but it is clear the Government has not listened. When speaking about this in November last year, the Minister said, "We do not want to pursue a measure that interferes with the private rental market." I agree with that statement. However, that is precisely what the Government is doing.

Take my own county of Donegal, where the average rent is close to €800. A landlord can either rent out a property to a private renter for €800 and then pay tax on that €800 or take €800 tax free and rent it out to a beneficiary of temporary protection. Landlords have been very open about the choice they face. One landlord has said he gets €800 tax free, equal to about €1,500 in rent, which is more than he would get for the place if he rented it out on the private market. How is this fair? How is this not interfering with the private rental market?

Our amendment is about supporting Ukrainians who are currently availing of the scheme by extending it for one year and supporting host families who have opened their family homes, including for future applicants, but it roots out the unfairness at the heart of the scheme. The State should not be providing support to a home for those benefiting of temporary protection that should otherwise be available to private renters. Those who open their own family homes to Ukrainians should continue to be supported, but if this room was previously let out under the rent a room scheme, it should not be supported as all the Government is doing is directly denying the student in need of that accommodation a home. It is clear this scheme is already affecting private renters. Extending it in full for another year will make matters worse and, worse still, the impact will be greater in the time ahead as Government policy is now to increase social welfare payments to Ukrainians who secure private rental accommodation. This will turbo-charge the pressures renters are already experiencing.

Our proposal is a sensible one, but more importantly, it is a fair one. It supports existing beneficiaries of the scheme and new applicants to the scheme where it has no impact on private renters and students but, crucially, it blocks State support from tilting the scales further against private renters and this House should adopt it.

Deputy John Brady: The Government motion before us today seeks to approve an order to extend the accommodation recognition payment scheme, which is due to expire on 31 March of this year. We very much appreciate the value this scheme has brought by providing shelter to thousands of people fleeing war in Ukraine.

I acknowledge the compassion of the thousands of Irish families who have opened up their homes and who have welcomed and provided refuge to Ukrainian families in their hour of need. Host families deserve the certainty of knowing that this payment will remain in place until at least the end of the temporary protection directive next year. We appreciate that thousands of Ukrainians have benefited from this scheme, and they must continue to be supported by the scheme.

However, the further extension of the scheme creates an unacceptable level of competition for private rental properties. This is leading to a situation, unintended or otherwise, where the Government's actions are incentivising the displacement of non-beneficiaries of the temporary protection directive - private renters - and afford an advantage to Ukrainian people over other renters. In our view, this is unfair and untenable. Equality and fairness have to be at the heart of this, consistent with social protection entitlements for new arrivals.

Therefore, in line with the approach to social welfare for new arrivals, it is imperative that we bring our offering more in line with that of other EU countries. Our priority must be to protect renters in the private rented sector from any further pressure.

Private renters are being crippled by record rent increases right across the State. The latest RTB report indicates that across the State record rent increases have resulted in an 11% increase in new rents, while existing rents have increased by 5%.

The further extension of the scheme creates an unacceptable level of competition for private rental properties. It incentivises the displacement of non-BOTP private renters and affords an advantage to Ukrainian renters over other renters which is unfair.

With that in mind, we have tabled an amendment to the Government's motion before us today. We propose that the scheme should only be extended for existing recipients with respect to Ukrainian people who are currently benefiting from the scheme and new people who sign up to host people in their own homes, or new hosts. The purpose and intent of our amendment would be that no new vacant properties could be signed up to the scheme and no new people could sign up to the scheme using rooms that students would otherwise avail of.

It is a sensible amendment. It seeks to alleviate pressures on people renting private accommodation whom the Minister's scheme, if allowed to proceed in its current guise, will heap additional pressures on right across the State.

Deputy Sorca Clarke: Sinn Féin appreciates the value of this scheme which has provided shelter to those fleeing war and thanks should be given to the families who have opened up their homes, welcomed and provided refuge to Ukrainian families in their hour of need.

However, the further extension of the scheme, as the Minister is putting forward, creates an unacceptable level of competition for private rental properties at a time when pressure on this market has never been higher, and that incentivisation of displacing some private renters while affording an advantage to others is simply unfair.

The Minister spoke about this scheme being used to divert Ukrainians away from State-provided accommodation. To where exactly is that diversion taking place? In my constituency of Longford-Westmeath, the data shows that rental prices for new tenancies in Westmeath have increased substantially from quarter 3 2022 to quarter 3 2023 and Longford's rental prices of new tenancies has increased by 14.9%. This is at a time where the families in a complex of over 70 units in Kilbeggan are looking at eviction because the owner has indicated they are leaving the market, putting increasing pressure on a market that is simply unable to cope with today's requests.

Every day, all over the world, people make that really tough decision, the toughest decision of their life, to flee their homes in search of somewhere that is safer. Many of us here will never be able to imagine what that is like, but this is about fairness and balance.

As it stands, we cannot support the Government's motion that seeks to embed further inequality among those who are simply seeking a home for their families. We are completely opposed to the Government's proposal to force Ukrainians out of accommodation after 90 days because that will put those who are in areas of high rental prices at risk of homelessness but will also force further pressure on the areas where prices may be lower by increasing demand.

Government has failed to prepare for this. The fingers are being pointed at the Government and at those on that side of the House because of that failure to plan. Re-enforcing a bad decision with further bad decisions will not help anybody who is in need of a house. Sinn Féin's amendment is a sensible one. It will continue to support those who are already being hosted by Irish families and continue to provide those hosts with certainty. I ask the Minister to take on board this amendment.

An Cathaoirleach Gníomhach (Deputy Denise Mitchell): Moving on to the Social Democrats slot, I call Deputy Cairns.

Deputy Holly Cairns: The Social Democrats are fully supportive of continuing the accommodation recognition payment scheme. Some 25% of Ukrainians who have sought protection in Ireland are in host accommodation and pledged properties. Over 21,000 people are currently being hosted in nearly 10,500 homes across the country. The EU average for hosting is approximately 8% to 9%.

The level of support and solidarity Irish hosts have shown to Ukrainians is incredible. It is indicative of the welcoming society that we are - a country that understands migration, mass displacement and how vulnerable people feel when they arrive into a country so far from home.

The host model is incredibly beneficial to the integration and inclusion of Ukrainians in our communities, but it is essential to acknowledge that it does not work for everyone. People are fleeing war. Many are traumatised, many need their own space.

As much as the high numbers show the commendable level of solidarity from households across Ireland, they also clearly show that families are picking up the slack for the Government. Host families are currently saving the State approximately €386 million annually. Continuing this payment is a no-brainer, so too is implementing the findings of the Catherine Day report - building those six State reception centres and delivering those 700 modular homes.

As it stands, the State is far too reliant on the private market. It is wholly dependent on entering into expensive contracts with private providers for accommodation for Ukrainians, as it has done for 24 years under direct provision, handing over our responsibility to accommodate and care for asylum seekers to private entities which have profited massively from this State failure while treating asylum seekers appallingly along the way.

A clear plan for the future of Ukrainians in Ireland is needed. The temporary protection directive ends in March of next year. Ukrainians need clarity on what happens next. The temporary protection directive was an EU-wide response triggered, for the very first time, because of the biggest mass movement of refugees across Europe since the foundation of the EU. There must be EU-wide agreement on what the response will be when the directive expires in 2025. The Government must outline its preferred approach and communicate clearly with the Ukrainian community.

Some 92% of all hosts say that they have had a positive experience, with 74% stating that they would recommend hosting to others. The main challenges faced by host families were language and cultural barriers, as well as onward accommodation planning. This is something the Minister might address. The financial supports are important to hosts but there needs to be more work done on improving practical supports in order to ensure that the hosting experience is as positive an experience as possible for everyone.

Hosting should be brought into our integration strategy permanently on some level, but we cannot rely on it to the extent that we do now and we cannot continue to only make it available to one specific category of people seeking protection in Ireland. We need a clear short-, medium- and long-term plan from Government when it comes to housing asylum seekers and Ukrainians under temporary protection.

There are currently 970 international protection applicants on the streets, with numbers likely to breach 1,000 by the end of the week. *The Irish Times* reported yesterday that only three people have been accommodated since last week. What is Government doing to fix this? People are getting hurt. Some of those 970 people were protesting outside yesterday. Among them was a 25-year-old man from Afghanistan who had arrived in Ireland on 20 December and has not received accommodation from the State. The level of payment from the Government is so low that he has only been able to afford a hostel bed for two weeks out of the two months he has been on the streets of Dublin. He has slept rough, been verbally abused and physically attacked. There has been a complete lack of urgency from the Government in addressing this humanitarian crisis on our streets, and it is not good enough.

An Cathaoirleach Gníomhach (Deputy Denise Mitchell): The Rural Independent Group is next. Will Deputy Danny Healy-Rae take the full five minutes?

Deputy Danny Healy-Rae: Well, the lads are supposed to come. I do not know if they will turn up.

An Cathaoirleach Gníomhach (Deputy Denise Mitchell): We will keep you going until they come in.

Deputy Danny Healy-Rae: I raised this issue with the Tánaiste, Micheál Martin, a number of weeks ago. I said it was totally unfair to give one section of the people in the country an advantage over another section of the people, those being private renters, our own people. It is grand for the Government to give what it wants to Ukrainians but it must do the very same thing for our own people. How can the Minister expect any person who is trying to live and has a house to rent to rent that house out at €800 to local people or our own people who are homeless and pay half back in tax as against getting €800 tax free from the State? Now, you must be fair or you must not be there at all.

I am getting very worried that every day we have the Government in power, it is doing more damage and this country will finish up totally and absolutely broken the way the Government is flitting around with money. It is not its money. It is the people who get out in the morning early and work and pay maybe 40% of their income in tax and 4.5% USC on top of that. That is what the wrong is. It is not the Government's money. If it is going to continue with this payment to people coming from Ukraine, and we all empathise and sympathise with their predicament, be fair about the bloody thing. That is what I am asking for the Government to be. It came out the other day that the Government paid €850,000 to house and accommodate dogs and pets for people coming from Ukraine. We have enough dogs and pets here in Ireland and there is plenty of them to be got. If it was a dog here, you would pay a dog licence for it. Did the Government pay for the dog licence as well on top of that? Those are the questions. The Government is paying €1.5 billion for hotel and commercial accommodation. God almighty, how is the country going to sustain that? And the Government is wondering about bringing in more of them.

Be fair to everyone. Be fair to our own people. Be fair to the Ukraine people and to the asy-

lum seekers who are coming here. The Government does not have accommodation for them. It does not have one iota of anything to provide separate accommodation for them in any town or village. The Government has 36% of hotel bed nights in Killarney taken up. What does that mean only that the footfall into the restaurants, the cafés and souvenir shops has all diminished and slowed down. So many people in Killarney town are gone out of business. They asked for simple things like forgoing rates or having a waiver on rates. Did the Government do it? No, it did not and it will not. It is absolutely ridiculous. Every day the Government is in power it is doing harm and the people do not trust it anymore. Whether it is a referendum or whatever it is bringing forward, the people do not trust it. The Government fires the money away that people are working hard for and it has no cognisance of the effect of what it is doing. I have no problem with the €800 to house Ukrainians, but God damn it, Minister, you must do the very same for our own people, or if not, get out of the job, and take Micheál Martin with you because he laughed and sneered at me for raising that issue a couple of weeks ago. The Government is out of order. It has gone beyond its remit. If there is a vote on this tonight, I call on every Deputy who was elected to this Chamber to vote against this proposal as it stands because it is not fair.

It is not fair for those people who are homeless and are lying on the side of the streets. I heard from a woman this morning, a single woman who has been on the housing list for five years. The only house she can get in Tralee town is going to cost her €1,350 a month. The man who owns the house feels he is entitled to get it. Will the Government pay him €800 of that cost tax free? If you are getting €800 tax free, I wager that is at least €1,700 or €1,800 before you have to pay 50% of it back in tax.

Minister, you have gone far beyond your remit. Unless the Government is getting money from Europe or something, and it should come out with it and tell us if it is, spending taxpayers' money with reckless disregard like this is shameful. Shame on the whole bloody lot of you.

Deputy Peadar Tóibín: I believe this Government's policy on accommodation for immigrants coming into the country is turning into a serious disaster. I think most people want compassion but they also want common sense. Most people have a humanitarian instinct to help those who are really in need but they see the Government dividing communities across the country. The Minister is the Minister for integration but nobody can deny that what we are seeing unfolding in towns and cities across the country is disintegration. The Government has become massively dependent on the hospitality sector. I received a reply to a parliamentary question which stated that 85% of the locations in which asylum seekers are located are hospitality centres. This is having a significant effect on communities. It significantly reduces the downstream tourism income and jobs of people living in those towns and villages. Places where people celebrate birthdays, communions and weddings are being taken away from them. The Government is not providing any background help on this. Recently, I put in a parliamentary question asking how much of a community dividend the Government had paid out. Only €10 million out of €50 million promised two years ago had been paid out to communities. Look at what has been paid out on: things like pathways, picnic benches, etc. It is not on the real bread and butter issues like doctors, nurses, accommodation and transport.

There is an incredible situation where the Government is offering so much to hotels that they cannot resist the offer. The D Hotel was getting an income of €100 per night. Then the Government came along with a contract of €312 per night. That is an incredible contract when it comes to value for money for the Government. We also found out through a parliamentary question to the Minister's Department that it has bought 37 buildings in the past 12 months for the provision of accommodation to asylum seekers and it has only been about to confirm to

me in a reply that one of those has been used. That is one out of 37 buildings. Some 85% of the rooms that were pledged for Ukrainians were never activated and of the 700 or so planned rapid-build buildings that the Minister promised two years ago, only half are currently in existence. That is because this Government does not do anything in a rapid fashion. This Government has a major problem with the delivery of capital projects. It is right through society and this is another example.

Not only is there dysfunction in the provision and its location but it is also in the asylum process itself. I asked a parliamentary question that found that 76% of asylum applicants in this country are applying in the IPO office and the Government is not asking them how they came into the country. We do not know how they came into the country. We also know that 85% of deportations are not enforced by the Government at the moment. A total of 5,000 people came into the country last year on documents either lost, false or fake. That makes it extremely hard for the Government to be able to differentiate between those who need help and those who do not. That is all anyone wants: just a system that efficiently differentiates between those who need help and those who do not. All this dysfunction has a serious consequence. There are 970 asylum seekers homeless on the streets of Ireland today. Some 5,000 people are living in direct provision with their applications having been agreed to, but despite this success they are still not able to move out of direct provision because the Government cannot provide accommodation to them. Of course, 13,300 people who are homeless are in emergency accommodation. The State absolutely has international responsibilities but it also has domestic responsibilities. That means we have to treat people in this country fairly. We cannot have any cohort of people who have a better chance of achieving a necessary resource or who are receiving more money than another family in seeking to achieve a necessary resource. If we do that, in the first instance it is unfair but secondly it is a recipe for anger, jealousy and disintegration. This is incredible stuff.

We have even seen a situation in Tipperary where a local authority had a contract with a property for homeless people and then the State entered into a bidding war with that local authority for refugees, which had the effect of pushing the price up and displacing a group of people who were in need, to the detriment of another group of people who were in need. We need a government which is getting serious around these issues. We need to treat people equally and fairly. While we must adhere absolutely to our international responsibilities, I ask the Minister not to forget our domestic responsibilities.

Deputy Michael McNamara: I would like to echo what previous speakers have said. I listened to the last two contributions, in particular, and I find myself in agreement with them. It might well be because of an accident of geography as much as anything else, given that I represent a constituency which has borne a disproportionate burden. Every state has a burden to bear in accommodating recipients or beneficiaries of temporary protection, just as every area of a state has. However, that burden has not been spread equally across the State, not by any stretch. This is something I have been highlighting for two years now. I have asked the Government what the plan is, but there is no plan. The Government's plan is to stick them wherever it can. That is the plan. It is not fair to them or to communities in Clare. It is not all the fault of the Minister but he is a member of the Cabinet and there is collective responsibility.

I am aware that a game of ping-pong is being played between the Minister's Department and that of the Minister, Deputy O'Brien - the Department of housing - with regard to who is ultimately going to house people when they come out of direct provision. That is a different conversation, which I look forward to having with the Minister during Topical Issues, when I hope I will finally get some information which I have been seeking for a long time.

This motion relates to beneficiaries of temporary protection from Ukraine who have come to Ireland. Of course the State was stretched to find accommodation quickly. It did what it could. The Minister is to be commended on that, as are the people who provided accommodation. It seems to me, however, that not having something more systematic in place two years later is scandalous, as is the lack of checks of the accommodation being provided. Throwing money at a problem is understandable at the start but to be still throwing money at a problem without a plan, two years later, is not understandable or acceptable.

I am aware of a direct provision centre. I have to be careful not to conflate direct provision centres with centres which accommodate beneficiaries of temporary protection because they are two different things. The lack of oversight from the Minister's Department in both areas is similar. According to my understanding, inspections are being carried out with a view to determining that they meet building regulations and safety regulations, etc. That is to be commended. These inspections are important but so too are inspections which determine how many people are staying in a facility that the State is paying a great deal of money for.

Deputy Tóibín just highlighted the amounts which are being offered in respect of one particular hotel. I was not aware that they are that high. I fear for the Minister that other hotels which are offering accommodation for less will now say that if the Minister is prepared to pay that amount in Drogheda, he can pay that amount in Lisdoonvarna, Killarney, Glenties or wherever.

I have been asking the following question: what supervision is there of occupancy levels? It is separate from what I want to find out from the Minister during Topical Issues. It is clear from the information I have received on foot of asking that question that up to now there has been next to no supervision. Yes, facilities are inspected but they are inspected before people arrive, by and large. If they have not been inspected before they arrive, they are inspected after people arrive. That inspection, by its nature, must be to ensure the accommodation is safe and complies with building regulations, rather than being an inspection of occupancy levels. The occupancy levels are provided to the Department by the providers. Many of these providers are reputable businessmen and upstanding citizens - I do not wish to suggest otherwise - but as with all groups, there are rogue providers. Of course they are going to say that they have a full house, that everyone is happy and that they are happy for the cheque to be sent out. I want to know what is being done to root out any rogue providers. I am aware of a hotel where 20 rooms have been paid for every night since this crisis began, but there are never more than 11 rooms occupied. At some times of the year, that hotel is in a position to resell on the open market a room the State has already paid for. That is unacceptable. The lack of a mechanism to carry out inspections and to catch people who do that is unacceptable when it comes to the expenditure of Exchequer funding.

Minister for Children, Equality, Disability, Integration and Youth (Deputy Roderic O'Gorman): I thank Deputies for their contributions. As provided under the Civil Law (Miscellaneous Provisions) Act 2022, the draft order laid before both Houses of the Oireachtas cannot be made law until a resolution approving the order has been passed by each House. Therefore, approval of the motion by the Dáil today is essential to ensure the continuation of the scheme.

As I said in my opening contribution, it is certainly my understanding of the legislation that we cannot make the change proposed by Sinn Féin via a motion. The only thing that a motion can change is the day on which the payment is made. Any other changes would require primary legislation.

I listened to the contributions from Deputies. I do not like addressing Deputies when they are not in the House. I appreciate that Deputies are busy. I was criticised by a number of them on value for money. I suggest that the accommodation recognition payment represents very clear value for money and a saving for the State at a time when we are spending significant sums of money on meeting the accommodation needs of Ukrainians. That is accepted. The accommodation recognition payment is a far more cost-effective means and, probably, a far better means for Ukrainians in the context of their independence.

I was also criticised by a number of Deputies with regard to the impact on tourism. That is recognised. I assure Deputy McNamara that I recognise that the impact has certainly been greater in certain parts of the country. Right now there are 22,000 people in accommodation, supported by the accommodation recognition payment, who are not in hotel beds. That also has to be recognised. One of the core reasons we introduced this was to provide options so that we were not just relying on the tourism sector. We have 75,000 people in accommodation right now and 22,000 of them, representing a very significant proportion of the accommodation needs of Ukrainians, are not in hotel beds. Without this payment, I do not think we would see that level of take-up and we would probably have an even greater degree of pressure on the tourism sector.

We are in a position of change now with regard to our offering towards Ukrainians. As Deputies know, a new accommodation regime involving a 90-day limit will be introduced at the end of this month. That change will be intensively notified to Ukrainians in Ukraine, around Europe and here in Ireland so that they can provide that information to family members. Since Christmas, we have already seen quite a significant decrease in the number of Ukrainians seeking temporary protection in Ireland. We are going to see vacancies occurring in our Ukrainian accommodation. That is occurring now and that is why we have not added to our stock of Ukrainian accommodation. In the past two to three months we have been able to house new people who arrive through vacancies. As the new system applies and as Ukrainians move into private accommodation here, move back to Ukraine or move elsewhere in the EU or the world, we will see more vacancies in the hotels my Department has contracted. The Department will be actively looking to manage that and to step away from contracts, because we want to be responsible with the payment of State money and to be in a position where we can release accommodation back into the tourism sector in particular. This piece and the piece the Minister, Deputy Humphreys, has been working on are essential to the implementation of the new policy. Once that policy is implemented, we will look at how we start to consolidate our existing very significant stock of accommodation contracts. Where we have evidence of people overcharging us or charging us for vacant nights, we have moved away from them. We have moved away from a significant amount of accommodation around the country and we will continue to do so. When we are consolidating, contracts with providers we have a challenge with will be some of the first sets of contracts to be ended.

I am aware that Deputy McNamara has tabled a significant number of parliamentary questions about international protection. We are extremely scrutinous of occupancy rates in our existing international protection centres because I could not stand over a situation like the one we have right now - over 900 people are unaccommodated and we are at risk of not being able to accommodate all families - if there were significant vacancies in our international protection accommodation. In almost all cases, especially those involving family accommodation, the numbers in a room and the numbers in a family do not match, so it creates a disparity. The Deputy has called that out. I am confident on this, having gone back to my Department on it

many times. In practical terms, it is far easier to ensure all our beds in existing places are in use than to open somewhere new. If that easy win was there, we would take it, and we have taken it. I am strongly reassured by my Department that where there is a variance between total occupancy and current occupancy, it is due to family configurations. I am strongly reassured by my officials that it is not the case that there are beds lying vacant all over the place.

Amendment put.

An Ceann Comhairle: As a division has been demanded, in accordance with Standing Order 80(2) it is deferred until the weekly division time this evening.

Health (Miscellaneous Provisions) Bill 2024: Second Stage

Minister for Health (Deputy Stephen Donnelly): I move: "That the Bill be now read a Second Time."

An Ceann Comhairle: It is a bit like the *Mary Celeste* in here.

Deputy Stephen Donnelly: Except for us, a Cheann Comhairle.

I am very pleased to introduce the Health (Miscellaneous Provisions) Bill 2024 to the Dáil. The legislation has three main aims. First, it will provide for an exemption of rent-a-room income of up to €14,000 per annum to be disregarded from the medical card and the GP visit card income assessment process. Second, it amends current legislation to clarify regulatory powers concerning the supply and administration of medicinal products. Third, it will provide for the establishment of regulations to help to deal with shortages of medicines. This will include a framework for therapeutic substitution by pharmacists in line with a clinically approved protocol or in other words, the supply of a specified therapeutic alternative medicinal product in limited circumstances where there is a shortage of a prescribed medicine.

I will begin by focusing on the exemption of rent-a-room income from the medical card and GP card assessment processes. Rent-a-room tax relief was put in place by the Revenue Commissioners in 2001. It allows participants on the scheme to earn up to €14,000 per year tax-free if they rent out a room or rooms in their home for use as accommodation by others. At present, income eligible for rent-a-room relief is included in the medical card assessment process. In such cases, this income is a contributing factor when deciding whether a person qualifies for a medical card. Exempting income eligible for rent-a-room relief from medical card and GP card assessment will benefit two groups of people: those who will now be able to apply for a medical card or GP visit card as a result of the disregard of rent-a-room income, and those who already have a medical card or GP visit card and may now choose to rent out rooms because of this increased allowable income. Currently, people with spare rooms may choose not to rent them out because that additional income would essentially put them over the threshold for the medical card or the GP visit card. The proposed exemption can help to address the shortage of accommodation in the State by making more efficient use of existing housing and by stimulating supply for renters, including of course students. This income disregard is an important addition to a much wider set of measures that have already been introduced by the Government in response to housing challenges. There are homes that are well located but which are currently

underoccupied. We hope this legislation will help bring these further into use by providing greater options for people seeking to rent and those wishing to rent out rooms. This measure will assist in removing potential barriers to people benefiting from the rent-a-room scheme. It is an important step towards the Government's goal of providing additional accommodation to alleviate acknowledged challenges with the availability of residential rental accommodation.

I will outline the changes proposed to the Irish Medicines Board Act 1995, also known as the IMB Act. The IMB Act makes broad provision for arrangements for the control of medicinal products, including in relation to the manufacture, sale and distribution of medicinal products. Section 32 of the Act empowers the Minister for Health to make regulations that further the overall purpose of the Act. The House will note that the Act dates from 1995. Notwithstanding amendments that were made in 2006, updates of some provisions are advised to ensure the Act is more in line with the current needs of public health and of our health services. To that end, there are three amendments proposed to the IMB Act in this legislation.

The first of those changes concerns access to certain approved prescription medicines. During Covid, we widened the pool of health professionals who, with appropriate training and support, may supply and administer Covid vaccines. I have asked that this be retained and extended in order that we will have a permanent ability to call on a wider range of professionals to provide this service. This amendment will strengthen current legislation. It will give clarity on the professions who may administer medicinal products including, but not limited to, vaccinations. A further change, which is primarily being made to remove any doubt, explicitly includes "pharmacy" as a named location where the administration of medicinal products may take place.

On the second change to the IMB Act, the House will be aware of my ambitions for pharmacy as a profession. Pharmacists are highly trained professionals who can support a greater level of access to care for all of us in our own communities. I established a pharmacy task force last year to support this goal and its work is progressing well. This amendment will provide that pharmacists can sell and supply approved medicines without the need for a prescription. This primary legislative amendment will be subject to appropriate regulation and controls, to be set out in secondary legislation. This amendment also provides for expanded provision of vaccinations by pharmacists. It is my intention that regulations will be put in place to facilitate the sale and supply of oral contraceptive pills by pharmacists in the absence of a prescription. Such regulations will be subject to further clarity as to the appropriate framework and of course consultation with stakeholders.

The third change to the IMB Act concerns management of medicines shortages. I am proposing changes to mitigate medicines shortages nationally, and to complement work happening at EU level on medicines availability. These measures will introduce medicines substitution protocols, MSPs, and related actions which will help to mitigate the impact of medicines shortages. MSPs allow pharmacists to supply a specified therapeutic alternative medicinal product in limited circumstances where there is a shortage of a prescribed medicine. This will be done in strict compliance with approved protocols specific to a known or anticipated shortage and for a limited time. It will enable us to be agile in our response to emerging shortages and further utilise the expertise of pharmacists.

I ask the House to note my plans that a further measure to support the management of medicines shortages and enhance security of supply, to be introduced on Committee Stage, will be included within this Bill. This will take the form of a further amendment of section 32 of the

IMB Act to introduce reporting obligations for actors in the medicines supply chain and to allow for this information to be used in national medicinal planning systems. These reporting requirements, which are in line with European obligations, seek to improve visibility of the medicines supply chain to Ireland and help the management of medicines availability in Ireland. These measures will support the national system for the management and security of medicines supply and will facilitate a more proactive system for the management of medicines shortages.

Essentially, I believe that pharmacists can do a lot more than they are currently allowed do under the law. They stepped up during the Covid pandemic. I insisted at the time that the Covid vaccine programme be expanded to pharmacists. There were some who believed they would not step up; they were magnificent in stepping up. They cleared the decks through Christmas. There was one particular wave of Covid during which we had a matter of days, maybe a week or two, to get the most vulnerable vaccinated before that wave hit. If we had not been able to vaccinate those more vulnerable people, many people would have died. The GPs stepped up and the pharmacists stepped up. They were magnificent. Enhanced pharmacies are one of the things we have committed to under the programme for Government. We know they can do more. They want to do more. My Department is in discussions now with the Irish Pharmacy Union about a broad-ranging agreement. This Act will allow pharmacists - again, under strict controls - to begin to provide products that previously required a trip to the GP. GPs are very busy people. We can shift some of that work, like oral contraception, into the pharmacies. As we roll out a minor ailments scheme, there are other things - for example, conjunctivitis - where a pharmacist can very easily spot the problem but cannot provide the product because it requires a prescription. We are looking at those kinds of things to make sure that pharmacists can do more and more. We will tap into their expertise in terms of substituting certain medicines. We know there are medicines shortages around the world and we need to become more agile. There are therefore many steps we are taking with the pharmacists. This evening's Bill is an important step in providing a new legislative basis to tap into their very substantial expertise and their real appetite for doing more and more in terms of healthcare provision right across the country.

I will now provide a brief explanation of the sections of this Bill.

Part 1 is for the preliminary and general provisions of the Bill. Section 1 contains standard provisions setting out the Short Title and citation and provides that the Bill shall be subject to a commencement order. Section 2 contains the full definitions of the Acts being amended in the Bill.

Part 2 provides for amendments to the Health Act 1970.

Section 3 sets out amendments to section 45 of the 1970 Act. It states that in determining a person's overall financial situation, as provided for in section 45(2), relevant sums arising to a person or a person's spouse or civil partner that qualify for rent-a-room relief under section 216A of the Taxes Consolidation Act 1997 shall not be taken into account by the HSE in the assessment of medical cards.

Section 4 sets out amendments to section 45A of the 1970 Act. It states that in computing gross income for the purposes of sections 45A(5) and 45(5A), relevant sums arising to a person or a person's spouse or civil partner that qualify for rent-a-room relief under section 216A of the Taxes Consolidation Act 1997 shall not be taken into account by the HSE in the assessment for medical cards for people of 70 years of age and above.

Section 5 sets out amendments to section 58 of the 1970 Act. It states that in determining a person's overall financial situation as provided for in section 58(2), relevant sums arising to a person or a person's spouse or civil partner that qualify for rent-a-room relief under section 216A of the Taxes Consolidation Act 1997 shall not be taken into account by the HSE in the assessment of GP visit cards.

Section 6 sets out amendments to section 58A of the Health Act 1970. It states that in computing gross income for the purposes of section 58A, relevant sums arising to a person or a person's spouse or civil partner that qualify for rent-a-room relief under section 216A of the Taxes Consolidation Act 1997 shall not be taken into account by the HSE in the assessment of GP visit cards for people of 70 years of age and above.

Part 3 provides for amendments to the Irish Medicines Board Act 1995.

Section 7 sets out the amendment of section 1 of the IMB Act. It inserts definitions relating to the amendment of the IMB Act in Parts 8 and 9 to clarify the meaning of terms inserted for the purposes of the amendments.

Section 8 involves the amendment of section 32 of the IMB Act and provides for three additions. Under subsection 32(2)(k), it inserts "pharmacy" as a location where the administration of medicinal products may occur. It sets out explicitly that pharmacists are a profession to which regulation of the prohibition on the sale and supply of medicinal products without a prescription, and exceptions to that prohibition, may apply under section 32(2)(l) of the IMB Act. An amendment to section 32(14) specifies the health professionals who may administer medicinal products, subject to regulation. This gives clarity as to the professions who may administer medicinal products - for example, vaccinations - but does not confer new powers or scope of practice on any profession.

Section 9 makes provisions relating to medicinal products shortages by facilitating the implementation of a framework for MSPs. During a period of a specified medicine shortage, an MSP will allow pharmacists to therapeutically substitute medications where they deem it clinically appropriate to do so and in line with the protocol issued by the Minister for Health.

In conclusion, this Bill removes potential barriers to the rent-a-room scheme such that income of up to €14,000 yearly is not counted towards medical card and GP visit card assessments. This will ensure that those who utilise the scheme are not at risk of losing eligibility or prevented from getting a medical card or a GP visit card if they apply while renting a room to someone. This measure helps to progress the Government's Housing for All policy by removing potential barriers to the rent-a-room scheme to increase its potential as a source of student accommodation and, of course, other accommodation. The changes proposed to the IMB Act will enable pharmacists and other health professionals to continue to expand the supports they provide within our health services. It is envisaged that when the MSPs are in place, they will assist pharmacists in managing certain shortages of medicines in a swift manner without patients being referred back to prescribers for a new prescription. This will ensure continuity of care for patients and reduce strain on the health service.

I very much look forward to listening to Deputies' views and to working with colleagues across the House to progress this important legislation through the Dáil as quickly as possible. Given that the core objective represents positive actions to benefit students, renters, patients and families, especially in the context of the current cost-of-living crisis and accommodation chal-

lenges in Ireland, I hope to enact the legislation as soon as possible to ensure early and timely implementation. The same applies for medicines. Our pharmacists have a real appetite now to do more, and it will be great to get this legislation through both Houses. It will facilitate them in providing more and more care and more advanced care in the communities for all of us.

Deputy David Cullinane: Sinn Féin will support this Bill. I welcome in particular the provisions relating to medicines substitution protocols, which will improve the availability of products through pharmacies without a prescription. These are issues we have talked about for some time in the Houses of the Oireachtas. I have tabled a number of questions on this issue through priority and oral questions over recent years and have been raising it. I know the Minister has been working on this for some time, as have people outside of the Dáil who have lobbied very hard for changes in this area. There is more to be done in this space. I will come back to that in my contribution, but I welcome the provisions in the Bill.

The Bill, as we know, also makes provision to exclude income which is relevant to the rent-a-room tax relief from consideration of a medical card means test.

4 o'clock

Insofar as it goes, that is important and I welcome it.

I take this opportunity to raise wider issues relating to medical card eligibility and circumstances where I believe we can and should go further. The Government should have raised the medical card income threshold this year, but it also should have introduced a minor ailments scheme or what I would describe as a pharmacy-first model that would be underpinned by a minor ailment scheme, and much more. Instead, as we know, we have very limited additional funding for health in 2024. It is important to reinforce that at each and every opportunity we have this year to talk about expansion of healthcare. If the additional resources and funding are not there, then there are very limited options available to the Minister to expand services. We are pretty much trying to stand still this year when we actually had a real opportunity to accelerate what we are doing in many areas, particularly in primary care and community care in the context of pharmacies. We should build on the enhanced community care model, care in the home and care in the community and take the pressure off from our acute hospitals by providing the right care in the right place at the right time and so on. It is very difficult to do that, however, when we have limited additional resources available to the HSE. This all comes back to a decision that was made on budget day. I must also point out that Government has not reviewed the medical card income thresholds in 20 years. That is an incredible length of time for the Oireachtas and the Government not to have revised and improved access to medical cards. There has been some tinkering around the edges and some amelioration here and there, but in terms of substantial movement in this area, it has not happened.

I welcome the expansion of GP-only cards and doctor-only visit cards, particularly as I called for this. It is an important step. It was one of a number of things that needed to be done to reduce the cost of healthcare and move to a truly universal system. Some weeks ago, the Joint Committee on Health discussed the fact that there are difficulties with people understanding their entitlements and with making it available to people actually availing of it. I know that is something on which the Minister is working. I appeal to people to look at all of that, not just the income thresholds relating to the free GP card but also the other exemptions that go with it that could actually ensure somebody qualifies. Obviously, we want people to take up those opportunities. That is one part of it. I also agreed that we should freeze expanding free GP

cards until we can bed in what is there and then also increase GP capacity further. We have to be conscious of pressures on GPs and we want them to do more to take pressure off the acute system. I was on board with that, which is why in our alternative budget this year we focused on 400,000 additional medical cards by increasing the income threshold by at least €10,000 per year. It was a better way to move on the issue of affordability and accessibility and making healthcare more affordable for people as opposed to more GP-only cards when we have the difficulties we have with even getting people to avail of the ones that are there.

As I said, I obviously agree with the rent-a-room relief and excluding this income from the medical card assessment. That will impact on a very small number of people, however, as important as it is. In our alternative budget, as I said, we provided for 400,000 additional medical cards. There has not been a review of medical card eligibility for two decades. Many people on what I would call very modest low incomes do not qualify for medical cards. As we also know, the medical card is a gateway to a range of primary and community care services. As a result , the more medical cards we can get to people, the greater access they have to primary and community care, which is one of the things we need to do, as I keep saying, to take pressure off our acute hospitals and ensure people are getting the right care in the right place. I also understand that none of this can happen overnight. I have been very honest about that as a lead Opposition spokesperson. All of these things take time.

I have also welcomed many of the moves that have been made in recent times, and I will do so again, including scrapping the inpatient hospital charges, additional free GP cards and the floor that exists in the context of the enhanced community care model. There are many teams providing support to people in the community, including integrated care programmes for older people, ICPOP, teams, community intervention teams and chronic disease management teams. That is really where we need to be at, and we need to be doing much more of that.

I have also to put it to the Minister that the recruitment embargo is impacting on chief officers in community services being able to recruit. An Teachta Ó Laoghaire has examples of this and will go through them later, but examples have been sent to me as well. Letters are being sent to staff in the healthcare service right across the board, particularly those in primary and community care, telling them their options of leave are now extremely limited because the services cannot hire staff to replace those who are leaving. That creates tensions within the system that really should not be there. I will make the point, however, that while I welcome the fact that we have finally moved with regard to an enhanced community care model, which the Minister put in place and for which I applaud him, there is an awful lot more we need to do. I am sure the Minister will agree.

I 100% support the moves with regard to medicine shortages. I have engaged with many people on this issue and have lobbied the Minister very hard in respect of it. I know that is something he was working on anyway. It is a really important step in this Bill today and I welcome it. However, I believe we are still only dipping our toes into the water with regard to what we can do with pharmacies. I again recognise some of the work the Minister has done this area, but there is an awful lot more we can do. I see GPs and pharmacies as comprising one of the most important gateways for people getting into healthcare. They are really important in terms of taking pressure off acute hospitals. I have always held this view. I have visited many hospitals over the last number of years as health spokesperson. I have probably been in every hospital at this point, and, I would imagine, some on more than occasion. I am very much of the view that if we continue to look solely at the problems and pressures in our emergency departments and hospitals through the lens of what is happening in those hospitals. If we just

keep focusing on beds and surgical theatre capacity - these are all important and we do need to concentrate on them - we are never going to solve the problem. We have far too many people ending up in hospitals who really should be cared for elsewhere. There is a much broader issue that goes to care in the home and care in the community, but pharmacies have a role to play, and GPs have a greater role to play. We need to continue to find new and better ways of operating.

I share the Minister's concern that many dentists have still not signed up to the dental treatments service scheme. I appeal to them to do so. I appeal to them to treat medical card patients and engage in a process. I asked the Minister previously in good faith - we moved a motion in the Dáil - to commit additional resources. Those resources were committed. I am sure there is more that needs to be done. I know they are looking for a new contract, and there is a need for discussions in that regard. That is a matter for the Minister and the representative organisations. At this point, however, we have people who cannot access the service. I appeal to the dentists who have left the scheme to come back and engage because it is really important.

I have raised all the issues I wanted to raise. I will be supporting the Bill.

Deputy Donnchadh Ó Laoghaire: Aontaím leis an méid atá ráite ag an Teachta Cullinane. Tá go leor sa Bhille seo a dhéanann ciall agus go leor a bhí á éileamh ag Sinn Féin ar feadh tamaill mhaith. Déanfaidh an Bille cinnte de go mbeidh sé de chumas ar go leor poitigéirí thar timpeall na tíre, a bhfuil fonn orthu níos mó a dhéanamh ó thaobh cúnaimh de, níos mó a dhéanamh. Tá go leor eolas agus saineolas acu maidir le cúrsaí sláinte agus faoi mar atá, níl an áis sin á húsáid faoi mar ba chóir.

Aontaím freisin leis an méid atá ráite ag mo chomhghleacaí ó thaobh na leibhéil ioncam agus an tionchar atá aige sin ar na cártaí sláinte. Tá gá le méadú air sin chun na srianta a dhéanamh níos fairsing ionas gur féidir níos mó daoine a cháiliú. Tá go leor daoine atá ag obair go dian agus tá siad faoi bhrú ó thaobh a gcuid ioncam i gcomhthéacs na géarchéime chostais mhaireachtála faoi mar atá faoi láthair. Ní fhaigheann siad cúnamh agus tá sé sin an-deacair dóibh. Is cóir féachaint air sin.

I agree with Deputy Cullinane. This is useful legislation. We support it. There are a number of aspects of the Bill with which we agree. One of the things it does is exclude income relating to the rent-a-room tax relief. We agree with that because it makes sense. The tax relief creates a bit of extra capacity and encourages people not to be incentivised, on the one hand, and disincentivised, on the other, and in danger of losing out on the medical card. I talk about this in the context credit time and housing lists. The medical card is like money in the bank for people. We should always be conscious of the potential impacts. People will rightly take conscious decisions in respect of what initiatives they take or what they do regarding employment when they are trying to protect their medical cards because, as I say, it really is money in the bank for them.

In the context of income, Deputy Cullinane made a valid point on income thresholds. We believe they need to be expanded too. I also agree that the threshold for the drug payment scheme could be reduced in order that more people who do not qualify for the full medical card could benefit from that, There are an many people who, in the context of the cost-of-living crisis, are working very hard and struggling. If people have to make two visits to a GP in a month and pay for all the prescriptions which might go with that, it is a huge blow to their income, not least if there is a need for a third or fourth visit, as can often be the case in wintertime.

I raise this matter cautiously because it is one that requires consideration but there is legislation passing through the House at the moment in respect of child maintenance and whether that should be assessable for the purposes of social welfare payments. The Minister for Social Protection has removed child maintenance from the means-tested social welfare grants, which is welcome. The rational thing to do would be to look at where there are other income tests in the system. For example, in the context of social housing income assessment, child maintenance can be taken into account. I do not think that is right. For medical card assessments, child maintenance can be taken into account. You can potentially lose your medical card if the child maintenance brings you over the limit. What is more, because the medical card extends to everyone in the family, if you have children over the age of eight who do not qualify for the free GP card, those children could also lose their medical cards on the basis of child maintenance. If we are going to be consistent in social welfare payments, then we should be looking at this as well. It is also a bit of a contradiction because if you are paying child maintenance, that can be considered a valid expense. There is a bit of a contradiction there in the context of health policy.

We have a network of pharmacies that are willing to do more. Pharmacies have been underutilised. The minor ailments scheme that we have been proposing needs to be looked at. What the Minister talked about makes sense, and we agree with that. I echo the point made by Deputy Cullinane. The recruitment embargo is having is beginning to bite in the context of services provided, people's access to healthcare and staff numbers. Housekeeping staff in Cork University Hospital have been told that leave requests will be very limited for the next few months. They have been asked to apply for leave only if it is absolutely necessary because the hospital would not be able to cover all annual leave requests due to the shortage of staff.

We talked during Covid about those on the front line and the heroes out there. That was not just the nurses and the doctors. It was everyone in the healthcare system who banded together to hold everything together. These are housekeeping staff many of whom worked very hard during that period and they are basically being told "Listen lads, you can forget your holidays for the next couple of months". That is not right, and it is a consequence of Government policy. The Government really needs to rethink the approach it is taking with this embargo because it is not fair on staff or patients.

Deputy Thomas Gould: I echo the comments of my party colleagues in support of this Bill. I take the opportunity to speak on it and raise a number of issues.

I acknowledge the great work done by pharmacists in my constituency and right across the State. They are often a person's first port of call. They provide compassionate, educated advice on many issues. This is invaluable.

I request that the Minister give consideration to extending the needle exchange programme. In many areas, this works really well. However, it is a postcode lottery. Will the Minister consider extending this programme to ensure that services are available in all areas? The programme is particularly important in rural areas, where people have to travel long distances to pharmacies.

I understand that only GPs can prescribe methadone. Pharmacists have a role to play in this regard, particularly as they are likely see people more often than GPs and therefore would be in a better position to help prescribe or to work with patients. This is something that could be looked at. It would take some of the pressures off GPs and place it on pharmacies. This is something that should be looked at. I am hearing about issues such as this. Some people get

weekly prescriptions and others get them daily. This would give the people on the ground who know what is happening the ability to make the right decisions. Will the Minister consider naloxone as a drug that could be provided without prescription? We have seen in Dublin and Cork recently the vital work done by groups where we had a series of heroine overdoses. Because people had access to naloxone, lives were saved. Community groups and those on the ground have reacted really well. They have done Trojan work. There is no doubt that they are saving lives every week. In the current system, many services have found ways around ensuring naloxone is always available for people but groups should not have to find workarounds. This is something that the Minister and the Department can change. We know naloxone saves lives and that it has to be prescribed, but there are groups and families who would use it if they had access to it. That is something we could maybe look at with pharmacists. Perhaps naloxone might not have to be prescribed by GPs.

Deputy Cullinane touched on medical cards and the income threshold. The means test for the medical card is probably a fairer system than others, but the threshold has not been increased in 20 years. It takes into account outgoings and financial burdens that are vital to truly understand a person's means. A person's means are not always their income. What their outgoings and expenditure are has to be taken into account to have a true reflection of where a person is. When we look at the recent inflation and the cost-of-living crisis of which we are in the middle, and at the same time, there has not been a review in almost 20 years. Eight Governments have held office during that period. Just for people to try to get a grip of what 20 years is, it is a generation. We had no Facebook, YouTube, Spotify, Twitter, or iPhones 20 years ago. That is how long ago it is. If you ask anyone, they could not imagine living without any of those services or items now. That is how long it has been since we have had a review. We have had referendums on the eighth amendment and on Lisbon and we cannot increase the medical card threshold. The Minister has to seriously look at that. People's incomes have changed in 20 years and that has to be respected.

I will finish by making one further point. There are no primary care centres in Blarney, Tower, Mayfield or Glanmire, even though they were promised. I ask the Minister if those centres can be delivered, particularly as they are vital for the communities in question.

Deputy Duncan Smith: I informed the Whip's office that I would not be taking my full 20 minutes.

An Ceann Comhairle: That is fine.

Deputy Duncan Smith: The Labour Party and I welcome this Bill. It provides the mechanism to allow us to can make regulations that will enable pharmacists to sell and supply approved medicines without the need for prescriptions. This is a positive step in addressing the increased pressure that is placed on GPs and GP services.

During a Private Members' debate this morning, I spoke about the lack of GP services not only in rural areas but also in cities and in my constituency of Fingal. Many people still face waiting times of up to two weeks to be seen. As the Minister knows well, the pressure on the health system as a result of waiting lists is significant. There is also pressure on accident and emergency departments, and the recruitment freeze is making everything worse. I raised an issue this morning and I will raise it again now with the Minister. It relates to a new community nursing home in Nenagh. That facility has been built. It was seven years in planning and development. My colleague Deputy Kelly received a communication from the HSE last week

stating that it is unsure when the home will be staffed. St. Conlon's in Nenagh is not going to meet HIQA standards, so the community retirement facility to which I refer is much needed. I raised this with the Minister of State, Deputy Butler, this morning. I raise it again now on my behalf and on that of Deputy Kelly. The recruitment freeze is an obstacle to getting this home staffed. It needs to be staffed. We had debates about long-term residential care before, and I am sure we will do so again.

Returning to the Bill, there is scope for the expansion of the role pharmacists and pharmacies play in delivering medication in communities. A change in this regard would not only improve access to essential medications, it would also ease the burden on our overburdened GP services. For many people, pharmacists are the first port of call when they have a medical issue. Pharmacists are trusted members of their communities. People have built up relationships with their pharmacists in the same way they have built up relationships with their GPs. Pharmacists are equipped with the knowledge and expertise to aid in reducing pressure on GPs but, most importantly, they have the knowledge and expertise to provide expert care either over the counter or in the consultation rooms that some of them have on site. Take, for example, the minor ailments scheme. Research commissioned by the Irish Pharmacy Union, IPU, last year shows the overwhelming support of pharmacists for expanding their role, with 96% of those surveyed stating that they were in favour of pharmacists being able to prescribe treatments for minor ailments and 94% in favour of pharmacists being able to repeat certain prescriptions without recourse to a GP. Pharmacist will obviously favour that. It will mean more business for them. I understand the financial benefit involved, it is the public benefit I am interested in. Again, it is just about trying to get access to services and to make it easier for people who are sick or who are running to the pharmacy for someone in their family who is sick to be able to get the medication they need as soon as possible. The public appetite for an expanded role for pharmacists is there. Whatever negotiations need to take place between the IPU and GP services, through the Minister and the HSE, must be brought to fruition.

The IPU has welcomed this legislation. As the Minister knows, the IPU has long advocated on behalf of patients for the introduction of these measures. The IPU feels, as I do, that the full expertise of Ireland's community pharmacists has long been an untapped resource. These service expansions will support patients to access treatments more quickly and easily. Ultimately, this is good news for patients and represents a positive step in patient care across the board.

Of course, this means that there will be significant additional work for pharmacists. They will now be responsible for providing the contraceptive pill in addition to having responsibility for being permitted to recommend clinically appropriate substitute medicines when a prescribed medication is unavailable. It is essential therefore that the supports provided for pharmacies are expanded as a matter of urgency. Pharmacies have faced a 16-year pay freeze. During that time, the rate paid to dispense medicines under the community drug scheme decreased by 24%, from €6 to €4.58, while the revenue generated by pharmacies under the community drug scheme decreased by 29%. That is not a sustainable trend, nor is it a sustainable model.

With regard to the second function of this Bill, we need to ensure equitable access to healthcare for all individuals regardless of their financial circumstances. Currently, eligibility for the medical card is based on a financial assessment conducted by the HSE. However, certain income sources, such as, for example, the rent-a-room relief scheme, are factored into this assessment, potentially disqualifying individuals from receiving or retaining a medical card. The Bill seeks to rectify this by introducing a disregard of up to €14,000 or other yearly limits subsequently set by the Office of the Revenue Commissioners for individuals with eligible income

from the rent-a-room relief scheme. By excluding this income from the medical card assessment process, it is hoped that people who are actively aiding the State in addressing the housing crisis will not be denied access to the medical card for doing so. The reality is that students, people on low incomes or those with families are the primary beneficiaries of the rent-a-room scheme. If those who can access the scheme feel they will not face consequences for simply providing accommodation, that will be welcomed. This is not a handout to big landlords; it is a targeted relief scheme that will mostly be utilised by older couples who, as we know from research, are the people who, in the main, avail of the rent-a-room relief scheme. This Bill provides the requisite measures in this regard, and they are welcome. I acknowledge the Minister's work in this area. We will support this Bill.

Deputy Róisín Shortall: I welcome the opportunity to speak on the Bill, which the Social Democrats will be supporting. However, I have some concerns about the approach being taken in Part 2 in terms of both health and housing. I will go into detail on those matters in a few moments.

In the context of Part 3, I very much welcome the provisions to enhance the role of community pharmacists. I will begin by commenting on this matter. In November, the expert task force published its initial recommendations. I commend Minister on the speedy way in which he acted on those recommendations. It is not so long ago that it was a struggle to get any expansion of pharmacy services over the line. When it was first proposed that pharmacists would start to administer the flu vaccine, it was a real battle for them to be allowed to do that. That was the first battle. The second battle was for them to be paid fairly in line with what GPs were being paid. Thankfully, that was resolved in time. There is huge capacity within community pharmacies. It does not make sense not to exploit that capacity as fully as possible. At a time when we are struggling with recruitment and different issues in respect of the health service, it makes absolute sense to ensure that pharmacists have an expanded role. They also have the huge benefit of being located in every town and village throughout the country.

As is so often the case with healthcare policy, existing interests resisted any change to the *status quo*. I am very glad that the plan for the roll-out of the flu vaccine came to fruition. We saw the huge benefits of that in the context of Covid vaccines, although there was some resistance to advertising that fact and to providing details of the pharmacists that were participating in the scheme. I noticed that at the beginning. It was corrected in time, but it should have been done at the very start. Pharmacists played a huge role in ensuring that people across the country had access to Covid vaccines. It certainly feels as though there is a real momentum around expanding the role of pharmacists. I urge the Minister to seize on the opportunity to unlock their full potential.

The main recommendation from the expert task force's interim report was to allow pharmacists to prescribe for up to 12 months. From reading that report, it is clear there was general support for the three-month prescription extension introduced during Covid which allowed for the validity of nine-month prescriptions. This measure was especially well-received by patients, but it was also noted that there was limited public awareness of it. I agree with that assessment, and I believe it also applied in the context of the awareness of Covid vaccines. As already stated, that was the case in the early days. Lessons must be learned from this poor communication with the public especially as these new changes to prescription validity take effect. However, I accept that it is difficult to draw direct comparisons between this and Covid measures, particularly in view of the environment in which the relevant decisions were taken.

It is important to note that patients stressed that the overriding concern must be patient safety. While they viewed the extension of prescriptions to 12 months as a positive measure, they said that this must be accompanied by an appropriate framework. While it is accepted that pharmacists are highly trained healthcare professionals and that they require flexibility to use their professional judgment, the task force did recommend regulatory guidance and supporting educational materials to facilitate the safe application of this new process. It also recognised that it may not be appropriate to extend the prescription of certain categories of medication and that any extension should be subject to person-centred criteria. Again, these are very welcome and necessary safeguards, and that particularly applies to medications used in the mental health area where there are separate concerns that apply to those in terms of addiction and so on. It also avoids a situation where we are too free about providing, at both doctor and pharmacy level, medications that people may end up being dependent on or that are used as a substitute for talk therapies. That is the particular area we would have most concern about with regard to not extending those exemptions.

The next phase of the expert task force's work relates to the scope of pharmacist prescribing, including empowering pharmacists to prescribe for common and minor ailments. When the Irish Pharmacy Union appeared before the health committee in March of last year, it presented a similar proposal for a minor ailment service. Under the scheme, patients with minor, self-limiting conditions would no longer have to make or wait for GP appointments. Instead, they would consult their local community pharmacist and receive an assessment of their symptoms, followed by a combination of advice, medication and-or referral to other services. According to the IPU, such a scheme would not only deliver timely care in the community but also cost-effective, safe and desired health outcomes. One would hope that the expert task force will recommend a similar proposal, and I urge the Minister to act on those recommendations soon after they are published.

Another area of healthcare that our community pharmacists could play a far greater role in is contraception. It is well reported that women would prefer to obtain their contraceptives from their pharmacists instead of their GPs. Furthermore, there is no clinical reason for the stipulation that oral contraceptives should only be supplied on foot of a prescription. Irish pharmacies have been providing emergency contraception without prescription since 2011, and there is no clinical reason this should not be extended to oral contraception. Not only would increasing their role in the dispensing of birth control medication ease the burden on overstretched GPs, it would also make contraception more accessible. Removing this barrier to prescription-free contraceptives would help reduce the number of crisis pregnancies and assist in reaching groups who are less likely to engage with health services. I understand the new women's health action plan will be launched this year, and I believe this proposal should be considered by the women's health task force.

Another area in which the role of pharmacists could be expanded greatly is chronic illness management. Given their expertise and the shortage of GPs, there is no reason our community pharmacists could not assist greatly in these areas. The estimate is that something like 70% of the workload in primary care relates to chronic illness. That puts a huge burden on our health services. The management of that or elements of different chronic illness could very easily be done by pharmacists. They are very keen to do that, so we need to be pushing the boundaries all the time on that. The kind of things they want to assist with in chronic illness management are things like weight management, blood pressure and cholesterol testing, for example. Some pharmacists are doing that already but it is very much a kind of pilot-type approach, whereas it

could be done on a much wider basis, helping patients to have self-management of their own chronic conditions.

While the HSE has put a very welcome focus on chronic illness management in recent years through the introduction of various successful integrated care programmes, I still believe the role of pharmacists is being overlooked in this respect. After all, chronic diseases are becoming more common as the population ages and grows. While the prevalence of long-standing illnesses in Ireland is below the EU 27 average, it still stands at 25.7%. Given that Ireland's population is ageing faster than any other EU country, with the over-65 population having grown by 35% over the past decade alone, it is safe to assume there will be considerable growth in chronic disease. Therefore, we must better utilise the existing healthcare resources already at our disposal and pharmacists are a prime example of that.

Ultimately, there a number of measures that need to implemented to unlock fully the potential of our community pharmacists. The establishment of this task force and the changes contained within this Bill are a very welcome start but it should not be the end. On the subject of pharmacists, I note that there have been long-standing calls for changes to the fee structure, and I understand the Department is currently engaged in a review of fees. Will the Minister please provide an update on that review and the likely date by which it will conclude?

I would like to move on to Part 2 of the Bill, which relates to the disregard for rent-a-room income. While I have no objection to this measure in principle, I am concerned there is an inherent inequality of treatment in this policy. Arguably, anyone who has a room to spare in their home is in a far better position than, for instance, a 63-year-old with a chronic illness in single-room flat. The beneficiaries of the rent-a-room scheme can already let a room out without any tax implications and, soon, without any implication for the medical card. As I have said previously, there is nothing wrong with this measure *per se*. I just this Government's priorities are somewhat skewed. Sure, this policy should increase the supply of rental units, but it amounts to little more than tinkering around the edges. It is just another example of a Government that is bereft of ambition when it comes to the housing crisis. I will come back to that again later in my contribution, but in terms of healthcare policy, the Minister's focus should be on expanding the eligibility for medical cards. That would be a much more worthwhile and impactful measure than what is proposed here. It is frankly extraordinary that the income limits for medical cards for under-70s have not been increased for about 20 years.

For some reason, a policy decision has been taken to place the emphasis on GP-visit cards instead of medical cards. While access to GP care is obviously very important, people also need access to a whole range of other health services, especially people with chronic illnesses. There is currently a huge cohort of people being denied access to any of the therapies or public health nurse services. I am particularly concerned about people in their 50s and 60s. It is in those years that people tend to develop chronic illnesses and require access to services such as the various therapies I have mentioned and public health nursing. In view of this, I simply cannot understand the rationale for this policy of funnelling everyone into GP clinics. I accept that GPs are recognised as gatekeepers, but what happens when a patient is referred to a specialty service or therapy? They still find themselves in a situation where they have to stump up €40 or €50 to see a therapist. GPs themselves very much recognise the fact they are not the solution to all of a person's health problems, and very often it would be much more beneficial for somebody to go to a therapist or a nursing service.

Ahead of the budget, I tried to find modelling on medical card income limits but I had no

luck on that at all. All the modelling from the likes of the ESRI and the Department of public expenditure related solely to GP-visit cards. A number of Deputies also raised this with the Minister via parliamentary questions, but his answers always referred to the expansion of free GP cards. If this Government is serious about providing universal healthcare based on need and not ability to pay, then it needs to provide greater access to a whole range of services in primary care in particular, not just GP services. After all, only 30.8% of the population had a medical card in 2021. That represented a 10 percentage point reduction since 2012.

In keeping with the principles of Sláintecare, that figure should have greatly increased, not reduced.

I turn now to comments I want to make about housing policy, which, rather oddly, is a major part of this health Bill. It is widely accepted that at the heart of the housing crisis is an affordability crisis. Dublin is one of the most expensive cities in Europe in which to buy or rent a home. This uncontrolled affordability crisis now extends to other cities, towns and even villages. Despite this, addressing affordability does not appear to be a priority for the Government. In fact, the focus instead seems to be on subsidising developers, the most expensive way of doing it. We are repeatedly fed the line that apartment building is not viable and that the only solution is slashed standards and subsidies. Developers say "jump" and it appears that successive Ministers ask, "How high?" Why is the approach of this Government always carrot for developers and stick for renters and buyers who are expected to pay exorbitant rents and house prices to help boost developers' bottom lines?

I would like to draw particular attention to the plight of student renters, as it is particularly relevant to this debate. While the measures contained in Part 2 are not specific to student accommodation, many students rely on digs-style accommodation, which is eligible for tax relief under the rent a room scheme. According to a recent survey by the Higher Education Authority, 19% of respondents live in digs. While there is certainly a place for this type of accommodation, I am very concerned about the lesser rights associated with these arrangements. People living in digs are regarded as licensees rather than tenants. Therefore, they do not enjoy the same legal protections as other renters. Threshold has called for a review of this category of licensee with a view to abolishing it. The USI has also been critical of the different status of digs. However, in January last year, the Minister for housing ruled out tighter regulations, claiming it would reduce supply. As ever, this Government puts the interests of landlords ahead of renters.

Taking a broader look at the student accommodation crisis, there is clearly a greater need for affordable, purpose-built student accommodation. I acknowledge that the Minister for higher education often expresses concern about the cost of student accommodation, but those words ring pretty hollow given he has sat at Cabinet since 2016, the same Cabinet that presided over, and continues to preside over, a housing disaster that has forced some students sleep in hostels, cars or tents. Last August, a Department of higher education report revealed that universities received approximately 30,000 more accommodation applications than they have beds for. That is three applications for every student bed on university campuses. According to Dr. Rory Hearne, associate professor at Maynooth University, only 15,000 student units were in the planning system last August. The majority of these were expensive, investor fund units. According to a parliamentary question reply from June of last year, of the 12,000 purpose-built student accommodation units built between 2016 and 2023, 84% were investor funded.

While I acknowledge that the Minister, Deputy Harris, has announced new funding and financing mechanisms, they are coming a bit late. According to Department projections, third-

level enrolments will rise by 40,000 full-time students by the 2031-2032 academic year. In that context, far more ambitious proposals are required.

I reiterate the Social Democrats' support for this Bill. While I firmly believe this Government's priorities are not exactly in line with Sláintecare, I do not believe there is anything intrinsically wrong with the proposed changes to the rent a room scheme. However, this should not be the focus. The focus should be on expanding access to healthcare and protecting renters. It is possible to do both. I do not think we should necessarily be piggybacking on a housing crisis and trying to solve an element of that crisis by ensuring people who are already reasonably well off are further facilitated with medical cards. Access to medical cards should be on the basis of need and that should be the test. I reiterate my strong view that extending access to GP care is welcome on one level, but it just does not cut it in terms of meeting the needs of people, especially those on low incomes. There should also be the ambition to meet the full implications of Sláintecare in terms of providing access, free at the point of use, to all primary care and tertiary healthcare services.

An Ceann Comhairle: Next is Deputy Jennifer Murnane O'Connor who is sharing with her constituency colleague. Deputy Browne is after Deputy Murnane O' Connor.

Deputy Martin Browne: I was in before her.

An Ceann Comhairle: Yes, but I will call you next, and if Deputy Quinlivan is amenable, I will leave him until the next Sinn Féin slot. Is that okay?

Deputy Martin Browne: I should have been in before Deputy Shortall.

An Ceann Comhairle: Well, you should have been here then.

Deputy Martin Browne: I was.

An Ceann Comhairle: You were not. That is why you were not called. I will not call you at all if you do not want to.

Deputy Jennifer Murnane O'Connor: Sometimes the public gets very frustrated when we have the Opposition motions we do not agree with, but then they see the countermotion put forward that leads to a Bill like this. In March 2023, the Government approved a countermotion to a Private Members' motion regarding the eviction ban which included a commitment that the Government would extend the rent a room scheme disregard for social welfare recipients, extend the disregard into medical card criteria from 1 May 2023, and allow local authority tenants to access the scheme. Now, with this, the objective of Government is to provide for a disregard of up to €14,000 income for anyone eligible for rent a room relief. The income will not be assessed within the medical card assessment process. People come to my office and tell me that when they try to rent a room, especially in County Carlow, where we are crying out for student accommodation, they are losing their medical cards because they are going over the limit. That is so important. People now have a fear of losing their medical card.

I always say to people that a medical card is like a gold card. It is so important now to have a medical card because a visit to a doctor can now vary in price from €60 to €75. That is a lot of money. I always say, as do other people, that a medical card is like a gold card. I have long argued that medical cards need to be automatically issued to anyone with cancer. I have spoken to the Minister several times about this. I had a few cases in recent months of cancer patients who,

God love them, did not qualify for the medical card. However, in the end, when they could not go back to work after many months, they did get them. This issue needs to be looked at.

The other issue is for people with dementia. Many of them are forced to jump through hoops. I especially think those on low incomes who want to better their circumstances by offering a room for rent should not lose such a vital support as the medical card because, as I said, it is so important.

The second aspect of this Bill deals with the Irish Medicines Board Act 1995 and allows pharmacists to sell and supply approved medicines without the need for a prescription. This is really good judgment. I note the medicine substitution protocols on this and that there is a time-limit basis. The other thing is that it is related to measures to best support the national system for the management of medicine supplies so that there is enough for those who need these medicines. I understand the Minister is aware of this, and it is so important. My community pharmacist in Carlow is Kevin Kelly, whom Deputy McGuinness might know. I would put all my trust in him, as I know others do. He gives advice regularly and is always very positive. I also know there are many more pharmacists around the country doing the same. This is a really positive move. As the Minister knows, because I am constantly bringing it up, we have a huge shortage of GPs in Carlow as well as throughout the country. This will be a great help and I will absolutely support this Bill.

Deputy John McGuinness: I support the Bill and the measures contained within it. What concerns me about the development of primary care facilities and services and using the pharmacies is that, right now, they are overcome with the number of patients they have. The pharmacies are also overcome with the amount of prescriptions with which they are dealing and the amount of customers, if you like, that they have. Far greater investment is needed for both the primary care element of the Bill and for the pharmacies. We cannot put stuff into a Bill and then not match it with the amount of money that is required to make it happen. For example, all of the new faces we now have in this country, the new people who are coming in, must have access to GPs and pharmacies. We are told there is a package there so that the asylum seekers and refugees housed in different localities will have support measures in place for them, but I have not seen that. I have not seen anything extra. In fact, in my clinics, I have dealt with more people looking to gain access to a GP than I have ever seen before. They cannot get their names listed at a GP practice. That must be addressed if we are going to continue to ask those GPs to deal with the extra numbers.

If you ring a GP now, you are put on to various numbers to wait for different people. That is very frustrating for elderly people, in particular, who want, and were used to, direct access to a GP. Nurses and support staff are needed within a GP service but they are not there. GP practices are finding it extremely difficult to get replacement GPs or to get those who they need to support the services they are delivering. We need to invest more in primary care.

I again emphasise to the Minister that I have seen many pharmacists being put to the pins of the collars to deliver the extra services they provide. I appeal to the Minister to look at those on the front line, including GPs and pharmacists, and ensure there is an appropriate level of investment to allow them to develop the services, develop their own skills and talents, and serve the local communities that all of us serve. Those on the front line are under dire pressure. We have an ageing population and will have to respond with far greater speed to those people. I ask the Minister, as others in the House have asked, to please look at the medical card process for those who obviously need a card, including the cancer patients who were mentioned. The

Minister can start there and work down. We really need reform to the bureaucracy of the health services, how they are delivered, the technology used and the route for patients to getting the care they need.

Deputy Martin Browne: I will focus on the medical card aspect of this Bill, given the provision to exclude income relevant to the rent a room tax relief for consideration for a medical card means test. I cannot help but take issue with the fact that, as a measure, it does not treat all people equally in that property owners who participate in the rent a room scheme can have that income disregarded when it comes to medical card assessment. What about workers and families who are living in overcrowded accommodation and who do not have a spare room? Many of them cannot get a medical card and this Bill does nothing at all for them. In addition, there are many people who, because of their income, might fall just over the income threshold and do not qualify. When measures such as this are taken, how does the Minister think those families feel? We are all well aware of constituents who cannot afford doctor's fees but who fall above an income threshold that has not been reviewed for 20 years and has no relevance to today's demands. The most the Government can do is to tell them if they rent out a spare room, it will increase the limit for them. This lopsided way of skirting around an issue that needs to be dealt with is a blatant disregard of so many people. The truth is that it is getting more and more difficult for low-income workers and families to get access to a medical card. This is where the Government should be focusing its efforts and not skirting around the edges. This is what the Government should be seeking to address in 2024, as Sinn Féin has proposed to do by raising the income threshold to increase the number of medical cards by 400,000 while also reducing the drug payment scheme threshold to €60.

The Government needs to take decisions that matter to people and not dabble around for the sake of making it appear it is making a difference to the manner in which people can manage their health. It should also be taking the opportunity to implement a minor ailments scheme in pharmacies, a pharmacy first model for guidance and advice for minor ailments. These areas are where the Government needs to focus its efforts.

Community care is a key factor in addressing the demands on GP and acute hospital services, but the pathway to primary care medicines and other services is the medical card itself and, in this area, the Government is relying on an outdated threshold. It is preventing people from accessing alternative services that could prevent hospital presentations, yet in this Bill the Government is confining the change to a small group of people while leaving others to continue going without. Sinn Féin has a plan that will treat people better, take the pressure off emergency services, and can open up a range of medical services which, as matters stand, are today obscured by the obstacle of affordability.

Deputy Maurice Quinlivan: The Bill and its ambitions are positive. Any efforts made to expand medical card eligibility to a wider group of people is something I welcome. The benefits of a medical card are multiple and the lack of one can have a detrimental impact on someone's finances as they look to avail of hospital services, maternity services and necessary GP visits. Access to a medical card removes a barrier for those who may otherwise be reluctant to visit their GP to obtain necessary treatment. I welcome the proposal in this Bill to amend the Health Act 1970 allowing for a disregard of rental income so that rent a room income will not be assessed within the medical card application. This is a useful change. We in Sinn Féin wanted to expand the medical card to an additional 400,000 people but what is proposed in this Bill is positive nonetheless.

The other key elements of this Bill pertaining to the amending of the Irish Medicines Board Act 1995 are also sensible and may serve to reduce slightly the number of people attending hospital or GP clinics for the administration of medicines that could reasonably be expected to be administered in a pharmacy by another medical professional. This and the proposal to allow the Minister for Health to make regulations that could enable pharmacists to sell and supply approved medicines without a prescription are positive, if minimal, moves that can contribute to alleviating our healthcare crises. Any move that seeks this outcome should be welcome. It is critical to the safety of the staff and patients at our hospitals that what are otherwise avoidable presentations are offered an alternative and reliable route to appropriate care.

I say this in the context of overcrowding and capacity challenges in our hospitals, particularly in University Hospital Limerick, UHL, which is in a perpetual capacity crisis. Every day so far in February, the hospital has had, on average, 116 patients treated on trolleys every single day because no bed is available. This is appalling. With a week left in the month, we have already had 1,621 people treated in this manner at UHL, which is more than in the same month last year. More than 2,000 people were treated in those conditions in the hospital in January. Importantly, these are people deemed in need of a hospital bed and yet no bed is available to them. The impact of these numbers stuck on a hospital trolley, often in a hospital corridor, is not just on those patients and the medical professionals treating them but is felt across the hospital with the cancellation of elective surgeries, the extension of hospital waiting lists and the transferring of staff to cope with the influx of presentations at the emergency department at UHL. Being treated on a trolley in a hospital corridor is to be devoid of privacy and a minimal level of comfort during an already stressful hospital stay.

Last week, I was in contact with UHL with regard to a 71-year-old man, a recovering stoke victim, who had been lying on a trolley for eight days. It is appalling that, due to the lack of capacity, a senior citizen would have to be treated in this manner. It is appalling to hear of avoidable deaths at the hospital, with staff stretched too thin and capacity too small.

I reiterate my welcoming of the proposals contained in this Bill but they must be the precursory steps to a more ambitions change in how we approach medical care in this State. The steps contained in this Bill must be the first steps of a journey that seeks to increase capacity in our hospitals, to expand community healthcare service, to reduce the numbers being treated on trolleys and to massively expand bed capacity not just at UHL but across the State. We need a universal healthcare service that would remove all cost barriers to healthcare.

An Leas-Cheann Comhairle: Before we move to the Regional Group, I will tell Members who are watching that this debate is moving quickly if they wish to speak on the Bill. I will shortly be going to the Minister.

5 o'clock

Deputy Seán Canney: I welcome this Bill. The Regional Group has been campaigning for the rent-a-room relief. It made a proposal to the Government in this regard and, as a direct result, the Minister for Social Protection, Deputy Humphreys, moved swiftly to implement the relief for social welfare beneficiaries. This is notable. The agreement facilitated the extension within one month, marking a significant policy shift. For a period of two years following the amendment, individuals leasing out rooms in their homes to non-employees or non-immediate family members will be able to disregard up to €14,000 in rental income for the purpose of a social welfare means assessment. This assessment is crucial in qualifying for weekly social

assistance payments, increases to qualified adult rates, the working family payment and supplementary allowances. This adjustment is of particular importance to older people, allowing them to generate a weekly income of €269 without affecting their non-contributory State pension or benefits for the spouse or adult dependant of a contributory pensioner. Furthermore, this can offer essential additional income for families in a climate of rising living costs.

Historically, the rent-a-room scheme permitted taxpayers to earn a tax-free income of up to €14,000 annually for renting out a room. However, this income was means-tested for the purpose of social welfare payments, effectively penalising recipients. This discrepancy has now been rectified as a result of the Regional Group's intervention with the Government. I acknowledge the close co-operation of the Government with the Regional Group in getting this done.

The rent relief for social welfare has been introduced initially for a two-year period, up to March 2025, and it is hoped that this will not only provide vital housing accommodation but also benefit the older person by providing companionship. Having a person in the spare room provides an overnight presence in the home, providing security and peace of mind to the older person. I hope community groups, active retirement groups and not-for-profit organisations embrace the new incentive by assisting older people in selecting suitable tenants. This is most important.

Despite these positive steps in the reform of the rent-a-room relief scheme, challenges remain, notably in extending the changes to medical card assessments, as initially requested by the Regional Group. This oversight limits the full potential of the scheme, particularly affecting older people who could lose their medical card upon receiving the additional rental income. As a group, we have emphasised the need to address this barrier to maximise accommodation availability and support for older citizens.

A critical issue is the stagnation of medical card income limits since 2005. Despite a significant increase in the basic rate of social welfare in this period, by €83.20, the fact that the thresholds have not been increased in 19 years is now a major barrier to people in gaining employment. Everyone receiving social welfare payments is technically over the income limit for the medical card. Cards are given on a discretionary basis to people on social welfare but if they earn €1 on top of their social welfare payment, they are automatically denied the card. This must be examined. This discrepancy poses a barrier to employment and access to affordable healthcare as any additional income over the social welfare payment immediately disqualifies individuals from medical card eligibility. There is an opportunity to bring more people into the economy by making it much more attractive financially to work. However, the medical card anomaly is a barrier to work. Putting barriers in the way of people going back to work has long-term social implications. The barrier to employment is a hidden one at a time when we need to facilitate people entering the workforce. We talked a lot about this morning during Leaders' Questions about housing and getting people back to work. There are many people whom we should be encouraging to come back into the workforce. We need to do that. It is important.

While the Bill is being considered, it is important to remember that we must provide all the back-up services needed in healthcare. I am aware that the Minister is very much aware of what is needed in Galway in the form of capital investment to ensure we have a properly running hospital for the region. I acknowledge that the Minister has done much work in pushing this. It is important that we work together for the region to ensure the infrastructure is built as quickly as possible.

This morning, I gave the example of the primary care centre built in Tuam. The Minister knows about it. An X-ray facility is to go into the centre. Some €700,000 was given for this in 2019 by Deputy Simon Harris when he was Minister for Health. It is now 2024 but the X-ray facility is still not operational. When it takes that long to put a small facility into a centre, how long will it take us to build all that is required in Galway and the region? We must consider how we can best speed up the building of the required infrastructure.

I acknowledge the investment the Department of Health has made in the Old Grove site in Tuam, where €30 million was invested to refurbish the old Bon Secours hospital to create a mental health care unit and a children's disability network team facility. I acknowledge that the HSE has built a first-class community nursing unit with the help of €7 million from the Joe and Helen O'Toole Charitable Trust. We need the infrastructure to attract the best and keep the young people we train in healthcare working in the system for the longer term.

Deputy Michael Lowry: I welcome the Bill. In making its pre-budget submission, the Regional Group met the Minister for Finance and the Minister for Public Expenditure, NDP Delivery and Reform and put forward several suggestions. On foot of doing so, we received a commitment. Therefore, I very much welcome this Bill. Its purpose is to exempt rent-a-room income of up to €14,000 per annum. It is to be disregarded in medical card and GP visit card income assessments. This is a very positive step forward. I am glad that the Government has taken our suggestion on board. The objective of the Bill is to provide a disregard of up to €14,000 for persons who have income eligible for rent-a-room relief such that the income will not be assessed within the medical card assessment process. As we are all aware, rent-a-room income is assessed within the medical card assessment process. In many cases, this has meant people were not able to qualify for a medical card. This legislation, when enacted, will mean rent-a-room income will no longer be considered in assessments for the medical card and, importantly, the GP visit card. We are happy to support the Bill.

Seeing as the Minister is here, I wish to avail of the opportunity to ask him about University Hospital Limerick. I am aware that he has taken a personal interest in it and that there has been a substantial investment in it, but the number of complaints I receive from consultants, medical staff, nursing staff and Ambulance Service personnel associated with the hospital indicates everyone is extremely concerned. I believe the hospital has crossed the line. Overcrowding has escalated from unsafe to hazardous. It poses a serious threat to patient health and safety. Even basic infection control is posing challenges and I hear from many distraught families every day as a representative for Tipperary. Family members tell me they are tending to the basic needs of loved ones on corridors and in cubicles. Staff tell me they cannot cope with what they consider to be unending demands and high stress levels. They are being tasked with the impossible. It is that serious. These are professional people. They are trained and qualified, but they find the task they have to be practically impossible. They are simply not able to keep up with demands. They are under enormous stress and strain. It has affected the health of many of them. They do not like to see what they are seeing around them because, as I said, they are professionals.

The intensifying pressure on UHL which caters for a rapidly growing population is also impacting on the other hospitals in the region. We have a situation where a huge volume of patients requiring medical care at UHL is having a knock-on effect on patient treatment at Nenagh Hospital. Day procedures in Nenagh Hospital are cancelled almost daily to provide beds to cater for the overflow of medical patients from UHL. Hundreds of procedures have been cancelled in recent weeks. Since January there have been almost 400 cancellations. These are people who a consultant has said need intervention. They require day surgery. These people

are concerned that further delays will put them in a position where they will require acute intervention. Their conditions are manageable or preventable at the moment, but it is important that the required intervention or surgical procedure happens.

Anxiety and anger are palpable across Tipperary. I am in touch with what people on the ground are telling me. The number of calls I receive about Limerick hospital has to be seen to be believed. We all make the point that there have been massive investments in UHL but people tell me they are frustrated at hearing about references to previous investments in UHL because they do not see a significant difference in the activity of the hospital. Management of the hospital has changed and I hope new structures and procedures will help to get a better flow of patients through the hospital, but there is not much point in moving patients from one hospital, for example sending them to Nenagh, and notifying people at short notice that their day care intervention has been cancelled while not giving any date for when it will happen. I know the Minister is concerned about Limerick, everyone is. There is a massive problem with capacity which goes back to a lack of investment in 2008, 2010 and 2011 when investment was withdrawn or put on hold. We need to get a grip on it. I ask the Minister to reassure the people of the mid-west area that this is getting urgent attention from him and Department and HSE officials.

Deputy Matt Shanahan: I will divert slightly from the debate and ask a question. How does independent politics work for citizens in this House? As regards the provisions the Minister has put forward in this Bill, the value of it will become eminently clear.

Social welfare assessment schemes used to take into account any and all revenues when considering applications for social welfare, working family payments and supplementary allowances. As a result, households in receipt of social welfare supports last year could not play any active part in trying to offer accommodation to anyone during the present housing crisis. My colleagues in the Regional Group of Independents and others presented a range of policy initiatives to the Government last year as part of our stance to support and deliver progressive politics. As part of our eight policy initiatives, which I am happy to say have now been almost entirely activated by the Government, we called for an initiative to allow for the expansion of the rent-a-room relief scheme to include social welfare recipients, enabling them to lease a spare room in their residences so as to increase the national stock of badly needed accommodation space. The Government's agreement to the implementation of this relief one month after it was proposed has meant that for a period of two years following the policy amendment, individuals who chose to rent a room in their house could claim up to €14,000 per annum in disregarded income for the purposes of social welfare means assessment. For households with retired owner-occupiers, this initiative means that families could avail of an additional weekly rental income of €269 per week without any effect on their non-contributory state pension. It also means the benefits applying to a spouse or adult dependent of a contributory pensioner were not affected. However rental income was being considered in a means test for those on means-tested welfare payments which effectively ruled them out of the scheme. Again, our group called for a re-evaluation of the scheme to take account of those in receipt of supplementary benefits and medical card supports. I and my colleagues are heartened today to see part of the Bill proposes the extension of the rent-a-room relief scheme to people receiving social welfare payments who rent out a room so they will not lose supplementary benefits and medical card supports. The Government recognising the Regional Group initiatives is a clear sign of the value of independent voices in this Chamber, representing the population at large.

A second provision of the Bill is to provide for an amendment to current legislation to enable more management of and access to medicinal products by the Minister. I have not read the

Bill in detail, but I hope this will allow the Minister to look widely and favourably at a significant number of applications to the HSE via the Health Products Regulatory Authority, HPRA, medicines review group every year, especially in the area of orphan diseases. The Minister will be aware that a number of drugs have come onto the scheme, perhaps more than 150 in recent years. Another 150 are probably out there for specific groups of patients. This will always create a difficult economic question. We understand the conundrum if you have one patient whose treatment might cost €0.5 million in a year and you can perhaps service ten patients for €50,000 a year each. However, this affects a small number of patient groups. I met a gentleman earlier who is trying to figure out how to access orphan drug schemes and his team is only treating five patients at present. They cannot see a pathway. I heard the Tánaiste mention in the House that €20 million had been ring-fenced for the provision of orphan disease medication, assuming the medicines get reimbursement approval, but I understand that money is no longer on the table and if it is found at all, it will be found through health savings delivered somewhere else. The Minister and I both know it is very hard to create health savings in the present system. I ask the Minister to have a significant look at the orphan disease space. It involves a small number of patients. I understand there are developments in this area. I would be happy to try to support it. I know of a number of companies, as the Minister probably does, which are trying to access that programme. We have small numbers of patients, but some of them are suffering terribly. One particular disease affects very young children in their growth phase and if it does not get interdicted they do not grow, with all the obvious problems of dwarfism and so forth. That is just one other aspect.

I commend the Minister on taking on the initiatives we proposed last year and I hope he will adopt the one I suggested now.

Deputy Alan Farrell: I welcome the opportunity to speak on this Bill. It is small but important. I thank the Minister for bringing it forward. It makes a number of important changes to expand access to and engagement with our health services. The first of the proposed changes includes the all-important change to income earned from the rent-a-room relief scheme being disregarded for the purposes of a means test as it relates to applying for a medical card or GP visit card. This is an important step in removing a barrier to people engaging with the rent-a-room relief scheme. Individuals can currently rent out a space in their homes and not be taxed on ensuing income up to €14,000. This is a positive initiative for those who may wish to take up the opportunity to rent out a room in their home. This Bill rightly recognises the need for joined-up thinking in Government services so that no person involved in the scheme is negatively affected when applying for other services such as the GP visit card or a medical card.

As all Members of the House are acutely aware, we continue to experience significant demand for housing of all types. While I am encouraged by figures emerging from the housing sector in recent months, we must make it easier for people to engage with solutions. Therefore, this is an appropriate step at the appropriate time. While the rent-a-room scheme is not appropriate for everyone, it can provide valuable solutions for some people. I am particularly thinking of students who may be travelling to Dublin or elsewhere for some of the week and may not require a full-time lease in the area. Just under 200,000 students were enrolled in full-time third level education in the 2022-23 academic year. This figure is expected to grow to approximately 239,000 by the beginning of the next decade. This is particularly relevant to students, given that the cost of rent increased by 37% between 2016 and 2022. This poses a difficult challenge for those who are in education and cannot engage in the labour market as freely as others. A total of 19% of students who responded to a recent HEA study said that they were living in digs-style

accommodation.

I also commend the Minister for Further and Higher Education, Research, Innovation and Science on the work of his Department in seeking solutions to the financial pressure on students. This includes an increase in the amount of student accommodation, with 938 spaces being provided for through public funding for the 2023-24 academic year and over 2,000 through private means. This has also been coupled with increases in the student support grant, a reduction in the student contribution fee and reduced public transport fees for young people as developed by the Department of Transport. These measures will make it easier for students to meet their needs.

This Bill will also make important changes to the functioning of pharmacies, expanding the ability of pharmacists to renew prescriptions for up to one year. I commend the Minister for Health most sincerely on taking this step at this time because I believe it will make access to medicine and to healthcare easier, with such care being provided in the community by people known to the individual. This is particularly important given the current pressure on accessing GP appointments across the country. By facilitating an increase in the period during which pharmacists can renew prescriptions - the previous period of six months is being doubled - we can ease pressure on services and provide better and quicker access for patients. I commend pharmacists on taking on this extra work, something I know they have indicated for quite some time they are prepared to do.

Expanding the list of occupations that can administer things like vaccines will also ease pressure on existing services. We do not have to cast our memories back too far to see how an expanded number of vaccine administrators can contribute to immunising the population or vulnerable groups. Indeed, recent attention has rightly been given to the potential for a measles outbreak. There is a current programme to facilitate catch-up vaccines for those who have not previously availed of the vaccine. I believe the health authorities and Deputies in this House have a body of work to do to reassure people that vaccines are safe, particularly those tried and tested over decades of use. By expanding the number of people who can provide vaccines, we can reduce the potential wait time for vaccines and thus encourage greater take-up of them.

I compliment the Minister on the work his Department has done on this Bill. It has been welcomed by the Irish Pharmacy Union, which highlighted the benefits the Bill will have for patients. Indeed, it also highlighted the need for adequate resources for pharmacies and staff. I hope the Minister and his team will work closely with service providers to ensure the efficient implementation of this Bill.

As previous speakers took the opportunity to be parochial, I will join in momentarily. The provision of healthcare in north Dublin, which is one of the youngest and fastest-growing communities in Europe, remains less than what it could or should be. I know the Minister is acutely aware of that and has been working for a number of years to try to improve it. At the end of the day, we are in year 4 so we have to look at the horizon and think about the provision of some of the facilities in the HSE's capital plan. In particular, a hospital for north Dublin has been earmarked, as the Minister well knows. I could also mention the expansion of primary care services within the constituency, not just in its current iteration of Dublin Fingal but also the future constituencies of Dublin Fingal East and Dublin Fingal West. The Minister will be acutely aware that there are places where there are some pressures, particularly with regard to accessing GPs. When additional services are provided, it sometimes negates the necessity for individuals to go to accident and emergency departments or even to their GP. I encourage the Minister to

redouble his efforts to try to deliver on the commitments in the HSE capital programme and the programme for Government.

Deputy Ruairí Ó Murchú: We support the Bill, but we really need to get down to brass tacks when it comes to medical cards. I do not think there is anybody in this building who will not have heard of cases, some of which are very sad, involving people who cannot avail of a medical card and are in really brutal circumstances. I have a limited amount of time so I will go directly to an example. One of these examples luckily got dealt with but I have said here many times - even yesterday to the Minister - that it is a failure of the system when someone comes to a politician in the first place. The case involved a single mother with a number of children who was not working and had been diagnosed with breast cancer due to a genetic mutation. She had the BRCA1 and BRCA2 genes, was on very aggressive chemotherapy, had to have a chemically induced menopause, was looking at the possibility of a double mastectomy and had been refused an emergency medical card. There was an awful lot of toing and froing when we dealt with the PCRS. We were told by one of the medical officers that her case was not enough of an emergency. I am not sure what an emergency would look like on that basis. In fairness, that issue was dealt with but that is not the way we need to do that sort of business.

Because it is in the public domain and I am talking about breast cancer, I would like to comment on what was brought up by Alison McCabe and others on RTÉ about post-mastectomy products. I think everyone will have heard about this. We are talking about women who have been through breast surgery. They are fearful of changes in the scheme. They are saying that it has been halved to €60. Could the Minister give some sort of update about that because it sounds outrageous? He might have updated information about it. That would need to be disseminated as soon as possible.

Deputy Stephen Donnelly: The Deputy has strayed nowhere near the Bill, which I am not complaining about. He has raised an issue that is causing a lot of concern. I know we are about to adjourn the debate, but if it were possible to stretch the order to respond to that point, it would be very helpful because there is a lot of worry around the country based on incorrect information.

An Leas-Cheann Comhairle: I am afraid we are going to finish at 5.30 p.m. Deputy Mattie McGrath is waiting to speak, but he is not going to get in. I gave some leniency regarding the subject, which nobody has really-----

Deputy Ruairí Ó Murchú: We are talking about health.

An Leas-Cheann Comhairle: The Deputy is out of time anyway, as is Deputy McGrath. If Deputy Ó Murchú wishes to give over one minute of his time to the Minister to clarify-----

Deputy Stephen Donnelly: Or even 30 seconds, if it is in order.

Deputy Ruairí Ó Murchú: I will be raising the issue again.

An Leas-Cheann Comhairle: We are wasting time. If he wishes to give the Minister a minute, that is fine. I will give the Minister one minute. Deputy McGrath is not going to get in.

Deputy Stephen Donnelly: Thank you, a Leas-Cheann Comhairle. I appreciate your flexibility on this.

I was made aware of the issue raised by Deputy Ó Murchú yesterday. A policy measure

has been proposed in terms of supports for people who have had mastectomies. The proposal emanating from the HSE was that in some areas, supports would increase but in some areas, supports would decrease. I am not allowing that to happen. I know there was a programme on it today. Those involved were told well ahead of the programme that I would not be allowing this to happen but, unfortunately, they did not lead with that. Therefore, a lot of people are quite worried right now.

I want to give a clear commitment that while I absolutely will support an increase in supports, I will not be signing off on any policy that decreases supports for anyone in the country. I am pretty annoyed that someone thought that they could announce this and go ahead with it. I have already intervened and told the HSE we will not be proceeding.

We will increase supports. We absolutely will not reduce supports. I thank the Deputy for raising it and thank the Leas-Cheann Comhairle for her flexibility on that.

Deputy Ruairí Ó Murchú: I will bring up the 14 other issues later.

Debate adjourned.

Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill 2022: From the Seanad

The Dáil went into Committee to consider amendments from the Seanad.

An Leas-Cheann Comhairle: Before I deal with Seanad amendment No. 1, the Minister wishes to speak.

Minister for Health (Deputy Stephen Donnelly): I am advised that the Leas-Cheann Comhairle has been given a note on this and is facilitating it.

A number of incorrect cross-references are contained in the Bill which are the result of a technical IT error.

An Leas-Cheann Comhairle: I should point out, before the Minister continues, that I am allowing this because these are technical corrections and they are not up for debate. I am allowing this where the Minister makes his request for a direction.

Deputy Stephen Donnelly: I thank the Leas-Cheann Comhairle. I appreciate her facilitating this. I am seeking to invoke Dáil Standing Order 196 and request that the Leas-Cheann Comhairle, as Chair, direct the Clerk to carry through the necessary corrections. They are purely technical. They are as follows: the reference to "section 52(2)" on page 8, line 10, should read '"sections 39(2)(b)"; "section 52" on page 45, line 7, should read "section 39"; "section 39" on page 45, line 9, should read "section 52"; "section 38" on page 47, line 27, should read "section 39"; "section 40(2)(e)" in page 48, line 29, page 49, lines 16 and 19, and page 50, line 20, should read "section 40(2)(a)"; "section 39" on page 57, lines 20 and 22, should read "section 38"; "section 53" on page 58, line 12, should read "section 52"; and, finally, "section 41" on page 66, line 18 and page 68, line 28, should read "section 40".

An Leas-Cheann Comhairle: Under the terms of Standing Order 196, I hereby direct the

Clerk to incorporate the changes as requested.

Deputy David Cullinane: I would have made the same changes.

Deputy Stephen Donnelly: No doubt.

An Leas-Cheann Comhairle: Seanad amendments Nos. 1, 9, 10, 27 and 28 are related and will be discussed together.

Seanad amendment No. 1:

Section 1: In page 8, line 15, to delete "Coroners Acts 1962 to 2023" and substitute "Coroners Acts 1962 to 2024".

Deputy Stephen Donnelly: I will come to the amendments immediately, but I would like to acknowledge some of the people we have in the Gallery with us this evening. We have six-year-old Ally Whitson from Dublin. Ally received a life-saving kidney transplant from her dad when she was four. She was on nightly dialysis for 13 hours a night for two years. I met Ally and her mum, Michelle, earlier on, and I want to welcome Ally here tonight.

John Brennan, from Louth, got a heart transplant in 2018 and it has been life-saving and life-changing. Mr. Brennan is currently awaiting a kidney transplant. Nine-year-old Sam Kinahan is with us this evening. Sam is from Dublin. He started dialysis at just four months' old and at the age of five, he got a kidney from his dad. A good friend of mine who is waiting on a kidney, Councillor Gail Dunne, and his family are watching in Wicklow town. I wanted to welcome everybody to the Gallery this evening. They have been waiting for this day for a very, very long time.

The amendments in the group are technical amendments to update references to the Coroners Acts throughout the human tissue Bill to take account of the recently passed legislation. These amendments have no material impact on the provisions of the Bill.

Deputy David Cullinane: I might wait to the next group. I merely want to make some general points.

An Leas-Cheann Comhairle: Whenever the Deputy wants.

Deputy David Cullinane: I could do it now. I will make one contribution only and I will be supporting all of the amendments. I, too, welcome all of those to the Public Gallery. They all are very welcome. This Bill has been a long time coming. Many of the substantial issues in relation to children's coronary services, but also issues in relation to how organs were disposed of in the past in certain parts of the country, are obviously emotive issues that needed to be dealt with and are being dealt with.

I, too, know many people who have had organ transplants. It is a huge undertaking but it is also, as we know, life-saving and life-changing. What we are doing in this Bill is obviously really important and I commend the Minister on bringing it forward.

I will make a number of quick points in the sole contribution that I will make. First of all, I thank the Minister for all of the work that has been done and, indeed, all of his officials. I also thank the Irish Kidney Association and many others who have strongly advocated for change in this area.

We had some very lengthy discussions on Second and Committee Stages on some of the concerns that some organisations had and the Minister has been generous in working with those in opposition and, indeed, the health committee, and we were able to reach an accommodation on many of the issues which is good for everybody.

As I said, the Bill is an important piece of legislation that will, among other things, provide for an organ donation opt-out register on a deemed-consent basis and provides for the regulation of the possession, retention or disposal of organs and human issues. There was a number of difficult and emotive "Prime Time" programmes that the Minister and I would have seen where we had some tragic circumstances of organs that were disposed of absolutely incorrectly. Body parts were sent to be incinerated outside of Ireland without the consent of parents of children, for example. That can never, ever happen again. As far as I am concerned, once this Bill is passed, I do not envisage that happening again. We are now putting in place a robust legal framework and that is a really important step. We all want to get this right, and needed to get this right which is why there had to be a lot of careful work done. There are lots of elements to this Bill but this is one of the parts I really feel is important that we need to welcome.

The Minister will recall that Britain introduced a human tissues Bill in 2004. Since then, as the Minister will be aware, we had the Madden report, the retained organs audit, the Carter report and, more recently, a series of scandals in hospitals across the State relating to the improper retention of organs, as I said.

The Bill is welcome in that it places previous guidelines on a firm statutory footing. That was something my party leader and I have been consistently calling for for a long number of years. I am really happy that this is now happening. I hope that we will see real accountability for any future breaches.

I believe there is an awful lot more to be done in relation to capacity in this area as well. There is a small number of paediatric pathologists, for example. It is a really specialised area. There is scope to work on an all-island basis, particularly with the Executive now up and running, to progress some of those matters.

Like all Bills, there are a lot of Bills that we have discussed in recent times in health where we are building in reviews. That is important because we want this to work. We want it to be as effective as possible. We had different opinions from different organisations and a debate on opt-in, opt-out and how all of that was going to work. In my view, we have now landed on a position where we need to give it time to work. Let us put it in place, let us pass this Bill and let us give it time to work and we will have a chance in the future to come back to evaluate the effectiveness of the Bill.

This is an important day for those advocate groups, the Irish Kidney Association and many others who have been campaigning for this. I want to strongly commend the Minister on the work he has done. Maybe I do not get enough chances to do that but I will take the chance today to do that. This is a really important Bill. I was very privileged and happy to be part of the process and I look forward to its passage. I will not be making any further contribution. I will support all the amendments.

Seanad amendment agreed to.

An Leas-Cheann Comhairle: Seanad amendments Nos. 2 to 8, inclusive, 11 to 15, inclusive, 20, 21, 36 and 37 are related and will be discussed together.

Seanad amendment No. 2:

Section 2: In page 8, between lines 19 and 20, to insert the following:

" "Act of 2015" means the Assisted Decision-Making (Capacity) Act 2015;".

Deputy Stephen Donnelly: As flagged during Report Stage in this House, I brought forward a number of amendments in the Seanad to align the Human Tissue Bill with the Assisted Decision-Making (Capacity) Act 2015. These amendments include the insertion of definitions including: "Act of 2015" to refer to the Assisted Decision-Making (Capacity) Act 2015; "capacity", which will be construed in accordance with the 2015 Act. That provides for a functional assessment of capacity to be undertaken, which is the appropriate means of conducting capacity assessments in the State; and "decision-making representatives" and "decision-making representation orders", which will be construed in accordance with the 2015 Act.

These amendments also update the term previously referred to as "specified family member" to that of "specified person". For the purposes of this Bill, a "specified person" is a person who may give "appropriate consent" in certain situations where a living adult who lacks capacity may be involved in the donation of organs, tissues, or cells. The updated term better reflects the scope of different persons captured who are not necessarily family members.

In addition to updating the term, the list of different "specified persons" in section 25(4) is proposed to be revised. The current list has been reviewed to ensure that there is consistency across this Bill and the Assisted Decision-Making (Capacity) Act 2015.

Following this review, and engagement between my officials and the Department of Children, Equality, Disability, Integration and Youth, I am including in the list of "specified persons", "decision making representatives" as defined in the 2015 Act where the terms of the decision-making representation order confers such functions. Further, I am removing references to attorneys appointed under the Powers of Attorney 1996 Act, given the nature of the matters for which appropriate consent is sought.

A new section, section 105 is being inserted. Currently, both the human tissue Bill and the Assisted Decision-Making (Capacity) Act 2015 contain provisions governing the donation of organs by living persons lacking capacity, however there are differences in the arrangements for dealing with such donations. This new section amends the relevant provision of the 2015 Act and provides that matters relating to the donation of an organ from a living person lacking capacity will be determined in accordance with the human tissue legislation.

A number of consequential technical amendments are also being made including an amendment to the Long Title of the Bill.

Seanad amendment agreed to.

Seanad amendment No. 3:

Section 2: In page 8, between lines 26 and 27, to insert the following:

" "capacity" means, in relation to a person, his or her decision-making capacity and shall be construed in accordance with section 3 of the Act of 2015;".

Seanad amendment agreed to.

Seanad amendment No. 4:

Section 9: In page 18, between lines 4 and 5, to insert the following:

" "specified person" has the meaning assigned to it by *section 25(4)*;".

Seanad amendment agreed to.

Seanad amendment No. 5:

Section 10: In page 20, to delete line 5 and substitute "*section 31,*".

Seanad amendment agreed to.

Seanad amendment No. 6:

Section 10: In page 20, line 7, to delete "specified family member" and substitute "specified person concerned".

Seanad amendment agreed to.

Seanad amendment No. 7:

Section 10: In page 20, line 8, to delete "*section 30*." and substitute the following:

"*section 30*,

(vii) in relation to a case to which *section 25(2)* applies, by the specified person

concerned, or

(viii) in relation to a case to which *section 26(2)* applies, by a parent or guardian of the child.".

Seanad amendment agreed to.

Seanad amendment No. 8:

Section 10: In page 20, line 17, to delete "*(vi)*" and substitute "*(viii)*".

Seanad amendment agreed to.

Seanad amendment No. 9:

Section 13: In page 22, line 31, to delete "*Coroners Acts 1962 to 2023*" and substitute "Coroners Acts 1962 to 2024".

Seanad amendment agreed to.

Seanad amendment No. 10:

Section 16: In page 24, line 10, to delete "*Coroners Acts 1962 to 2023*" and substitute "Coroners Acts 1962 to 2024".

Seanad amendment agreed to.

Seanad amendment No. 11:

Section 25: In page 30, lines 7 and 8, to delete "specified family member of the living adult." and substitute "specified person concerned.".

Seanad amendment agreed to.

Seanad amendment No. 12:

Section 25: In page 30, to delete lines 15 to 20 and substitute the following:

" "decision-making representative" has the same meaning as it has in section 2 of the Act of 2015;

"decision-making representation order" has the same meaning as it has in section 2 of the Act of 2015;".

Seanad amendment agreed to.

Seanad amendment No. 13:

Section 25: In page 30, line 21, to delete "specified family member" and substitute "specified person".

Seanad amendment agreed to.

Seanad amendment No. 14:

Section 25: In page 30, between lines 22 and 23, to insert the following:

"(a) a decision-making representative where the terms of the decision-making representation order made in that regard under section 38(2)(b) of the Act of 2015 confers functions on the representative concerned in respect of the matter;".

Seanad amendment agreed to.

Seanad amendment No. 15:

Section 25: In page 30, to delete lines 24 to 30.

Seanad amendment agreed to.

An Leas-Cheann Comhairle: Seanad amendments Nos. 16, 29 and 35 are related and will be discussed together.

Seanad amendment No. 16:

Section 26: In page 30, to delete line 37 and substitute "consent has been given by a parent or guardian of the child.".

Deputy Stephen Donnelly: These are technical amendments which rephrase provisions for clarity or update incorrect references to other provisions. They will have no material impact on the provisions of the Bill.

Seanad amendment agreed to.

An Leas-Cheann Comhairle: Seanad amendments Nos 17 to 19, inclusive, and Nos 22 to 26, inclusive, are related and will be discussed together.

Seanad amendment No. 17:

Section 30: In page 33, line 14, to delete "Where a donation of regenerative tissue is proposed in accordance with *section 25*," and substitute "Where a donation of regenerative tissue and cells is proposed in accordance with *section 25(3),*".

Deputy Stephen Donnelly: These are technical amendments which update previously incomplete references to "regenerative tissue" to that of "regenerative tissues and cells", a term already defined within the Human Tissue Bill.

Seanad amendment agreed to.

Seanad amendment No. 18:

Section 30: In page 33, line 16, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 19:

Section 30: In page 34, line 1, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 20:

Section 30: In page 34, line 4, to delete "family member" and substitute "person".

Seanad amendment agreed to.

Seanad amendment No. 21:

Section 30: In page 34, line 15, to delete "family member concerned as the case may be" and substitute "person concerned, as the case may be".

Seanad amendment agreed to.

Seanad amendment No. 22:

Section 30: In page 34, line 21, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 23:

Section 31: In page 34, line 28, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 24:

Section 31: In page 34, line 30, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 25:

Section 31: In page 35, line 19, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 26:

Section 31: In page 35, lines 36 and 37, to delete "regenerative tissue" and substitute "regenerative tissue and cells".

Seanad amendment agreed to.

Seanad amendment No. 27:

Section 38: In page 44, line 11, to delete "Coroners Acts 1962 to 2023" and substitute "Coroners Acts 1962 to 2024".

Seanad amendment agreed to.

Seanad amendment No. 28:

Section 40: In page 47, line 29, to delete "*Coroners Acts 1962 to 2023*" and substitute "Coroners Acts 1962 to 2024".

Seanad amendment agreed to.

Seanad amendment No. 29:

Section 53: In page 57, line 17, to delete "section 1" and substitute "section 2".

Seanad amendment agreed to.

An Leas-Cheann Comhairle: Seanad amendments Nos 30 to 34, inclusive, are related and will be discussed together.

Seanad amendment No. 30:

Section 57: In page 64, to delete lines 29 to 31 and substitute the following:

" " 'Authority' means the Health Information and Quality Authority;".

Deputy Stephen Donnelly: These are technical amendments to update references to the Bill that are being inserted into the Coroners Acts. The Bill was previously referred to as the "Act of 2023" and these references are being updated and replaced by the Short Title of the Bill. These amendments will have no material impact on the provisions of either piece of legislation.

Seanad amendment agreed to.

Seanad amendment No. 31:

Section 57: In page 65, line 16, to delete "*Act of 2023*" and substitute "*Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024*".

Seanad amendment agreed to.

Seanad amendment No. 32:

Section 58: In page 66, line 18, to delete "Act of 2023" and substitute "Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024".

Seanad amendment agreed to.

Seanad amendment No. 33:

Section 60: In page 68, line 29, to delete "*Act of 2023*" and substitute "*Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024*".

Seanad amendment agreed to.

Seanad amendment No. 34:

Section 60: In page 71, line 39, to delete "*Act of 2023*" and substitute "*Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024*".

Seanad amendment agreed to.

Seanad amendment No. 35:

Section 104: In page 115, line 2, to delete "section 7(1)" and substitute "section 7(2)".

Seanad amendment agreed to.

Seanad amendment No. 36:

New Section: In page 115, between lines 17 and 18, to insert the following:

"Amendment of Act of 2015

105. The Act of 2015 is amended, in section (4)(3), by the substitution of the following paragraph for paragraph (a):

"(a) any decision regarding the donation of an organ from a living donor shall, where the donor is a person who lacks capacity, be determined in accordance with the *Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024*, and".".

Seanad amendment agreed to.

Seanad amendment No. 37:

Title: In page 7, line 22, after "amend" to insert "the Assisted Decision-Making (Capacity) Act 2015,".

Seanad amendment agreed to.

Deputy Stephen Donnelly: I would like to say a few words. First, I thank colleagues across the Dáil and Seanad for their support with this Bill. It has been a very constructive and collaborative process and we have an important Bill. This is an important day for everyone in the country who is waiting for an organ transplant. Today, 601 people and families are waiting on an organ transplant and there will be many thousands into the future. Today is all about them. One of the important things we are doing with this Bill is moving our country from an opt-in organ donation service to an opt-out service. That means that there will be more viable organs available, more lives will be saved and more families will be supported. The aim is to make organ donation the norm in Ireland where a person passes away and where a donation is possible.

This legislation has been sought for a long time. It goes back nearly 15 years. There are many groups I wish to acknowledge within the Irish donor network. First and foremost are all the donor families for everything they have done. I also acknowledge the Irish Kidney Association, whose representatives are here with us this evening and who have been front and centre on this legislation the whole way through, as well as the Irish Heart and Lung Transplant Association; Cystic Fibrosis Ireland, the Irish Lung Fibrosis Association, the Alpha-1 Foundation; the liver transport plant unit in St. Vincent's University Hospital; hospital transplant co-ordinators, Children's Liver Disease Ireland, Heart Children Ireland and the eye and bone banks. I acknowledge all of them and the strong support they have provided.

Last year, we had 265 transplants. We aim to increase that this year and in the years to come. One of the measures I have announced today to coincide with the passing of this Bill is an additional €1.6 million in annual funding to further improve and support our national organ donation services.

The Bill includes very important reforms of post-mortem practice and anatomical examination. We have had too many situations in Ireland where the remains, particularly of babies, have not been handled in an appropriate way, where families were not consulted and where family's wishes were not respected. This Bill puts the family front and centre in everything to do with the handling of remains. It seeks their permission for everything and ensures that anything that is done is in the interests of the families. It makes it impossible - certainly it makes it against the law - for anyone to do some of the things we have seen previously where disposal was not appropriate and families were not consulted. That is important. The aim here is to ensure that anything that is done in what can be an extraordinarily difficult and sensitive time is done with regard to the family's wishes and with due regard to dignity, bodily integrity and the privacy of the deceased as well.

This is a good day, a Leas-Cheann Comhairle and the Bill will now wing its way to the President. Hopefully we will get it back shortly and we will begin to enact these measures. We will continue to fund and to ensure that all of those people out here around our country have the best and earliest possible chance of a life-saving organ donation.

Seanad amendments reported.

An Leas-Cheann Comhairle: Agreement to the Seanad amendments is reported to the House and a message will be sent to the Seanad acquainting it accordingly.

Court Proceedings (Delays) Bill 2023: Report and Final Stages

An Leas-Cheann Comhairle: Amendments Nos. 1 and 2 are related and will be discussed together.

Minister of State at the Department of Justice (Deputy James Browne): I move amendment No. 1:

In page 9, line 32, to delete "or".

Amendment agreed to.

Deputy James Browne: I move amendment No. 2:

In page 9, line 33, after "authority,", to insert the following:

"or

(e) appointed to be a judge,".

Amendment agreed to.

Bill recommitted in respect of amendments Nos. 3 to 9, inclusive.

An Leas-Cheann Comhairle: Amendments Nos. 3 to 9, inclusive, are related and will be discussed together.

Deputy James Browne: I move amendment No. 3:

In page 25, line 10, to delete "any person arising because" and substitute "the State or a relevant authority arising from a claim that".

These are mostly technical amendments and I think they speak for themselves.

Amendment agreed to.

Deputy James Browne: I move amendment No. 4:

In page 25, line 18, to delete "against" and substitute "against the State or".

Amendment agreed to.

Deputy James Browne: I move amendment No. 5:

In page 25, line 18, to delete "in respect of the delay in the conclusion of" and substitute "arising from a claim that".

Amendment agreed to.

Deputy James Browne: I move amendment No. 6:

In page 25, line 19, after "concerned" to insert "were not concluded within a reasonable time".

Amendment agreed to.

Deputy James Browne: I move amendment No. 7:

In page 25, line 20, to delete "against" and substitute "against the State or".

Amendment agreed to.

Deputy James Browne: I move amendment No. 8:

In page 25, line 21, to delete "in respect of the delay in the conclusion of" and substitute "arising from a claim that".

Amendment agreed to.

Deputy James Browne: I move amendment No. 9:

In page 25, line 22, after "concerned" to insert "were not concluded within a reasonable time".

Amendment agreed to.

Bill reported with amendments.

Bill, as amended, received for final consideration and passed.

An Leas-Cheann Comhairle: Cuirfear an Bille chuig an Seanad anois agus gabhaim míle buíochas as bhur obair inniu.

Cuireadh an Dáil ar fionraí ar 6 p.m. agus cuireadh tús leis arís ar 6.10 p.m.

Sitting suspended at 6 p.m. and resumed at 6.10 p.m.

Commissions of Investigation (Amendment) Bill 2023: Second Stage (Resumed) [Private Members]

An Ceann Comhairle: I am sure it has not escaped most people's attention that we are a bit ahead of schedule. Due to the superb scheduling work of the Government Chief Whip and the management of business by the Leas-Cheann Comhairle, we are at risk of becoming a family-friendly Parliament already by getting the business done a lot earlier than normal. My thanks to everybody involved.

I must now deal with a postponed division relating to Second Stage of the Commissions of Investigation (Amendment) Bill 2023, taken on Thursday, 15 February 2024. On the question,

"That the Bill be now read a Second Time", a division was claimed and in accordance with Standing Order 80(2) that division must be taken now.

Question put:

The Dáil divided: Tá, 56; Níl, 73; Staon, 0.		
Tá	***Níl***	***Staon***
Andrews, Chris.	***Brophy, Colm.***	
Bacik, Ivana.	***Browne, James.***	
Barry, Mick.	***Bruton, Richard.***	
Berry, Cathal.	***Burke, Colm.***	
Brady, John.	***Burke, Peter.***	
Browne, Martin.	***Butler, Mary.***	
Buckley, Pat.	***Byrne, Thomas.***	
Cairns, Holly.	***Cahill, Jackie.***	
Canney, Seán.	***Calleary, Dara.***	
Clarke, Sorca.	***Cannon, Ciarán.***	
Collins, Joan.	***Carroll MacNeill, Jennifer.***	
Conway-Walsh, Rose.	***Chambers, Jack.***	
Cronin, Réada.	***Coveney, Simon.***	
Crowe, Seán.	***Cowen, Barry.***	
Cullinane, David.	***Devlin, Cormac.***	
Daly, Pa.	***Dillon, Alan.***	
Doherty, Pearse.	***Donnelly, Stephen.***	
Donnelly, Paul.	***Donohoe, Paschal.***	
Ellis, Dessie.	***Duffy, Francis Noel.***	
Farrell, Mairéad.	***Durkan, Bernard J.***	
Gannon, Gary.	***English, Damien.***	
Gould, Thomas.	***Farrell, Alan.***	
Guirke, Johnny.	***Feighan, Frankie.***	
Harkin, Marian.	***Flaherty, Joe.***	
Healy-Rae, Danny.	***Fleming, Sean.***	
Howlin, Brendan.	***Foley, Norma.***	
Kelly, Alan.	***Griffin, Brendan.***	
Kenny, Martin.	***Harris, Simon.***	
Kerrane, Claire.	***Haughey, Seán.***	
Mac Lochlainn, Pádraig.	***Heydon, Martin.***	
McDonald, Mary Lou.	***Higgins, Emer.***	
McGrath, Mattie.	***Humphreys, Heather.***	
Mitchell, Denise.	***Lahart, John.***	
Munster, Imelda.	***Lawless, James.***	
Murphy, Catherine.	***Leddin, Brian.***	
Murphy, Verona.	***Lowry, Michael.***	
Mythen, Johnny.	***Madigan, Josepha.***	

Nash, Ged.	***Martin, Catherine.***	
O'Callaghan, Cian.	***Martin, Micheál.***	
O'Reilly, Louise.	***Matthews, Steven.***	
O'Rourke, Darren.	***McAuliffe, Paul.***	
Ó Broin, Eoin.	***McConalogue, Charlie.***	
Ó Murchú, Ruairí.	***McEntee, Helen.***	
Ó Ríordáin, Aodhán.	***McGrath, Michael.***	
Ó Snodaigh, Aengus.	***McGuinness, John.***	
Quinlivan, Maurice.	***McHugh, Joe.***	
Ryan, Patricia.	***McNamara, Michael.***	
Shanahan, Matt.	***Moynihan, Aindrias.***	
Sherlock, Sean.	***Moynihan, Michael.***	
Shortall, Róisín.	***Murnane O'Connor, Jennifer.***	
Stanley, Brian.	***Naughton, Hildegarde.***	
Tóibín, Peadar.	***Noonan, Malcolm.***	
Tully, Pauline.	***O'Brien, Darragh.***	
Ward, Mark.	***O'Brien, Joe.***	
Whitmore, Jennifer.	***O'Callaghan, Jim.***	
Wynne, Violet-Anne.	***O'Connor, James.***	
	O'Dea, Willie.	
	O'Donnell, Kieran.	
	O'Donovan, Patrick.	
	O'Dowd, Fergus.	
	O'Gorman, Roderic.	
	O'Sullivan, Christopher.	
	O'Sullivan, Pádraig.	
	Ó Cathasaigh, Marc.	
	Ó Cuív, Éamon.	
	Rabbitte, Anne.	
	Richmond, Neale.	
	Ring, Michael.	
	Ryan, Eamon.	
	Smith, Brendan.	
	Smyth, Niamh.	
	Smyth, Ossian.	
	Troy, Robert.	

Tellers: Tá, Deputies Pádraig Mac Lochlainn and Denise Mitchell; Níl, Deputies Hildegarde Naughton and Cormac Devlin.

Question declared lost.

Paediatric Orthopaedic and Urology Services: Motion (Resumed) [Private Members]

The following motion was moved by Deputy David Cullinane on Tuesday, 20 February 2024:

That Dáil Éireann:

notes that, as of 13th February, 2024, there are 327 children listed as waiting on a scoliosis-related surgery with Children's Health Ireland (CHI), as compared to 312 in February 2017;

recalls the commitment given by the then Minister for Health, Simon Harris TD, in March 2017 that no child would wait more than four months for spinal surgery by the end of that year;

further notes that:

— 78 per cent of children are waiting longer than the Sláintecare target time for a paediatric orthopaedic inpatient appointment with CHI, and 81 per cent are waiting longer than the target time for paediatric urology;

— 84 per cent of children are waiting longer than the Sláintecare target time for a paediatric orthopaedic outpatient appointment with CHI, and 72 per cent are waiting longer than the target time for paediatric urology; and

— there is still uncertainty regarding the timeline for the transfer of services to the new Children's Hospital from the various Children's Health Ireland sites, and there are major concerns that a vast majority of children currently waiting for care will age out of paediatrics untreated;

expresses concern that:

— additional resources were made available to CHI to improve paediatric orthopaedic services, but members of the Oireachtas, members of the Government, patient advocates, and clinicians have expressed significant concerns regarding the use, extent, and effectiveness of this funding; and

— spinal surgical activity at CHI has been impacted by the voluntary leave of a consultant following significant concerns regarding return to surgery rates, infection rates, and allegations of inappropriate implantations at CHI Temple Street, the matters of which are subject to numerous reviews;

acknowledges:

— that the position of patient advocates is that existing reviews into CHI paediatric orthopaedic services are insufficient, too narrow in scope, and unlikely to

have a satisfactory impact or reveal the true extent of the problem;

— the letter sent by the Minister for Health to patient advocates dated 6th February, 2024, which states that a paediatric spinal surgery unit will be established within Children's Health Ireland, that a lead has been appointed, and that the Minister "would like to convene a Taskforce"; and

— that the position of patient advocates is that a comprehensive, transparent, structured programme of work should be carried out by an independent taskforce, to include a comprehensive examination of the range of services related to scoliosis and spina bifida, care pathways, health care infrastructure, and the related governance of CHI;

considers that the Government has failed to deliver on its health and social care commitments to children, and that children's health care services are not operating at a satisfactory level as evidenced in the Sláintecare waiting list metrics;

demands that these systemic and historical failures are not allowed to continue as children deserve better; and

calls on the Government to:

— establish a taskforce which is independent of CHI management, which will be mandated to listen, engage, and act on the advice and concerns of parents, patient advocates, and clinicians, and include these stakeholders in its reporting process;

— mandate the independent taskforce to conduct a comprehensive review of scoliosis and spina bifida services, including transitional care, post-surgical specialist rehabilitation, and full and appropriate access to community services;

— deliver equitable and quality access to care that is evidence-based and in line with international best practice;

— ensure access to children's health services and treatments is provided on the basis of clinical need and not ability to pay;

— establish a sustainable public model of delivering specialist care for children with scoliosis and/or spina bifida, with increased public provision of care and a reduced reliance on private providers;

— make best use of international service options where clinically appropriate, and provide a wraparound care package for children and their parents/guardians, to include follow-up care post-operatively in Ireland as this is the main barrier for travelling abroad for children who can travel;

— resource and expand the paediatric orthopaedic elective care centre at the National Orthopaedic Hospital Cappagh, including provision of paediatric critical care capacity to support complex surgeries and children deemed clinically complex;

— assess a suitable location for the provision of an elective paediatric urol-

ogy service and deliver such a service; and

— establish a permanent engagement process with patient advocacy and parent groups with lived experience, such as Spina Bifida Hydrocephalus Paediatric Advocacy Group and the Scoliosis Advocacy Network and others, at senior management level following the work of the taskforce.

Debate resumed on amendment No. 1:

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

"recognises that:

— waiting lists for spinal surgery remain too long, despite an increase in the number of procedures carried out in recent years; and

— the Government is committed to improving the waiting time for children seeking care;

notes that:

— the Government allocated €19 million of current and capital funding to help tackle these waiting lists by creating additional capacity;

— the €19 million investment supported an increase in the number of spinal procedures undertaken by our healthcare workers in both 2022 and 2023;

— 509 spinal procedures were carried out in 2022, and in 2023 464 spinal procedures were carried out as compared to 380 in 2019; this represents a 34 per cent increase and a 22 per cent increase respectively compared to 2019;

— at the end of December 2023 there were 78 active patients waiting over four months, which is a 13 per cent reduction compared to the end of 2022; and there were 231 patients waiting for spinal procedures, excluding suspensions, which is a five per cent reduction compared to the end of 2022;

— this Government will continue to invest significant funding to help reduce the amount of time children are waiting for important hospital appointments and procedures;

— Scoliosis and Spina Bifida were identified as a priority area, one of three priority areas, in both the 2022 and 2023 Waiting List Action Plans; and

— Scoliosis and Spina Bifida services will remain as priority areas under the 2024 Waiting List Action Plan;

further notes that:

— the Minister for Health intends to convene a Taskforce and invited all patient groups to input into the Terms of Reference;

— a dedicated Paediatric Spinal Surgery Management Unit has been established in Children's Health Ireland, which is focusing on the management and delivery of spinal surgery, including increased activity and further reducing the waiting lists;

— a Clinical Speciality Lead for Spinal Surgery, a Nurse Manager, and Business Manager have all commenced in post;

— work is underway on a paediatric spinal care programme of work which involves actions to tackle the current waiting lists, the design and transition to a dedicated Paediatric Spinal Service, and outsourcing options for clinically suitable children; and

— this Government is committed to seeing the new Children's Hospital opened as soon as possible.".

-

(Minister for Health)

An Ceann Comhairle: I must now deal with a postponed division relating to the motion regarding paediatric orthopaedic and urology services. On Tuesday, 20 February 2024, on the question, "That the amendment to the motion be agreed to", a division was claimed and in accordance with Standing Order 80(2), that division must be taken now.

Question put: "That the Bill be now read a Second Time."

The Dáil divided: Tá, 56; Níl, 73; Staon, 0.		
Tá	***Níl***	***Staon***
Andrews, Chris.	***Brophy, Colm.***	
Bacik, Ivana.	***Browne, James.***	
Barry, Mick.	***Bruton, Richard.***	
Berry, Cathal.	***Burke, Colm.***	
Brady, John.	***Burke, Peter.***	
Browne, Martin.	***Butler, Mary.***	
Buckley, Pat.	***Byrne, Thomas.***	
Cairns, Holly.	***Cahill, Jackie.***	
Canney, Seán.	***Calleary, Dara.***	
Clarke, Sorca.	***Cannon, Ciarán.***	
Collins, Joan.	***Carroll MacNeill, Jennifer.***	
Conway-Walsh, Rose.	***Chambers, Jack.***	
Cronin, Réada.	***Coveney, Simon.***	
Crowe, Seán.	***Cowen, Barry.***	
Cullinane, David.	***Devlin, Cormac.***	
Daly, Pa.	***Dillon, Alan.***	
Doherty, Pearse.	***Donnelly, Stephen.***	
Donnelly, Paul.	***Donohoe, Paschal.***	
Ellis, Dessie.	***Duffy, Francis Noel.***	
Farrell, Mairéad.	***Durkan, Bernard J.***	
Gannon, Gary.	***English, Damien.***	
Gould, Thomas.	***Farrell, Alan.***	
Guirke, Johnny.	***Feighan, Frankie.***	
Harkin, Marian.	***Flaherty, Joe.***	

Healy-Rae, Danny.	***Fleming, Sean.***	
Howlin, Brendan.	***Foley, Norma.***	
Kelly, Alan.	***Griffin, Brendan.***	
Kenny, Martin.	***Harris, Simon.***	
Kerrane, Claire.	***Haughey, Seán.***	
Mac Lochlainn, Pádraig.	***Heydon, Martin.***	
McDonald, Mary Lou.	***Higgins, Emer.***	
McGrath, Mattie.	***Humphreys, Heather.***	
Mitchell, Denise.	***Lahart, John.***	
Munster, Imelda.	***Lawless, James.***	
Murphy, Catherine.	***Leddin, Brian.***	
Murphy, Verona.	***Lowry, Michael.***	
Mythen, Johnny.	***Madigan, Josepha.***	
Nash, Ged.	***Martin, Catherine.***	
O'Callaghan, Cian.	***Martin, Micheál.***	
O'Reilly, Louise.	***Matthews, Steven.***	
O'Rourke, Darren.	***McAuliffe, Paul.***	
Ó Broin, Eoin.	***McConalogue, Charlie.***	
Ó Murchú, Ruairí.	***McEntee, Helen.***	
Ó Ríordáin, Aodhán.	***McGrath, Michael.***	
Ó Snodaigh, Aengus.	***McGuinness, John.***	
Quinlivan, Maurice.	***McHugh, Joe.***	
Ryan, Patricia.	***McNamara, Michael.***	
Shanahan, Matt.	***Moynihan, Aindrias.***	
Sherlock, Sean.	***Moynihan, Michael.***	
Shortall, Róisín.	***Murnane O'Connor, Jennifer.***	
Stanley, Brian.	***Naughton, Hildegarde.***	
Tóibín, Peadar.	***Noonan, Malcolm.***	
Tully, Pauline.	***O'Brien, Darragh.***	
Ward, Mark.	***O'Brien, Joe.***	
Whitmore, Jennifer.	***O'Callaghan, Jim.***	
Wynne, Violet-Anne.	***O'Connor, James.***	
	O'Dea, Willie.	
	O'Donnell, Kieran.	
	O'Donovan, Patrick.	
	O'Dowd, Fergus.	
	O'Gorman, Roderic.	
	O'Sullivan, Christopher.	
	O'Sullivan, Pádraig.	
	Ó Cathasaigh, Marc.	
	Ó Cuív, Éamon.	
	Rabbitte, Anne.	

	Richmond, Neale.	
	Ring, Michael.	
	Ryan, Eamon.	
	Smith, Brendan.	
	Smyth, Niamh.	
	Smyth, Ossian.	
	Troy, Robert.	

Tellers: Tá, Deputies Hildegarde Naughton and Cormac Devlin; Níl, Deputies Pádraig Mac Lochlainn and Denise Mitchell.

Amendment declared carried.

Question put: "That the motion, as amended, be agreed to."

The Dáil divided by electronic means.

Deputy Pádraig Mac Lochlainn: A Cheann Comhairle, this Government amendment is completely unnecessary. This is about an approach from parents of children in pain, with scoliosis, who have been failed by this State in a shameful way. Under Standing Order 83(3)(*b*), I propose that the vote be taken by other than electronic means.

Amendment put:

The Dáil divided: Tá, 71; Níl, 60; Staon, 0.		
Tá	***Níl***	***Staon***
Brophy, Colm.	***Andrews, Chris.***	
Browne, James.	***Bacik, Ivana.***	
Bruton, Richard.	***Barry, Mick.***	
Burke, Colm.	***Berry, Cathal.***	
Burke, Peter.	***Brady, John.***	
Butler, Mary.	***Browne, Martin.***	
Byrne, Thomas.	***Buckley, Pat.***	
Cahill, Jackie.	***Cairns, Holly.***	
Calleary, Dara.	***Canney, Seán.***	
Cannon, Ciarán.	***Clarke, Sorca.***	
Carroll MacNeill, Jennifer.	***Collins, Joan.***	
Chambers, Jack.	***Connolly, Catherine.***	
Coveney, Simon.	***Conway-Walsh, Rose.***	
Cowen, Barry.	***Cronin, Réada.***	
Devlin, Cormac.	***Crowe, Seán.***	
Dillon, Alan.	***Cullinane, David.***	

Donnelly, Stephen.	***Daly, Pa.***	
Donohoe, Paschal.	***Doherty, Pearse.***	
Duffy, Francis Noel.	***Donnelly, Paul.***	
Durkan, Bernard J.	***Ellis, Dessie.***	
English, Damien.	***Farrell, Mairéad.***	
Farrell, Alan.	***Gannon, Gary.***	
Feighan, Frankie.	***Gould, Thomas.***	
Flaherty, Joe.	***Guirke, Johnny.***	
Fleming, Sean.	***Harkin, Marian.***	
Foley, Norma.	***Healy-Rae, Danny.***	
Griffin, Brendan.	***Howlin, Brendan.***	
Harris, Simon.	***Kelly, Alan.***	
Haughey, Seán.	***Kenny, Martin.***	
Heydon, Martin.	***Kerrane, Claire.***	
Higgins, Emer.	***Lowry, Michael.***	
Humphreys, Heather.	***Mac Lochlainn, Pádraig.***	
Lahart, John.	***McDonald, Mary Lou.***	
Lawless, James.	***McGrath, Mattie.***	
Leddin, Brian.	***McNamara, Michael.***	
Madigan, Josepha.	***Mitchell, Denise.***	
Martin, Catherine.	***Munster, Imelda.***	
Martin, Micheál.	***Murphy, Catherine.***	
Matthews, Steven.	***Murphy, Verona.***	
McAuliffe, Paul.	***Mythen, Johnny.***	
McConalogue, Charlie.	***Nash, Ged.***	
McEntee, Helen.	***O'Callaghan, Cian.***	
McGrath, Michael.	***O'Reilly, Louise.***	
McGuinness, John.	***O'Rourke, Darren.***	
McHugh, Joe.	***Ó Broin, Eoin.***	
Moynihan, Aindrias.	***Ó Murchú, Ruairí.***	
Moynihan, Michael.	***Ó Ríordáin, Aodhán.***	
Murnane O'Connor, Jennifer.	***Ó Snodaigh, Aengus.***	
Naughton, Hildegarde.	***Quinlivan, Maurice.***	
Noonan, Malcolm.	***Ryan, Patricia.***	
O'Brien, Darragh.	***Shanahan, Matt.***	
O'Brien, Joe.	***Sherlock, Sean.***	
O'Callaghan, Jim.	***Shortall, Róisín.***	
O'Connor, James.	***Smith, Duncan.***	
O'Dea, Willie.	***Stanley, Brian.***	
O'Donnell, Kieran.	***Tóibín, Peadar.***	
O'Donovan, Patrick.	***Tully, Pauline.***	
O'Dowd, Fergus.	***Ward, Mark.***	

O'Gorman, Roderic.	***Whitmore, Jennifer.***	
O'Sullivan, Christopher.	***Wynne, Violet-Anne.***	
O'Sullivan, Pádraig.		
Ó Cathasaigh, Marc.		
Ó Cuív, Éamon.		
Rabbitte, Anne.		
Richmond, Neale.		
Ring, Michael.		
Ryan, Eamon.		
Smith, Brendan.		
Smyth, Niamh.		
Smyth, Ossian.		
Troy, Robert.		

Tellers: Tá, Deputies Cormac Devlin and Hildegarde Naughton; Níl, Deputies Denise Mitchell and Pádraig Mac Lochlainn.

Question declared carried.

Healthcare Provision in Rural Communities: Motion (Resumed) [Private Members]

The following motion was moved by Deputy Carol Nolan on Wednesday, 21 February 2024:

That Dáil Éireann:

recognises that:

— healthcare General Practice, being the patient's first point of contact with health services, provides person-centred and comprehensive care from the beginning to the end of life, often coordinating care between many agencies involved in the treatment of complex chronic illnesses;

— general practice in Ireland, providing professional quality care at the heart of the local community, is the cornerstone of the Irish health service, with General Practitioners (GPs) being the first port of call for most patients;

— over two-thirds of GPs (66 per cent) in rural Ireland are currently unable to take on new patients, with some reporting waiting times of up to two weeks for an appointment, according to a survey by the Irish Independent;

— the Irish Medical Organisation warns that Ireland, having only seven GPs per

10,000 population (one of the lowest in the European Union), falls well below the required minimum of 12 per 10,000 to ensure a safe and effective healthcare service;

— Government policy and planning has failed to ensure Ireland is training enough GPs for the population increase, leading to many GPs emigrating due to better pay, terms, and conditions abroad; in 2022 alone 442 Irish doctors were issued temporary work visas for Australia;

— the recent Irish Independent study highlights a mounting health crisis in rural Ireland, whereby a severe lack of healthcare accessibility is causing strain on residents and leading to delayed diagnoses and treatments;

— over two-thirds of GPs are currently not accepting new patients which signifies a shrinking healthcare horizon in rural Ireland;

— medical services in rural communities are currently unsustainable, as evidenced by patients reportedly waiting up to two weeks to secure a GP appointment;

— despite warnings from the Health Service Executive (HSE) years ago, little or nothing has been done at senior Government levels to address this unfolding crisis; and

— modelling suggests that by 2025 Ireland expects a shortage of between 493 and 1380 GPs, mainly in rural areas; this, coupled with an aging population and the likelihood that many GPs are due to retire by 2026 (expected to be around 700), paints a grim picture for a rural health service that is being hollowed out due to a lack of political support;

notes that:

— according to the Irish Independent study, 68 per cent of medical practices outside the country's main cities are not open to taking on new patients, reflecting a clear urban-rural divide;

— the urban-rural divide in healthcare access has stark implications, with rural patients facing significant barriers to timely medical care, despite rural areas having an older population compared to urban centres in Ireland;

— the cumulative effect of a lack of access to GPs in rural areas has led to an alarming rural health crisis, which is exacerbated by limited or absent public transport services making health services less accessible to rural people;

— the Irish Independent study found that, on average, patients in Dublin can be seen on the same day as a request for an appointment, while those in the midlands looking to book a non-urgent appointment with their GP could be waiting up to two weeks;

— the rural health crisis extends beyond patients to GPs in rural Ireland, with many practices closing down and the remaining ones grappling with overwhelming workloads due to a lack of support from the Department of Health and the HSE, resulting in onerous working conditions that deter new GPs;

— GPs often cite high insurance costs, overheads, and an overly bureaucratic system as obstacles to their patient-centred role, all of which are issues that the Government can

address;

— the rural healthcare crisis extends to an emergency in dental care provision where children are forced to wait up to ten years for treatment and less than half of eligible children were seen under the school screening programme last year;

— the rural healthcare crisis is further exacerbated by a severe shortage of home helps, a worsening crisis in every accident and emergency department, an almost non-existent mental health care service, and a severe lack of residential places for people with physical and mental disabilities;

— the Irish Dental Association has previously highlighted to the Oireachtas Joint Committee on Health that children are waiting up to ten years for treatment and less than half of those who were eligible for the school screening programme have been called for treatment;

— the number of dentists registered to treat patients under the Dental Treatment Service Scheme is in freefall, requiring a complete overhaul of the contract governing the scheme; and

— the failure of the Government and the Minister for Health to address the unfolding rural healthcare crisis will likely have a grave negative effect on the health and life expectancy of the rural population; and

calls on the Government to:

— accept that the leading cause of the severely diminished access to healthcare provision in rural areas is Government neglect and inaction in adopting a strategic rural healthcare framework that incorporates increased resources by the Minister for Health and the HSE;

— end the policy and practice of addressing all healthcare policy problems through a narrow Dublin-based approach, and recognise the healthcare problem in rural Ireland, accepting that rural residents deserve equal access to healthcare;

— explain how, despite an increased national health budget, the country is witnessing a steady deterioration of health services, especially in rural communities;

— urgently address the rural health crisis by establishing a high-level Ministerial working group or Cabinet sub-Committee to generate immediate, medium-term, and long-term solutions, and report to the Dáil within four weeks from this day with a strategic roadmap to reverse this decline;

— immediately implement a strategic ‘rural proofing’ and ‘patient first’ approach to all healthcare policies;

— acknowledge that trying to recruit more GPs or allied health professionals from abroad is unlikely to succeed given the global shortage of both these groups of professionals;

— increase the number of GPs through sustained Government funding and a long-term GP workforce strategy and plan, addressing the unhealthy work climate for GPs by

improving support, reducing their administrative workloads, and tackling their patient workload intensity and volume, as well as long hours;

— implement policies that will make the provision of rural healthcare attractive for young doctors, such as offering scholarships to medical students from rural areas to return and practice in their home areas;

— ensure the HSE changes policy and puts in place new salaried GP posts where vacancies remain unfilled in rural areas, along with providing premises and staff in areas where the patient list is small; and

— recognise that action is long overdue and the fact that Ireland does not have enough GPs to meet patient numbers, especially in rural Ireland, which constitutes a national health emergency that needs to be treated as such.

Debate resumed on amendment No. 1:

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

"recognises that:

— access to effective and sustainable general practice services is a cornerstone of the delivery of healthcare;

— the Government, recognising the importance of general practice and acknowledging the challenges faced in some areas to maintain sustainable general practice services, has significantly increased investment in general practice in recent years;

— expenditure on general practice has increased from €561 million in 2019 to €784 million in 2022, with expenditure in 2023 likely to exceed €800 million;

— some areas are experiencing challenges in attracting General Practitioners (GPs);

— the implementation of the 2019 GP Agreement increased the Rural Practice Grant by 10 per cent, increasing the financial support to rural GPs;

— the Government has increased the number of GP training places from 258 in 2022 to 286 in 2023 and 350 in 2024;

— applications to join the GP training programme in 2024 reached the record-high level of 1,311 medical graduates;

— research undertaken by the Department of Health indicates that for every GP retiring over the coming four years one and a half to three GPs will enter practice;

— the Government has provided funding to the joint Irish College of General Practitioners/Health Service Executive (HSE) non-EU Rural GP initiative that resulted in the recruitment of 112 GPs from outside Ireland in 2023, with 75 already in place by year-end;

— the Government has provided funding to increase the number of GPs recruited under the non-EU Rural GP Initiative to up to 250 in 2024;

— Irish College of General Practitioners surveys have demonstrated that a large majority of GPs graduating from training intend to remain and to work in general practice in Ireland;

— the role of general practice is continually evolving to include new and innovative services, such as the Chronic Disease Management Programme which helps patients living with chronic obstructive pulmonary disease, asthma, chronic heart disease, and diabetes to proactively manage their conditions in the community, improving quality of life;

— the Government has put in place the resources to allow GPs to refer patients directly to diagnostic services, resulting in reductions in waiting times and earlier diagnosis;

— this Government has consistently made significant increases in expenditure on health services, resulting in an increase of 26,000 staff in the HSE, an additional 1,126 acute hospital beds, 25 per cent more intensive care beds, and a fall in hospital waiting lists for two years in succession in 2022 and 2023;

— there has been considerable additional investment in oral healthcare services in recent years, including an expansion in 2022 of care available within the Dental Treatment Services Scheme for adult medical card holders and a 40-60 per cent increase in fees paid to dentists across most treatment items; and

— sustained investment in recent years has reduced the numbers of children waiting to access public orthodontic care by 47 per cent between 2019 and 2023; and

agrees that:

— the Government is committed to fundamentally reforming dental services through implementation of the National Oral Health Policy, Smile agus Sláinte and that the HSE's Strategic Reform Lead will drive service reform for adults and children in line with policy in 2024;

— increased investment is making general practice in both urban and rural areas a more attractive career prospect for medical graduates;

— the initiatives taken by the Government to increase the number of training places and to recruit non-EU GPs will result in an increase in the number of GPs providing services in both urban and rural areas; and

— the measures supported by this Government will result in an increase in the ratio of GPs to population and improved services for patients.".

- (Minister of State at the Department of Health, Deputy Mary Butler)

An Ceann Comhairle: I must now deal with a postponed division relating to the motion regarding healthcare provision in rural communities. On Wednesday, 21 February 2024, on the question, "That the amendment to the motion be agreed to", a division was claimed and in accordance with Standing Order 80(2), that division must be taken now.

Question again put:

The Dáil divided: Tá, 71; Níl, 61; Staon, 0.		
Tá	***Níl***	***Staon***
Brophy, Colm.	***Andrews, Chris.***	
Browne, James.	***Bacik, Ivana.***	
Bruton, Richard.	***Barry, Mick.***	
Burke, Colm.	***Berry, Cathal.***	
Burke, Peter.	***Brady, John.***	
Butler, Mary.	***Browne, Martin.***	
Byrne, Thomas.	***Buckley, Pat.***	
Cahill, Jackie.	***Cairns, Holly.***	
Calleary, Dara.	***Canney, Seán.***	
Cannon, Ciarán.	***Clarke, Sorca.***	
Carroll MacNeill, Jennifer.	***Collins, Joan.***	
Chambers, Jack.	***Connolly, Catherine.***	
Coveney, Simon.	***Conway-Walsh, Rose.***	
Cowen, Barry.	***Cronin, Réada.***	
Devlin, Cormac.	***Crowe, Seán.***	
Dillon, Alan.	***Cullinane, David.***	
Donnelly, Stephen.	***Daly, Pa.***	
Donohoe, Paschal.	***Doherty, Pearse.***	
Duffy, Francis Noel.	***Donnelly, Paul.***	
Durkan, Bernard J.	***Ellis, Dessie.***	
English, Damien.	***Farrell, Mairéad.***	
Farrell, Alan.	***Funchion, Kathleen.***	
Feighan, Frankie.	***Gannon, Gary.***	
Flaherty, Joe.	***Gould, Thomas.***	
Fleming, Sean.	***Guirke, Johnny.***	
Foley, Norma.	***Harkin, Marian.***	
Griffin, Brendan.	***Healy-Rae, Danny.***	
Harris, Simon.	***Howlin, Brendan.***	
Haughey, Seán.	***Kelly, Alan.***	
Heydon, Martin.	***Kenny, Martin.***	
Higgins, Emer.	***Kerrane, Claire.***	
Humphreys, Heather.	***Mac Lochlainn, Pádraig.***	
Lahart, John.	***McDonald, Mary Lou.***	
Lawless, James.	***McGrath, Mattie.***	
Leddin, Brian.	***McNamara, Michael.***	
Madigan, Josepha.	***Mitchell, Denise.***	
Martin, Catherine.	***Munster, Imelda.***	
Martin, Micheál.	***Murphy, Catherine.***	
Matthews, Steven.	***Murphy, Paul.***	
McAuliffe, Paul.	***Murphy, Verona.***	
McConalogue, Charlie.	***Mythen, Johnny.***	

McEntee, Helen.	***Nash, Ged.***	
McGrath, Michael.	***O'Callaghan, Cian.***	
McGuinness, John.	***O'Reilly, Louise.***	
McHugh, Joe.	***O'Rourke, Darren.***	
Moynihan, Aindrias.	***Ó Broin, Eoin.***	
Moynihan, Michael.	***Ó Murchú, Ruairí.***	
Murnane O'Connor, Jennifer.	***Ó Ríordáin, Aodhán.***	
Naughton, Hildegarde.	***Ó Snodaigh, Aengus.***	
Noonan, Malcolm.	***Quinlivan, Maurice.***	
O'Brien, Darragh.	***Ryan, Patricia.***	
O'Brien, Joe.	***Shanahan, Matt.***	
O'Callaghan, Jim.	***Sherlock, Sean.***	
O'Connor, James.	***Shortall, Róisín.***	
O'Dea, Willie.	***Smith, Duncan.***	
O'Donnell, Kieran.	***Stanley, Brian.***	
O'Donovan, Patrick.	***Tóibín, Peadar.***	
O'Dowd, Fergus.	***Tully, Pauline.***	
O'Gorman, Roderic.	***Ward, Mark.***	
O'Sullivan, Christopher.	***Whitmore, Jennifer.***	
O'Sullivan, Pádraig.	***Wynne, Violet-Anne.***	
Ó Cathasaigh, Marc.		
Ó Cuív, Éamon.		
Rabbitte, Anne.		
Richmond, Neale.		
Ring, Michael.		
Ryan, Eamon.		
Smith, Brendan.		
Smyth, Niamh.		
Smyth, Ossian.		
Troy, Robert.		

Tellers: Tá, Deputies Hildegarde Naughton and Cormac Devlin; Níl, Deputies Mattie McGrath and Danny Healy-Rae.

Amendment declared carried.

Motion, as amended, put and declared carried.

Civil Law (Miscellaneous Provisions) Act 2022 (Section 4(2)) (Scheme Termination Date) Order 2024: Motion (Resumed)

The following motion was moved by the Minister for Children, Equality, Disability, Integration and Youth, Deputy Roderic O'Gorman, on Wednesday, 21 February 2024:

That Dáil Éireann approves the following Order in draft;

Civil Law (Miscellaneous Provisions) Act 2022 (Section 4(2)) (Scheme Termination Date) Order 2024,

a copy of which was laid in draft form before Dáil Éireann on 25th January, 2024.

Debate resumed on amendment No. 1:

To insert the following after "25th January, 2024":

": provided that this Order shall take effect only after the Civil Law (Miscellaneous Provisions) Act 2022 has been amended to provide for the Accommodation Recognition Payment Scheme termination date to be extended only for the following:

— existing recipients with respect to the beneficiaries of temporary protection currently benefiting from the scheme; and

— new applicants who propose to host a beneficiary of temporary protection in their property which is also their own principle primary residence and who have not availed of the Rent-a-Room Scheme in the previous 12 months".

- (Deputy Pearse Doherty)

An Ceann Comhairle: I must now deal with a deferred division relating to amendment No. 1, in the name of Deputy Pearse Doherty, to the motion regarding the proposed approval by Dáil Éireann of the Civil Law (Miscellaneous Provisions) Act 2022 (Section 4(2)) (Scheme Termination Date) Order 2024. On Wednesday, 21 February 2022, on the question "That the amendment be made", a division was claimed and that division must be taken now.

Amendment put:

The Dáil divided: Tá, 70; Níl, 60; Staon, 0.		
Tá	***Níl***	***Staon***
Brophy, Colm.	***Andrews, Chris.***	
Browne, James.	***Bacik, Ivana.***	
Bruton, Richard.	***Barry, Mick.***	
Burke, Colm.	***Berry, Cathal.***	
Burke, Peter.	***Brady, John.***	
Butler, Mary.	***Browne, Martin.***	
Byrne, Thomas.	***Buckley, Pat.***	
Cahill, Jackie.	***Cairns, Holly.***	
Calleary, Dara.	***Canney, Seán.***	
Cannon, Ciarán.	***Clarke, Sorca.***	

Carroll MacNeill, Jennifer.	***Collins, Joan.***	
Chambers, Jack.	***Connolly, Catherine.***	
Coveney, Simon.	***Conway-Walsh, Rose.***	
Cowen, Barry.	***Cronin, Réada.***	
Devlin, Cormac.	***Crowe, Seán.***	
Dillon, Alan.	***Cullinane, David.***	
Donnelly, Stephen.	***Daly, Pa.***	
Donohoe, Paschal.	***Doherty, Pearse.***	
Duffy, Francis Noel.	***Donnelly, Paul.***	
Durkan, Bernard J.	***Ellis, Dessie.***	
English, Damien.	***Farrell, Mairéad.***	
Farrell, Alan.	***Funchion, Kathleen.***	
Feighan, Frankie.	***Gannon, Gary.***	
Flaherty, Joe.	***Guirke, Johnny.***	
Foley, Norma.	***Harkin, Marian.***	
Griffin, Brendan.	***Healy-Rae, Danny.***	
Harris, Simon.	***Howlin, Brendan.***	
Haughey, Seán.	***Kelly, Alan.***	
Heydon, Martin.	***Kenny, Martin.***	
Higgins, Emer.	***Kerrane, Claire.***	
Humphreys, Heather.	***Lowry, Michael.***	
Lahart, John.	***Mac Lochlainn, Pádraig.***	
Lawless, James.	***McDonald, Mary Lou.***	
Leddin, Brian.	***McGrath, Mattie.***	
Madigan, Josepha.	***McNamara, Michael.***	
Martin, Catherine.	***Mitchell, Denise.***	
Martin, Micheál.	***Munster, Imelda.***	
Matthews, Steven.	***Murphy, Catherine.***	
McAuliffe, Paul.	***Murphy, Paul.***	
McConalogue, Charlie.	***Murphy, Verona.***	
McEntee, Helen.	***Mythen, Johnny.***	
McGrath, Michael.	***Nash, Ged.***	
McGuinness, John.	***O'Callaghan, Cian.***	
McHugh, Joe.	***O'Reilly, Louise.***	
Moynihan, Aindrias.	***O'Rourke, Darren.***	
Moynihan, Michael.	***Ó Broin, Eoin.***	
Murnane O'Connor, Jennifer.	***Ó Murchú, Ruairí.***	
Naughton, Hildegarde.	***Ó Ríordáin, Aodhán.***	
Noonan, Malcolm.	***Ó Snodaigh, Aengus.***	
O'Brien, Darragh.	***Quinlivan, Maurice.***	
O'Brien, Joe.	***Ryan, Patricia.***	
O'Callaghan, Jim.	***Shanahan, Matt.***	

O'Connor, James.	***Sherlock, Sean.***	
O'Dea, Willie.	***Shortall, Róisín.***	
O'Donnell, Kieran.	***Stanley, Brian.***	
O'Donovan, Patrick.	***Tóibín, Peadar.***	
O'Dowd, Fergus.	***Tully, Pauline.***	
O'Gorman, Roderic.	***Ward, Mark.***	
O'Sullivan, Christopher.	***Whitmore, Jennifer.***	
O'Sullivan, Pádraig.	***Wynne, Violet-Anne.***	
Ó Cathasaigh, Marc.		
Ó Cuív, Éamon.		
Rabbitte, Anne.		
Richmond, Neale.		
Ring, Michael.		
Ryan, Eamon.		
Smith, Brendan.		
Smyth, Niamh.		
Smyth, Ossian.		
Troy, Robert.		

Tellers: Tá, Deputies Pádraig Mac Lochlainn and Denise Mitchell; Níl, Deputies Hildegarde Naughton and Cormac Devlin.

Amendment declared lost.

Motion put and declared carried.

Cuireadh an Dáil ar athló ar 7.14 p.m. go dtí 9 a.m., Déardaoin, an 22 Feabhra 2024.

The Dáil adjourned at 7.14 p.m. until 9 a.m. on Thursday, 22 February 2024.