DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE AGUS LEANAÍ

JOINT COMMITTEE ON HEALTH AND CHILDREN

Dé Máirt, 06 Deireadh Fómhair 2015

Tuesday, 06 October 2015

The Joint Committee met at 4.30 p.m.

MEMBERS PRESENT:

Deputy Catherine Byrne,	Senator Thomas Byrne,
Deputy Ciara Conway,	Senator John Crown,
Deputy Peter Fitzpatrick,	Senator Jillian van Turnhout.
Deputy Billy Kelleher,	
Deputy Sandra McLellan,	
Deputy Mary Mitchell O'Connor,	
Deputy Dan Neville,	
Deputy Caoimhghín Ó Caoláin,	

In attendance: Deputy Pat Deering..

DEPUTY JERRY BUTTIMER IN THE CHAIR.

Health Services: Quarterly Update

Chairman: I welcome the Minister for Health, Deputy Leo Varadkar, the Minister of State at the Department of Health, Deputy Kathleen Lynch, the director general of the Health Service Executive, HSE, Mr. Tony O'Brien, and his staff in the HSE, Ms Laverne McGuinness, Mr. John Hennessy, Mr. Liam Woods, Mr. Pat Healy, Ms Anne O'Connor and Dr. Colm Henry to our quarterly meeting. I thank Mr. Ray Mitchell and Mr. Derek McCormack for their co-operation and assistance in the co-ordination of the meeting.

Our quarterly meeting is an opportunity for members to discuss issues in the health portfolio of the Department of Health and the Health Service Executive. I thank the Minister and the Minister of State for their attendance. We have received apologies from Deputy Ciara Conway and Senators Colm Burke and Imelda Henry. Deputy Healy will be late to the meeting.

I am sure all members will join me in congratulating Professor William Campbell who yesterday was jointly awarded the Nobel Prize for medicine and physiology. Professor Campbell is currently the research fellow emeritus at Drew University, Madison, New Jersey, and hails from Ramelton in County Donegal. Members will agree that his award-winning contribution to the fight against infectious diseases will help to save many lives. We congratulate him on his outstanding award.

As I did last Thursday, I also wish to thank and pay tribute to our good friend, Mr. Paddy Burke, the former head of the primary care reimbursement scheme, PCRS, who has retired. For members of the committee who had the pleasure of dealing with him, he was a good man with whom to do business. One certainly would not wish to pick a fight with him without having the full facts. I thank him for his courtesy, professionalism and good humour. If I were going into battle, I would certainly have him on my side rather than against me. I wish him and his family every success, health and happiness in his retirement. He was a very nice person to deal with and, on my behalf, I thank him for his service to the State and his assistance to the committee. I am sure members will join me in saying that.

Deputy Caoimhghín Ó Caoláin: Last Thursday, the committee members were of one voice in reflecting very positively on the interaction and engagement we have had over a number of years with Paddy in his role at the PCRS. I acknowledge his approachability and courtesy at all times. Personally, I appreciated it and that would be the experience of members who had any dealings with him over recent times. I extend best wishes to him and wish his successor, Anne Marie McEvoy, every success in her new role and responsibilities.

Chairman: Before we commence I wish to advise the witnesses that by virtue of section 17(2)(*l*) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the committee to cease giving evidence on a particular matter and they continue to so do, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the House or an official either by name or in such a way as to make him or her identifiable.

I invite the Minister, Deputy Varadkar, to make his opening remarks.

Minister for Health (Deputy Leo Varadkar): Before I start, I wish to join you, Chairman, in extending my congratulations to Professor William Campbell, a graduate of Trinity College Dublin and of Irish birth, on winning a Nobel Prize. It makes all of us very proud.

I thank the committee for the invitation to attend the meeting today. I am joined by the Minister of State, Deputy Kathleen Lynch, HSE director general, Mr. Tony O'Brien, deputy director general, Ms Laverne Mc Guinness, and members of the HSE directorate. Our last quarterly meeting was in May and I took that opportunity to update the committee on progress on our 2015 work programme - 25 actions under five major themes. I welcome the opportunity to give a further update on those actions today.

Before I do that, a major focus of attention at present is budget 2016. Discussions are under way between my Department and the Department of Public Expenditure and Reform. As nothing has been agreed at this stage, I am not in a position to go into any detail about what is contained in budget 2016 for health, or for any other sector. I am sure the committee will understand why that is the case.

What I can say is that the Exchequer funding in 2015 provided the first increase in seven years for the health services and was very welcome. However, pressures are arising in a number of areas, particularly in expenditure on hospitals, demand-led schemes and legal settlements. The committee will also be aware that during the year, the Government decided to spend additional funds in a number of areas, including general practitioner, GP, care without fees for children under six years of age and adults aged 70 or over, and a new programme to manage diabetes in general practice. The Government also committed additional funding of almost €100 million to address the issue of delayed discharges and emergency department overcrowding, as well as another €51 million to address long waiting times for public patients.

There will be a Supplementary Estimate to account for the additional investment in the services over the course of 2015. It is not yet possible to quantify exactly the level of the Estimates that will be required given, in particular, the uncertainty around demand- led schemes and legal settlements. My officials continue to work closely with the HSE to ensure that the greatest degree of budgetary control is exercised.

Getting back to the actions for 2015, the first theme is Healthy Ireland. Tomorrow, I will publish the results of the first Healthy Ireland survey. It gives us an up-to-date picture of the health of the nation in areas such as nutrition, alcohol consumption, smoking, physical activity, weight, sexual health and well-being. The last survey of this type was carried out in 2007, so it is a timely and important update which will help to inform our policy choices in the years ahead. Committee members have been invited to the launch and I hope to see many of them there tomorrow in the GPO.

I plan to publish the general scheme of the Public Health (Alcohol) Bill very shortly. Alcohol misuse is a blight on our economy, society and health services and the Bill will give us new powers and tools to tackle it. The Department is also developing regulations on tobacco packaging further to the approval by the Oireachtas of the underpinning legislation last spring.

As the committee knows, it is subject to legal challenge and we are now addressing some other issues that have arisen relating to the appearance of tobacco packaging. We will do this through technical amendments to the Act which we will shortly bring to the Government for approval.

On obesity, the Department recently published the results of its public consultation on how we can work together to address the challenge of excess weight and obesity. We are using the results to finalise, by the end of the year, a new obesity policy and action plan. This is a major personal and public health issue, in particular for our children. It is vital we address it now, not just for our children but also for their children.

Through the course of the year, we have been phasing in regulations and measures restricting the use of sunbeds to people over 18 years of age. In August, we published guidelines on test purchasing to help environmental health officers to enforce the Public Health (Sunbeds) Act and protect young people from the dangers associated with the use of sunbeds.

The second theme is patient outcomes and patient safety. I have taken a personal interest in emergency department overcrowding and have secured almost €85 million in additional funding this year to alleviate the problem. This has allowed us to reduce the waiting time for the fair deal nursing home support scheme from 15 weeks to four, which in turn has reduced delayed discharges in hospitals from 850 at its peak to under 600 now, freeing up 250 acute beds every day. It has also allowed us to open another 150 community beds, including Dublin's first community hospital at Mount Carmel. More community beds will be opened before the end of the year. It has also allowed us to increase investment in health services and keep patients out of hospital altogether or allow them to get home earlier, thanks to community intervention teams, day hospitals and acute medical admission units. This will continue.

While we have seen an improvement in patient experience times in our emergency departments, that is the length of time a patient spends in the emergency department before being admitted or sent home, and a fall in the numbers of people waiting on a trolley for more than nine hours, morning peak overcrowding has not improved and is still worse than it was at the same point last year. The next steps are to open approximately 300 additional hospital beds across the country in November and December. The director general and his team are visiting the worst affected hospitals to see what can be done to address other blockages, such as diagnostics and rapid access to outpatients.

It is also clear that we need more weekend discharges and more evening ward rounds to reduce length of stay, and senior decision makers reviewing patients shortly after or before admission to reduce unnecessary admissions and length of stay. I understand the distress and hardship that all of this causes to patients, their families and, of course, staff.

On the long waiting times for public patients, a total of €51 million in additional funding has been made available to hospitals to enable them to reach the 15 month maximum waiting time, either in-house or through outsourcing if necessary. To date, 5,770 people have benefitted from this initiative and have had a procedure or operation done that would not have been done otherwise. A total of 970 of those were done in the private sector. Some 48,702 people have had an outpatient appointment under this initiative, 14,000 of them in the private sector. So most of it has been done in-house.

In tandem with the additional funding, the HSE launched a new initiative to ensure that hospitals comply with the new maximums and address any outstanding long waits for inpatient and outpatient procedures. Hospitals that breached the 18-month maximum waiting time in

August began being fined from September. It is accepted, however, that for some subspecialties the capacity simply does not exist in the public or private sectors or even abroad. Therefore, an exemption is made for these.

The third theme is universal health. Since we last met, we have put in place GP care without fees for those aged under six and over 70. This represents the first step in the phased introduction of a universal GP service and is benefiting more than 300,000 senior citizens and children. Last week we launched the diabetes cycle of care for medical card or GP-visit card holders who have type-2 diabetes. To date, 30,000 patients have been enrolled. I hope this can serve as a model for other common chronic diseases to be managed in general practice or a primary care centre rather than a hospital clinic.

The authorisation of the VHI by the Central Bank at the end of July is an important milestone. Lifetime community rating is in place and there are now 93,000 more people with health insurance than there were at the start of the year. While there have been increases in many premiums, the age of double-digit annual increases is behind us.

I am a strong believer in universal health care, by which I mean access to affordable health care for everyone in a timely manner. However, the foundations have to be put in place first. These include addressing some of the significant capacity constraints that exist in our health service, the full implementation of activity-based funding, the establishment of the health-care pricing office on a statutory basis, a new, fairer drug reimbursement scheme and the further development of the hospital groups and community health care organisations. It should not be rushed but we can do something every year to significantly improve access to health care, which might be considered universal health care in steps.

The fourth theme is reform. I am very much behind the hospital groups. The CEOs and their senior teams are now in place and I hope to appoint the remaining boards as soon as possible. Legislation is being prepared to establish the children's hospital group trust on a statutory basis and legislation to establish the other hospital groups can be done within two years. Nine community health care organisations have also been established. Together, these reforms will enable the creation of a purchaser-provider split and the establishment of a commissioning body. They will also provide for the HSE to be dismantled during the term of the next Government.

One of my priorities is to ensure that activity-based funding, ABF, is embedded across the health service. The HSE health care pricing office has published an implementation plan which sets out objectives up to 2017. This is a great opportunity to use ABF to improve the quality and efficiency of inpatient and day-case treatment, expand ABF into other services such as those relating to outpatients and, after that, beyond the hospital walls and into primary care.

The fifth theme is investment in modern infrastructure and facilities including ICT. Earlier this week the Government approved a capital envelope of more than €3 billion over six years for health and public private partnerships to the value of €150 million. This will allow works to begin on the four major national hospital projects next year, subject to planning permission. These are: the new National Children's Hospital on the campus of St James's and the satellite centres in Blanchardstown and Tallaght; the new National Maternity Hospital to be co-located with St Vincent's; the new National Rehabilitation Hospital in Dún Laoghaire; and a new national forensic mental health hospital in Portrane. It will also allow significant progress to be made on five major national programmes: the national radiation oncology programme in Cork, Galway and Beaumont; a major €300 million programme to refurbish or replace community

nursing units and residential facilities for people with disabilities; to continue to provide ten new primary care centres every year; relocating the three remaining stand-alone maternity hospitals, Rotunda, Coombe and Limerick; and a major investment in new ICT, including important projects such as the individual health identifier, online GP referral, the electronic patient record and a new financial system.

I wish to address the challenging area of recruitment in the health service. The challenges are real and well known. Less well known perhaps is the very real progress being made. By the end of July of this year, the HSE had filled more consultant posts than it had during the whole of last year. The number of consultants employed in the year from 31 August 2014 to 31 August 2015 increased by 72 net - from 2,623 at the end of August last year to 2,695 at the end of August this year. At the current rate, we could see as many as 130 additional consultants appointed this year. The vacancy rate is now falling and stands at 170, which is 6.3%. There are now almost 300 more consultants than when the Government came to office.

While it continues to be difficult to fill vacancies in some specialties and hospitals, overall the picture is improving. The new pay scales agreed with the IMO at the Labour Relations Commission mean that post-CCST experience and relevant higher qualifications are now recognised for incremental credit, making posts more attractive financially.

There are now 5,500 non-consultant hospital doctors, the highest number ever, and 1,000 more than when the Government came to office. Notwithstanding the difficulties in some rural and deprived urban areas, the number of GPs with GMS contracts is stable. This is a somewhat different picture than others would have us believe, but these are the facts.

While overall nursing numbers are down on those which obtained in 2008, the number of midwives, advanced nurse practitioners and clinic nurse specialists is now at an all-time high, with plans for further recruitment. As of the end of August, there were 44 more nurses working in our health services than at the start of the year and 578 more than this time last year. In July, the HSE launched a new campaign to attract 500 nurses and midwives back to Ireland from the UK and elsewhere to fill vacancies. As of two weeks ago, over 300 applications had been received and were being shortlisted for suitability. Early indications suggest that the vast majority of the graduating class of nurses in 2015 are staying in Ireland, which is very encouraging. The spend on agency staff so far this year is €11 million less than last year.

In conclusion, 2015 is a story of real progress in some areas but of growing challenges in others. We have reduced waiting times for the fair deal to less than four weeks, reduced delayed discharges to the lowest in many years, stabilised the health insurance market to allow more people get covered, and extended free GP care to the youngest and oldest as the first phases of universal health care. We are turning the tide on recruitment of nurses and consultants. However, emergency department overcrowding and long waiting times for public patients persist as serious challenges, as does financial control across the health service.

I will now allow the Minister of State, Deputy Kathleen Lynch, and the director general to provide their updates and I will be happy to take questions later.

Minister of State at the Department of Health (Deputy Kathleen Lynch): I wish to speak about two areas, one of which is the child and adolescent mental health services, CAMHS. At the start of this year I sat around the table with the directorate with responsibility for mental health - of both adults and children - to examine the waiting list, which was substantial and stood at 3,206. The group did an incredible job of analysing the waiting list to identify the de-

lays, who was waiting longest, the nature of their diagnoses, the treatment they were waiting for and how they were going to be seen. As a result of that, between March and August the number of people on the list decreased by 30%. We are particularly focused on those waiting longer than 12 months for their first appointment. It was pointed out to me that people who are waiting longer than 12 months are not the urgent cases requiring immediate attention. Nevertheless, I can only imagine what it must be like to have a child in those circumstances and to be waiting for that long for an appointment.

We have been reducing the waiting list month on month since March. During July and August we reduced it by a further 20%, bringing it down from 300 in July to 241 in August. One particular area accounts for almost half of the remaining number and we are looking at a particular targeted intervention where we are insisting on that number being reduced dramatically. As soon as we have eliminated those who have been waiting longer than 12 months from the list, we will move on to people who have been waiting for more than nine months.

This is happening at a time of increasing demand. This is not a static figure and demand for the services is increasing. I compliment the director and her staff. The initiative was very well thought out and had many elements within it. It was done on an area-by-area basis. All teams in each area were asked to come on board. One particular initiative by a consultant and some of her staff cleared a waiting list in four weeks. It is not always about additional resources although, naturally, when we are talking about children and their mental health, the appropriate type of resources are important. In this instance, it was about a different way of doing things and I am glad to see that progress is being made.

On speech and language therapy, we intend to take a serious look at the waiting lists. We have difficulties in certain areas, such as Kildare, west Wicklow, Cork and Dublin north. There are difficulties with accessing treatment in Cork north Lee, Wexford, Laois and Offaly. We have to approach this in a very targeted way and intend to start that process very shortly. That will be within the primary care section. We intend to look at the backlog and intend that it will be dealt with over the next four to six months. This will cost approximately €1.5 million as a once-off cost. We are putting in place a long-term approach so that the numbers will not start to rise again. It is about doing things differently, taking an in-depth and intensive look at one particular area. I thought the committee should know that there is good news as well, despite some of the things we hear.

Chairman: I thank the Minister of State. I invite Mr. Tony O'Brien to make his opening remarks.

Mr. Tony O'Brien: I thank the Chairman for the invitation to attend the committee meeting. I am joined by a number of my colleagues. Members will know the usual suspects, although Dr. Colm Henry is not here so often. He is the national clinical adviser and group lead for acute hospitals.

The committee has had written replies on many issues, so I will not cover those. I will say a word on performance and activity against the 2015 national service plan. The number of delayed discharges had fallen from a peak of 850 on 4 January to 557 at the end of July. Additional funding of €74 million to be provided by Government via a supplementary has assisted in alleviating pressures in acute hospitals by providing additional nursing home placements. There has been a reduction in the number of patients waiting for nursing home support scheme, NHSS, funding, which is now 544, below the target range of 550 to 580.

The national service plan 2015 prioritises a reduction in waiting times for hospital care with a focus on those waiting the longest so that nobody will wait longer than 18 months at the end of June and 15 months by year end. In July 99% of adults were seen within this timeframe for an inpatient or day case procedure and 97.5% of patients were waiting less than 18 months for an outpatient appointment. Plans are being finalised to ensure that the year-end maximum wait time of 15 months is achieved.

The percentage of ECHO emergency ambulance calls responded to within 18 minutes and 59 seconds reached 77% and the response to DELTA calls reached 67% during the month of July. Some 14,476 people were in receipt of a home care package during July, 11.8% more than last year. There were 725,200 personal assistance hours provided to adults with a physical and-or sensory disability for the first seven months of the year, an increase of 67,346, or 10.2%.

As the Minister of State has mentioned, the number of children and adolescents waiting longer than 12 months for a first appointment with a child and adolescent mental health team was 300 at the end of July, which is a reduction of 146, or 32.7%, compared to 2014. In mental health services, difficulty in filling staff vacancies remains a significant challenge to providing timely and appropriate care. A number of recruitment campaigns are under way to address this.

Chairman: I am sorry to interrupt. There is a vote in the Dáil. Perhaps we could suspend after Mr. O'Brien has concluded his opening remarks.

Mr. Tony O'Brien: Okay.

The HSE began its winter planning process earlier this year with a view to having the winter plans in place for every hospital by the end of September. The plans address capacity and escalation challenges at group and hospital levels to deal effectively with surge requirements. Additional funding of almost €10 million has been approved and will be provided by supplementary to support additional capacity in hospitals, palliative care and social care services. This is in addition to the €74 million that was approved earlier this year for delayed discharges.

Group CEOs are working to have the additional acute capacity in place during November in order to prepare effectively for the winter. This funding provides for an additional 300 beds compared with the equivalent period last year. In addition it is hoped to open beds that are closed for essential upgrades and for infection control purposes. As a result of these combined initiatives it is hoped to have 440 additional beds open during this the winter period.

The additional funding for social care of €74 million will ensure that the wait time of four weeks for fair deal is maintained and that additional transitional care and home care package services continue over the winter period. In the equivalent period in 2014, due to funding constraints, fair deal was 14 weeks.

Members will also be aware that I recently announced that I will chair the emergency departments, ED, task force implementation group. I have taken this step to ensure that all of the relevant parts of the health services are focused on optimising resources in order to deal with this long-standing and difficult problem. I am hopeful that my previous experience as COO of the special delivery unit, during the winter of 2011-2012, should assist the task force in overcoming the existing problems

I would like to say a word about primary care. Diabetes currently affects approximately 200,000 adults in Ireland, over 85% of whom have type 2 diabetes. Ongoing care of diabetic patients has traditionally been undertaken at hospital outpatient departments. This changes

from this month with the introduction of a cycle of care for type 2 diabetic GMS patients involving two scheduled GP visits per annum for registered patients. This initiative is part of the ongoing review of the GMS contract, which has already brought extended access to GP care to children under six and adults over 70 in 2015. This current measure is a significant step forward in the management of chronic medical conditions in primary care and is expected to benefit approximately 70,000 patients.

This concludes my opening statement and together with my colleagues, I will endeavour to answer any questions the members may have.

Chairman: I propose that we suspend until after the vote. Go raibh maith agat.

Sitting suspended at 5.10 p.m. and resumed at 5.25 p.m.

Chairman: Before we begin I apologise to assistant secretaries at the Department of Health and Children, Ms Tracey Conroy and Ms Frances Spillane, as I did not welcome them in my opening remarks. They are both very welcome here this afternoon. I apologise to our witnesses also for suspending the sitting of the committee for the vote in the Dáil. The workings of parliamentary democracy must be attended to. I now call Deputy Kelleher.

Deputy Billy Kelleher: I welcome the Minister and Minister of State and the director general and other officials from the HSE. Having listened to the opening remarks one could be forgiven for thinking that we are, at times, living in parallel universes regarding what is stated as happening in the health services and what is actually happening at the coalface. There is evidence every day of the week in emergency departments throughout the country. Concerns for the well-being and safety of patients in emergency departments are highlighted consistently by front-line clinicians and other clinical staff to the point where we are threatened with industrial action. While we try to put the best slant on the situation we do have to accept that there are huge challenges facing patients and people who use the health services every day. This has an ongoing, daily impact on those who work on the front-line services across our hospitals. I am not trying to exaggerate, the figures are available and speak for themselves.

There is a daily increase in those who are waiting on hospital trolleys. It causes huge discomfort to many people who present for care. The staff are expressing genuine concern about the difficulties posed and about patient safety being compromised. Emergency consultants say that people are dying - not that they may die - and statistically there is no doubt that people are dying due to waiting inordinate lengths of time on trolleys in emergency departments.

We have situations where people are prepped for oncology treatment while in our emergency departments and on corridors. It has happened, for example, in Letterkenny and in Galway. For all of the advances that are claimed, the reality is very different when one goes to the coalface. I understand that the Minister has said he visited 16 emergency departments throughout the country and has seen the situation at first hand but there is no doubt that a little sprucing up is carried out when he visits these departments. That is the reality of life. People want to put their best foot forward and not let the side down. I am sure that when the Minister for Health calls to an emergency department every effort is made in advance to ensure that it is presented in the best possible light. This is only human nature and it is why I do not believe the Minister is seeing the coalface as it is, raw and jagged, on a daily basis.

I do not expect the Minister to announce the budget for 2016 but what I did expect last year was some effort in trying to bring forward a realistic budget to sustain the services as outlined

in the 2015 planning. That has been sadly lacking also. We now have a budget deficit of approximately €0.5 billion, with carryover from the previous year of more than €630 million. We have a consistent problem of being incapable of assessing roughly, even to the nearest €100 million, the requirement for the health services. This is without any policy changes in terms of delivery of health care. The demographic make-up of our population has been ignored, scandalously, over the last years. There is no point in pretending. Year in and year out the budget is incapable of delivering the basic services. Let us acknowledge and accept that, so that when we are funding the health services for 2016 meaningful Estimates are compiled that will underpin the services we commit to providing. We talk about demand-led schemes and so forth, but even with the increase in some of those schemes, the bottom line is that the Minister started off this year with €0.5 billion less than he should have had. He walked out of the Dáil knowing that. Mr. O'Brien probably knew it and most of the senior officials in the HSE knew it as well. It was simply unsustainable from the start.

If there is to be some redemption, the Minister should at least try to bring forward a realistic budget for the basic services. I accept there are still restraints on the Government. I do not expect the Minister to bring forward this year the €1.9 billion that is required to leap-frog our services to a sustainable level based on the demand, demographics and the expansion that is required across the services, along with the need for extra recruitment, capital investment and so forth. All of that is required, but we are still in challenging financial times. However, a realistic budget, at least, should be brought forward for basic service provision in our health services. Otherwise, whoever is Minister next year will be flapping around again next August and September trying to pretend that they will get to the end of the year when, in fact, they know from the start of the year that it simply cannot be done.

Regarding the emergency departments and overcrowding, we can only pass responsibility for so long. There are many reasons that there is overcrowding in emergency departments, including lack of capacity across the general hospital system. Even within the lack of capacity, the utilisation of that capacity and the blocking of a flow of patients through our hospital system, I cannot accept that enough is being done. Reference was made to the announcement that 300 extra beds would come on stream in December. I would bet any man or woman here my bottom dollar that by the end of the year all of those 300 beds will not have come on stream. If I am proven wrong, I will gladly give them my dollar.

The planning concepts that go into winter-proofing for the demand for our emergency services appear to be lacklustre, to say the least. Last December, there was a meeting of the new emergency department task force. It published its plans in April this year, but we now find we are back to where we were again, with over 600 delayed discharges, now planning the beds for November and December and cancellations of outpatient and day cases on a continual basis. That is not a recipe for improvement. It is no recipe for improvement to put one patient ahead of another in terms of elective surgery versus what happens in our emergency departments. I can understand it when an extraordinary emergency happens, but this is happening every day. It is no longer an unusual occurrence. There were thousands of cancellations of elective surgeries and day case and inpatient appointments in the first six months of this year. We have huge difficulties.

The Minister said he is a strong believer in universal health care. When he references reform of the health services, the establishment of the community health care organisations, the move to purchaser-provider split, the commissioning body being established and so forth, the single thing underpinning all of this is universal health insurance. Why did the Minister not

flag what is a flagship policy of this Government in terms of universal health insurance, and why has there been no meaningful debate on it? On this side of the House we are of the view that there is now only a pretence about universal health insurance. Perhaps I could get clarity on what is the common purpose in the Government programme, a stated policy that universal health insurance would be delivered in 2016 and that the building blocks would be put in place in the preceding five years.

Finally, in terms of motivating staff to work across the health services, Mr. O'Brien is taking charge of the emergency task force. Obviously, he has vast experience because of his efforts in the special delivery unit, where he could see across all sections. With regard to the rolling of heads, how does he consider that in terms of motivating staff? Was there any investigation into how that e-mail leaked to the public? It is a rather distasteful e-mail. Has there been an investigation of how it fell into the public's hands, because it would appear that whether it was done by subterfuge or otherwise, it was obviously an intentional leaking to put it into the public domain?

Deputy Caoimhghín Ó Caoláin: We are agreed that emergency department overcrowding is not just a matter of emergency department performance, and I fully concur with that view as expressed by the task force and in the response to questions I posed in advance of today's meeting.

Regarding the measures that the emergency department task force report has commended in terms of the reduction of delayed discharges, could the Minister or Mr. O'Brien advise if additional public nursing home beds are in train? Are they being provided and, if so, where, and what about home care supports? I note that the response I received refers to developing and extending additional and alternative access routes to urgent care, "thereby enabling appropriate admission avoidance". I presume that should have read "inappropriate admission avoidance".

With regard to opening a further 173 community beds, where are those beds being opened? There is reference to 149 of the beds being open now, with the remaining beds being progressed. Clearly, that is not enough. Where are they situated? The recruitment of staff is essential to the additional bed capacity. I cannot emphasise that enough. Can we have an update on the campaign to bring nurses home and the recruitment of nurses who have left the country? There are concerns that the exercise is not as successful as one would have hoped.

Regarding the number of delayed discharges falling from a high of 830 in December last to 728 in March and 573 last August, is this a real development or is it reflective of a seasonal pattern? How do the figures across those months compare with 2014? On the same issue regarding the 30 day moving average of the IMNO trolley watch, that has reduced from 370 in March to 233 at the end of July. Is that also reflective of progress or is it seasonal? How does it compare to 2014? It is also stated that some hospitals might require particular support in respect of the diverse size and functions of the different hospitals in dealing with this overall issue. What hospitals might require particular support and how would those supports translate into actions?

It is indicated in the response I received regarding winter planning that Mr. O'Brien hopes to have the final winter plans agreed at a meeting today, 6 October. Has that meeting taken place and has that been achieved? Is there a sign-off on the winter planning programme and what does it entail? It is planned to have an additional 300 beds open by the end of November. Again, what hospitals are involved and what are the numbers for those hospitals? Are all hospitals included or are some excluded?

With regard to emergency departments, is consideration being given to someone being in

charge, that is, an emergency department manager who would have an overview of the operation of the emergency department? It is a view and opinion offered by many people who experience an ED presentation that there does not appear to be somebody with an overview and oversight of the throughput of people from when they first present until they get to meet with an appropriate front-line staff provider. The response states graduate nurses are being offered permanent contracts with a view to retaining them in our system and that it is essential we introduce measures to retain the existing nursing complement. I am still talking about emergency departments when I say the response Acontinues that detailed plans have been agreed to expedite the build component where it has been identified. Will the delegates indicate in what hospitals that aspect has been identified and what steps will be taken where it has not been identified as part of addressing the emergency department crisis?

I posed a question to the Minster on universal health insurance in terms of the necessity for further research. He stated it was not possible to introduce a full UHI system by 2019, but he then stated something on which he, others and I are all of one mind, that is, there was a commitment to universal health care. Is that the end of UHI? Would the Minister like to elaborate on the matter as that certainly appears to be the case?

My final question relates to the HSE's presentation of a detailed submission to the Department of Health which has been described as confidential. However, it is in the wind that an additional €2 billion will be sought in budget 2016. I ask Mr. O'Brien to confirm if that figure is accurate. The figures for last year were provided or emerged, as the case may be. Will the Minister confirm if there will be a Supplementary Estimate this year because of the shortfall? Is it the case, as has been suggested, that hospitals that have recorded an overspend will face into 2016 with a weight around their necks, thus making an already difficult and bad situation even worse? How does the Minister intend to address the so-called overspend on demand-led services across hospital sites?

The Minister has made a presentation. On consultant posts, he states the vacancy rate has fallen and now stands at about 170, or 6.3%. Is that the full figure? Is the number of locum covered posts included? Is the number given, 170, the net figure? In other words, are there posts that will be permanently filled and are there individuals who will hold locum appointments on a temporary basis? Will the Minister tell us exactly what the figure of 170 represents?

I ask the Chairman to bear with me as I am almost finished. The Minister continued: "Notwithstanding the difficulties in some rural and urban deprived areas, the number of GPs with a GMS contract is stable." In that instance, has he taken into account the age profile of the current complement of GPs located across the country? How can he assess the issue of stability when clearly some areas have not been adequately provided for?

My final comment is to the Minister of State, Deputy Kathleen Lynch, who has acknowledged what I want to say. I refer to the fact that children and adolescents have to wait for more than 12 months for a first appointment. We have noted the reported reduction, but it is simply not good enough, as we know that there is hardship. One only needs to see one case in order to appreciate the immense hardship that waiting involves for a parent or parents. A reduction is never good enough, even if it means a reduced figure of 146 who are waiting for more than 12 months for an appointment. It is an indictment of the system that such delays continue.

Chairman: I thank the Deputy.

Deputy Mary Mitchell O'Connor: I am delighted, as a Deputy for the area, that there

will be a new rehabilitation hospital in Dún Laoghaire. I thank the Minister and the Minister of State, Deputy Kathleen Lynch, for their input into the matter. The new hospital will be deeply appreciated by the people of Dún Laoghaire and patients who come from all over the country to use the National Rehabilitation Hospital.

All the Minister has heard are complaints and criticisms. Some €44 million has been put into the fair deal scheme and I appreciate that the measure has improved the system.

I have heard from members of the general public and people who work in hospitals that once a patient gets into the system, the experience is fantastic. There is a survey that proves that 90% of patients believe their care and experience are fantastic. Hospitals are doing great work, but we need to look at where the pinch points are.

On those who are deaf-blind, the organisations involved came to Leinster House and Ms Carol Brill outlined her experience. As a sufferer of usher syndrome, her eyesight and hearing are declining. The organisations have strongly advocated for the recognition of dual sensory disability. Ms Brill said the strong hearing aids she needed cost €4,000. She is in receipt of a disability payment and has found it nearly impossible to afford to pay for such expensive hearing aids. I, therefore, ask the Minister to consider the matter seriously. Members and staff cried while Ms Brill described her experience in losing her eyesight and hearing.

I have tabled a question about nursing homes. I have heard that nursing homes are being investigated by HIQA, that they do not have an adequate number of staff and that they are in danger of being closed down. The prospect of closure is serious.

The Nursing and Midwifery Board of Ireland assured us that they would undertake various measures to improve the position. One suggestion was that a call centre be created, but that has not happened. The Department allocated 16 new staff to the board in September which was appreciated. Please forgive me if I do not have the exact number, but approximately 2,016 nurses have applied but many of the application forms are unfinished or have parts missing and have to be dismissed as a consequence. There are 852 applications on the desk awaiting approval. Why have the newly appointed 16 staff and whoever else is available not got through that number of applications? Representatives of the board were here in July and I have learned from Nursing Homes Ireland that the position on registration has worsened and that nothing seems to have improved.

I ask for the study of gerontology to become part of the registered training for nurses. In Australia and Canada there are various nursing categories including registered practical nurses, auxiliary nurses, complementary nurses, enrolled nurses and advanced care practitioners. Will the Minister consider adopting the same model of nurse training here? Nurses must undergo a three-year training programme. Will the Minister consider introducing training to enable individuals to become advanced care practitioners?

In Ireland junior doctors must work in hospitals for a period of one year. I have advocated that they stay for two years to give something back to the service for the education they have received. Could a similar provision be applied to new nurses? We need to encourage them to stay in the country. They are paid for a number of years during their training. It would be good for the country if they gave back something and worked here for at least a year before emigrating.

Chairman: I thank the Deputy who got more than the allocated time.

Deputy Mary Mitchell O'Connor: I thank the Chairman.

Deputy Leo Varadkar: I will answer as many of the questions as I can. The Minister of State will take some and Mr. Tony O'Brien may wish to respond to some of the questions specifically put to him.

In regard to the emergency departments, I mentioned that I have visited about 14, two in the past five days. I visit with notice, at short notice, and also with no notice at all. What Deputy Billy Kelleher said is entirely correct. It is true that for any Minister going anywhere, not just to hospitals, he will know from his experience that there will be people who will put the best foot forward and they want to make things look their best. One will also find the opposite. There will be people who will turn up who have a particular problem or a particular issue and know the Minister is coming and will want to confront him or her with it. I am wise to that. I am not so naive to think that people do not know when the Minister is coming and do not plan for it in their own way.

There is, of course, much variation in emergency departments, some are very over-crowded all the time with patients on corridors and in the middle of floors and on clinical areas, which is very risky. In other areas it occurs in cubicles and in private side rooms where at least there is a degree of privacy and people have access to monitors and medical gas and pretty much everything they would have on a ward. Of course, there are other departments where over-crowding only occurs at certain times and at certain periods. All 28 emergency departments are different. While we have done some of the generic things that can help everyone, such as turning over the fair deal more quickly and a few other things, we are at the point where we really need to have bespoke solutions for each different department because they all have different issues. About 11 different factors can cause over-crowding and they happen to different extents or not at all in different emergency departments. Once again, Mr. Tony O'Brien and his team are going around to those departments to see what can be done, not necessarily in the departments themselves but in the hospital and also with community services to ease the position.

I was very clear about the budget last year. It provided the first increase in seven years but it was based on the existing level of service and some improvements such as Hepatitis C drugs, GP care fees and a few other things. We also made it very clear - Mr. Tony O'Brien specifically pointed it out on the day - that the service plan published did not include, for example, provision for demographic demands. We did not hype it up. We made it clear on that day that there were certain risks. That question was specifically asked and answered honestly. We also pointed out that there were some savings that were going to be difficult to achieve and many of them were not achieved. We are still going to try to achieve them nonetheless.

However, things did change during the year and we decided to do more. The Irish Medical Organisation got a better deal out of us than we had anticipated on the under sixes that had to be funded. We decided to go ahead with the diabetes cycle of care to show that we meant business in terms of moving chronic disease into the community. The decision was made on the fair deal scheme. A decision was made on the winter initiative and also some new drugs appeared that turned out to be very expensive and they had to be paid for. These things can happen and they did. There will be a Supplementary Estimate as a result, in addition to unplanned overruns in other areas, but it is a combination of the two.

The additional beds being in place before the end of the year are funded to be in place from 1 November. Everything is being done to get them open by then. About 100 beds are closed at the moment for various other reasons, such as wards being renovated and so on, and we are keen to get them opened as soon as possible in October-November. They are in addition to the 300 extra beds that are being opened that do not currently exist. They are across about 29

locations. Sometimes they are in the acute hospital and sometimes in a district hospital nearby. Some 26 of those 29 are on track, three are delayed. It is inevitable when one is opening up new wards and new beds in 29 departments that three or four of them will run late. I can already say that the Deputy's prediction is correct in that not every single one of them will be opened. We will run into some issues somewhere, whether it is a building issue or a staff equivalent issue but the intention is to get them all open and they are funded to be opened from 1 November.

On the emergency task force implementation group, it is important to point out that it is no longer a task force but an implementation group. It will meet regularly but implementation is not going to be achieved at meetings in Dublin. Its purpose is to oversee implementation at this stage. Implementation has to happen on the ground in hospitals and in community services which are interdependent. I have every confidence in the staff on the ground that they will pull out all the stops to do everything possible to get us through the winter.

I was asked about universal health insurance. The position is that we have the research that has been done by the ESRI and KPMG on the costings in particular and also the outcome of the public consultation. I intend to bring that to Cabinet to publish it and, while publishing it, to outline the next steps towards universal health care, of which UHI is just one potential model.

In regard to the consultant vacancies, the 170 that I mentioned, pretty much all of those are covered by a locum. At the moment it is unusual to have an actual vacancy that is not covered by somebody and almost all of those 170 are covered by a locum. In addition, there are people in temporary posts and short-term contracts, that is, where people are taken on for a year or two years. They are not considered to be vacancies. People are on temporary or short-term contracts. That happens for all kinds of reasons to encourage people to take up a post or just to fill a vacancy where it is important to do so. That is not particular to consultants or the health service.

With regard to the facts on GPs, there are 2,300 GPs who currently have a contract with the HSE. That is a stable number and has been much the same for the past couple of years. The number of GPs on the Medical Council's specialist register is at an all time high. The number of doctors registered in the country is approaching an all time high at almost 20,000. For all the doctors that are leaving the country there is a greater number who are either coming in, coming back or graduating and that is often not appreciated in some of the commentary. Currently, there are about 20 vacancies for general practice posts, which is about a 1% vacancy rate, and there are particular difficulties in some rural areas and also in some urban deprived areas. Sometimes when people talk about a particular rural vacancy, the list has already been taken on by a GP in a neighbouring village or a neighbouring town, yet it is still referred to as a vacancy even though it is not going to be filled. It sits there on a vacancy list indefinitely. Maybe after a certain point, rather than just describing it as a vacancy we accept the fact that the area is being served by the neighbouring village or neighbouring town instead.

GPs are aging. That presents a very significant challenge in the coming years. Also we will need more of them if we are to extend GP care without fees to other children or if we are to bring more services into primary care. Therefore, we will need a significant increase in the number of GPs in the coming years. The number of training posts has been increased this year. As part of the contract discussions with the IMO, the first module is on rural practice and phlebotomy and the third module is on urban deprived areas. These are specific topics that are being negotiated with the IMO. It might not be a case of just going back to the incentives of the past, we may need a new set of incentives but it is a matter that is currently under negotiation.

Deputy Mary Mitchell O'Connor asked about other types of health professionals. Her question is very pertinent. We have health care assistants who do a very important job and do many things that nurses or orderlies would have done in the past. Beaumont Hospital is piloting what is called physician assistants who can do many of the things that doctors or doctors in training currently do. Other countries have theatre assistants that do many of the things that Irish theatre nurses do. That is something we need to explore and develop. It does cause concern as does any change in the health service. It causes anxiety when people see their jobs and roles being threatened, therefore it has to be done in a planned way and with sensitivity. Similar to interns, so far as I know, nurses have to stay for what is called their pre-registration year. It is not a full year, it is a certain period of time, but they have to stay for a certain period and I would not hold the view that we should impel any health care worker to have to stay in the country. Many other people are trained at the cost of the Exchequer and they migrate too for all kinds of reasons.

Chairman: True.

Deputy Leo Varadkar: I do not think one could do it just for health care workers and not apply it to others too.

Deputy Caoimhghín Ó Caoláin asked about community beds. There are 65 open community beds in Mount Carmel Community Hospital, Dublin; 24 in Moorehall Lodge Nursing and Convalescent Centre, County Louth, which are delivered through the private sector; 18 in Clontarf Hospital; 20 in the Royal Hospital, Donnybrook; 25 in St. Vincent's Hospital, Fairview; ten in St. Mary's Hospital in the Phoenix Park; ten in Farranlea House Community Nursing Unit, County Cork; four in Heather House CNU, Cork; two in Carndonagh Community Hospital; eight in Killybegs Community Hospital; and five in Merlin Park Hospital, Galway. There are 17 between the Community Hospital of the Assumption in Thurles and St. Ita's in Newcastlewest and there are 15 in Ballinasloe. There are 11 between Ballina District Hospital and Sacred Heart Hospital, Castlebar. Cuan Ros on the Navan Road was not opened but, instead of that, St. Mary's Hospital in the Phoenix Park has opened beds.

Deputy Kathleen Lynch: I will reply to some of the outstanding questions asked by Deputy Ó Caoláin on the CAMHS service. I am not certain we will ever reach the point where a service of this nature, that deals with very vulnerable children and their families, is perfect but we are doing a variety of things. Targeted interventions will happen and we are going to build up services in primary care, including funding two additional Jigsaw projects, one in Cork city and one in the very centre of Dublin city. These projects will ensure the service does not always have to rely on intensive, acute units such as CAMHS. CAMHS is spread across a huge area but when we started to look at the list we discovered there were a lot of young people on that list who were referred by the National Educational Psychological Service, NEPS, for a diagnosis of their educational needs. There is a mix.

One of the questions related to psychotropic drugs and young people. There is a safety element in CAMHS in so far as only a psychiatrist can prescribe and we should be very careful not to lose that element. We are determined that those who need child and adolescent mental health services will be the people in the service while we will provide services to those others who do not need the same level of intervention. The two new Jigsaw projects will be pivotal in all that and building up psychology and counselling services in primary care will equally contribute to ensure not everything is left to CAMHS, which would be unfair. We will bring counselling and psychology services through primary care to people under 18 and this will also be hugely important.

Deputy Caoimhghín Ó Caoláin: To correct myself, I cited the reduction rather than the actuality as of July. I said 146 was the reduction and the figure was 300. I am correcting what I had said earlier.

Deputy Kathleen Lynch: I understood that. Deputy Mitchell O'Connor asked about the registration of nurses, which was a huge difficulty. Some 1,133 nurses were registered between January and September this year and a further 51 individuals, not all from within the EU or who have been previously registered in this country, have entered the mix. The Department has sanctioned an additional 16 posts to the nursing board to make sure the flow continues. This will be of huge benefit. We have a difficulty in mental health and in acute hospitals and we also have a significant difficulty in the provision of services to older people within the nursing home sector, whether public or private.

Chairman: Mr. Daly has written to us as part of our communication for next Thursday's meeting. He said that the numbers awaiting registration in nursing homes could also continue to rise. They raised the issue with the HSE clinical adaptation programme and asked about the call centre not being established yet. Perhaps it is for the HSE to answer that.

Deputy Kathleen Lynch: All I can say is that the letter to which the Chairman refers may be a little bit previous. At a recent meeting we tried to address the issue of the call centre and the additional staff on the nursing registration board and that will have an impact. Our chief nursing officer is very much on top of this because it is what she does best. We might get a further, more up-to-date briefing about that and the HSE may know a little bit more.

Chairman: What about the question on deaf-blindness?

Deputy Kathleen Lynch: Even where there are vacancies for GPs, and there are more difficulties in some areas than in others, those areas are still covered by a locum service. There is no area that does not have coverage because of a vacancy, though we would much rather have a permanent person in post.

Mr. Tony O'Brien: In my haste to finish my statement in order to facilitate Deputies leaving for the vote in the Dáil, I forgot to acknowledge the kind remarks of the committee on Mr. Paddy Burke's retirement. After his 42 years of public service, he would be very touched and he would appreciate them very much. They will, of course, be relayed to him.

On the numbers of people waiting for fair deal, the more significant figure is the period people can expect to wait rather than the absolute number at any point in time, although that is, of course, a concern. The key point is that it is now down to four weeks so anyone on the list will not wait more than four weeks for financial approval. The only variation in when they get into a bed will be down partly to their preference and partly the availability of nursing home beds in a particular area and that varies a little bit throughout the country. Without the injection of funding, we were at 16 weeks. I would have expected that, by now, we would have been at 20 weeks with the additional funding and it would have been 22 by year end. The additional funding would create quite a change.

We will provide a written note to the committee of the distribution of the 300 beds across the acute sector. The submissions on the acute hospitals division, which are due today, will be available for discussion at the next implementation group next week.

Mr. Liam Woods: I have today been reviewing the winter plans, which have been submitted to the HSE acute division. They will be considered at meetings this week and on Monday

next. We are also working with our colleagues across divisions in primary care and services for older persons because there are key connections in those services.

We are compiling a report on the 300 beds and can make a copy for the committee. The Deputy asked us to identify locations. There are some 20 hospitals included and we will provide a list of those with the number of beds by site. The intention is that they will be open as early as possible and November is the target date. The Minister has flagged that there is to be funding from November for that.

Mr. Tony O'Brien: Deputy Ó Caoláin asked about the person in charge. At any point in time in each emergency department there is a designated person in charge. Those arrangements vary a little from hospital to hospital. Sometimes it is a senior manager in a hospital, sometimes it is an unscheduled care manager, sometimes it is an emergency department manager or a person in charge based on the shift pattern. Sometimes, it is not always obvious why people sitting in a waiting area are seen in a particular sequence. The more acute patients often arrive, unseen, via the ambulance department entrance. It is important, though, particularly at times of pressure, that people in the waiting areas are kept up to date and we are looking at ensuring people understand the dynamics of what their waiting period is likely to be at any point in time.

I was also asked about the HSE submission to the Department but it would not be appropriate for me to go into any great detail on that. The report in the newspaper was based on the sight of a copy of that submission but what may not have been clear is that there was no expectation that that level of funding would be provided in a single year. This is something Deputy Kelleher touched on. It was a general description of what was required to address the existing level of service and some additional areas of demand. That is now in a separate process to which the Minister referred and it is not my territory so I will not intrude on it at this stage.

In the past six days I have been in eight hospitals where there are emergency department stresses and strains. I have no concerns about the level of motivation among staff in those hospitals or in the community organisations that took part. Whatever does or does not happen, it will not be as a result of any lack of effort on their part to produce the best possible outcome this winter.

Chairman: Perhaps the Minister of State, Deputy Lynch, will respond to Deputy Mitchell O'Connor's question on deaf-blindness.

Deputy Kathleen Lynch: I have previously stated - I am sure people in the deaf community are aware of this - that I believe deaf-blind is different. It can be very isolating. Communication in this area is a huge problem but we are working on it. Work is also being done on definitions. I am told that in the context of the database on disabilities, we need to focus our attention on gathering information on the number of people who are deaf-blind and on whether their condition is progressive. Many children are born deaf-blind but there are people for whom deaf-blindness is a progressive condition. We are working on the issue. It is not being ignored. The Deputy will appreciate that no decision can be made until a recommendation has been made by the Department. As I said, the matter is currently being closely examined. The database and how we configure the questions required to be asked in that regard will be central to the actions to be taken.

Deputy Catherine Byrne: I welcome the 400 additional beds to be opened for the winter. The introduction of evening discharges would also be helpful. I also welcome the €74 million in additional funding for the fair deal scheme and the designation of the Hollybrook centre in

the Inchicore-Kilmainham, Dublin 8 area as a nursing home.

The roll-out of GP cards for children under six years of age has been a huge success. It is a welcome relief to my children, all of whom have young families, that they do not have to pay €60 to a doctor every time one of their children gets sick. What takes away from all of the good news in this area is the unacceptable mental health service waiting lists. I agree with Deputy Ó Caoláin's remarks on this issue. A young nephew of mine was recently diagnosed with Tourette's syndrome. His parents had to jump through many hoops to get him into the mental health service. Having scoured the Internet for information and so on about his illness, they are now able to make sense of it. It is difficult and challenging for parents when a child is in difficulty and they are unable to help him or her. That there are 146-plus children in this category is unacceptable.

I would like to comment briefly on the development of the two centres at Cashel Road and Cherry Orchard and the staff required in that regard, as outlined in the Minister's report. As a representative for this area, I welcome the opening of these centres but I am concerned about the effect on them of the reduction in nursing, allied health professional and administrative staff.

On the BCG vaccination, I have been contacted by many young parents expressing concern at the lengthy waiting times, often up to nine months, for this vaccination. It would be helpful if young mothers were provided with additional information in this regard. Having to wait six or seven months for a baby to receive the BCG vaccination is a cause of anxiety for young mothers. Reference is made in the report to other countries not having a BCG vaccination programme. That is irrelevant to the mother of a new baby. I would welcome a response from the Minister.

Deputy Dan Neville: I, too, welcome the Minister, Minister of State and delegates from the HSE. This week is mental health week, the theme of which is dignity in mental health. What is the status, operation and budget of Sea Change, the Department's initiative to reduce the stigma around mental illness? There is no need for me to elaborate on the need to eliminate the stigma around mental ill-health and mental health services. One in four people will at some stage of their lives suffer mental ill-health. We know that stigma is one of the main reasons people do not seek help in time or accept their condition. This is a challenge we must face. The Department's initiative was put in place by the previous Minister with responsibility for mental health and disabilities to help address this issue.

On the Government's programme for the development of the mental health services, with the exception of one year, €35 million has been allocated each year for this programme. Am I correct that level of funding was required year-on-year to meet the cost of staff recruitment and maintenance of services? By my calculation, this means that an additional €495 million has been invested in mental health services. I have a few questions in this regard.

The programme provides for recruitment of additional staff. I have been informed that the HSE experienced difficulty recruiting people to some of the professions. I understand that 1,400 staff were to be recruited. How many have been recruited thus far, given the likely expiration of that programme and bearing in mind the Government's situation? Why was funding provided for the recruitment campaign only spent in the fourth quarter of each year despite being available from 1 January? In many cases, this funding carried over into the following year. This means budget allocations for particular years were not spent. What became of that money?

What progress has been made on the planned closure of beds in 19th century psychiatric

units which were identified as unsuitable for modern psychiatric treatment? Prior to the crash, the HSE proposed to dispose of some of its properties and to use the funds derived in that regard to invest in capital development of the service. Following the crash, the value of many of the properties in our cities which were previously utilised for the provision of services in the mental health was greatly reduced. Given the value of these properties is now increasing considerably is consideration being given to the disposal of those properties, with a view to investing moneys derived in that regard in capital projects in the mental health services?

Deputy Ciara Conway: I thank the Minister, Minister of State and delegates from the HSE for attending today's meeting. My first question was about the HIQA report on the inhumane treatment of residents in certain HSE residential centres for adults and the reason it had not been published. I understand it has since been published following a freedom of information request. What was the difficulty around publication of that report, leading to it only being published on the basis of a freedom of information request? I received only a one line response to my written question on that matter. I am interested in hearing from the Minister why that report was not published in the first instance.

This meeting is the first opportunity we have had to engage with delegates from the HSE on the performance report since its publication in July. Uncharacteristically, accident and emergency departments were under huge pressure in July. On 1 July, there were 300 people waiting on trolleys. There has been much discussion today around what might happen in the winter months. I am interested in hearing about what happened in July that there were 300 people on trolleys. The Minister mentioned that there are 11 reasons for overcrowding. Perhaps he would elaborate in that regard. Given there were 300 people on trolleys in July, the provision of additional beds may not be the only answer to this problem.

The performance report references surgery. It also states that 95% of people presenting with an emergency fracture at Waterford hospital, which is in my constituency, are seen within 48 hours. The percentage of people likely to be seen within that timeframe in other hospitals is as low as 50% or 60%. What are the reasons for that? I am sure people having to wait more than 48 hours for treatment for a broken hip is also contributing to overcrowding in accident and emergency departments. The HSE target waiting time for a routine colonoscopy is 13 weeks. Alarmingly, the rate of achievement in this regard for Tallaght hospital is 19%; Beaumont Hospital, 25%; Tullamore hospital, 33.5%; Waterford hospital, 44%; and St. Luke's hospital, 45.4%, which may be the reason there were 300 people on trolleys in the middle in July. It frightens me to think what we are facing into this winter.

This morning I was at an outpatient clinic in University Hospital Waterford that was running two and half hours behind schedule, which put huge pressure on people working in the unit. There is something very wrong if even in the middle of July there are 300 people on trolleys.

Another issue of concern is the rate of achievement of the target of 20 weeks in respect of outpatient appointments for children. In Crumlin children's hospital, it is 49%; in Galway, it is 48%; in Letterkenny, it is 55%; and in Waterford, it is 52%, which means only 50% of children are being seen within the 20-week target. What is happening in this regard?

As I said, this report was only published in July and this is the first opportunity the committee has had to examine it. That the 95% target in respect of treatment times for hip fractures and access to routine screening is not being met within the allocated time is very serious. Equally, targets set by the HSE in respect of outpatient appointments for adults and children are not being met. Are these some of the reasons there were 300 people on trolleys in July and, if so, what

are we facing into in the winter?

Senator Thomas Byrne: I would like clarification on some of the figures provided in response to my questions. The Minister and HSE have acknowledged that there are some problems in relation to the figures up to 2012. However, the statistics for 2013-2014 also appear odd in that some indicate a huge increase in 2014 and others are indicative of a decrease in 2014. Perhaps the Minister would indicate when he expects to be able to provide data on MRI scans and diagnostics. There appears to be a huge problem in that area in terms of delays, which is resulting in people having to have these tests done privately.

Deputy Leo Varadkar: Most of the questions relate to operational matters, so I will leave them to Mr. O'Brien and Ms McGuinness. The Minister of State, Deputy Lynch, will respond to the questions relevant to her.

On the BCG vaccination, as members will be aware there is a Europe-wide shortage of vaccines. We are waiting on the manufacturers to confirm when they will be available. While some vaccines will be able before the end of the year, they will only be fully available in the new year. A catch-up programme will be organised for children who did not get the BCG vaccine. I take the point in regard to the provision of more information and reassurance for parents who may be concerned about it. It is not a public health threat at this stage but I can understand why people would be worried. There are only a handful of countries in Europe that vaccinate all children with the BCG vaccine. The Health Information and Quality Authority is actively considering whether we should discontinue vaccinating all children with the BCG and focus only on high-risk groups, which is what most other countries do. However, that is unconnected to the fact there is a shortage of the vaccine, which should be resolved in the next few months. The fact that most countries no longer vaccinate for BCG means there are only a relatively small number of manufacturers making it.

Deputy Kathleen Lynch: On Deputy's Neville question regarding recruitment, of the 1,144 development posts approved for mental health from 2012 to 2014, 405, or 96%, of the 416 development posts for 2012 have started. Some 427, or 88%, of the 477.5 development posts for 2013 have started and of the 215 development posts for 2014, 81 have been recruited, of which 77 have started. As of 31 July 2015, a further 88.5 are at various stages of recruitment. Recruitment is well advanced. I do not believe this year should be the end of that initiative. There is a high turnover of staff in this area. Given the special circumstances of staff who work in our mental health services, they have an entitlement to retire at an earlier age, although many of them choose to stay on and are very committed to their positions. It is important this process of recruitment continues into the future. Included in the data provided earlier are an additional 268 posts, which were made available to CAMHS over 2012 to 2014. Approximately 205 CAMHS posts have been filled to date. CAMHS, thankfully, is a very small service. Our children are dealt with in different ways, and that is a significant advance.

I agree with the Minister that Ireland is one of a few countries in Europe that vaccinates all children in relation to BCG. However, I recognise that because this vaccination has been carried out generationally, its current unavailability to mothers and parents is a cause of concern. As the Minister said, there is a Europe-wide shortage of that vaccine.

Deputy Conway raised the HIQA report. That report was done as a briefing for a sub-committee. It was never intended to be published in the first place. If it was done as a report for a sub-committee, technically, it probably becomes the property of the health sub-committee. All HIQA reports are published as a matter of course but, on the other hand, if HIQA completes a

report, we cannot compel it to publish it. It can be accessed through a freedom of information request and other such measures, but that report was originally completed for a Cabinet sub-committee. That is something we must keep in mind.

Deputy Neville asked about the budget for Sea Change. Every year Sea Change has been funded from the Department of Health. I would be concerned about that because it is done very much on a yearly basis. It is an invaluable service and has done incredible work. The changes that we see in the conversations around, and in our attitudes towards, mental health-----

Chairman: I interrupt the Minister of State to advise that a vote has been called in the Dáil.

Deputy Kathleen Lynch: We have been working on this for almost nine months now. We hope that Sea Change's budget will be dealt with in a more constructive fashion and in a manner such that it will not have to be applied for every year. I agree with Deputy Neville that we need to do that because Sea Change is a huge asset.

Deputy Byrne raised the issue of personal assistant hours. It may appear as if they are up and down but then Deputy-----

Senator Thomas Byrne: Senator.

Deputy Kathleen Lynch: Sorry, Senator. I am a bit previous.

Senator Thomas Byrne: I am getting above my station.

Deputy Leo Varadkar: It will not be too far away now.

Deputy Kathleen Lynch: To a greater extent, it very much depends on economic circumstances and also on the applications and the needs involved.

Senator Thomas Byrne: There are some who have 24-7 care.

Deputy Kathleen Lynch: Absolutely. Some people could not function without that 24-7 care. That is important to note. Other people will simply need help getting dressed and getting out in the morning to go to work, in some cases, and will need help on returning home in the evening. It is very much individualised. It is a bespoke service. We should be very conscious that it makes the difference between people being able to become actively engaged in society, whether through work or otherwise, or not being able to do so.

Chairman: I propose we suspend until after the Dáil vote, if that is agreeable. Apologies to all concerned.

Sitting suspended at 6.33 p.m. and resumed at 6.48 p.m.

Chairman: I again apologise to our guests, but parliamentary democracy necessitates that we go and vote.

Deputy Kathleen Lynch: To reply to Deputy Dan Neville's question about selling the old psychiatric hospitals, as he will know, they were always situated in the most magnificent grounds. When in opposition, the Deputy and I always made the point that basing the funding for mental health services on the vagaries of the property market was never a good idea, as we saw when the market crashed. Thankfully, it is now more sustainable. In the event that these properties are sold in the future, I am sure they will be sold at a handsome price, but I would not be inclined to base the funding of mental health services on this.

Deputy Dan Neville: Capital investment.

Deputy Kathleen Lynch: Capital funding is different. It is very difficult to ring-fence the money. However, I agree with the point made. Many of the facilities are now being used for other HSE services.

Deputy Dan Neville: There is one with 100 acres.

Deputy Kathleen Lynch: Yes.

Mr. Tony O'Brien: I will ask Ms O'Connor to pick up on the point about the remaining institutions.

Ms Anne O'Connor: There are very few institutions left that are functioning as described. As the Minister of State said, many of our campuses are now being used for many other services, such as services for older persons. The Central Mental Hospital is one of the real institutions we have left. There is also St. Vincent's Hospital, Fairview, which is still a stand-alone site. With regard to what A Vision for Change proposes in terms of acute units being on the site of acute general hospitals, we have very few of the aforementioned facilities left. They include St. Vincent's, Fairview, and St. Brigid's in Ardee, which will soon be moving its acute services to a new purpose-built unit. St. Loman's in Mullingar is a stand-alone unit. There has been much progress on scaling down and closing institutions but, importantly, mental health services have done very well out of capital investments. Although we have not had a very significant income from the sale of sites, we have had significant investment. In this regard, one should bear in mind all our relatively new child and adolescent units. We have a significant number of new purpose-built acute units. We have gained quite considerably through expenditure on and capital for mental health services despite the fact that we have not yet sold off many of the sites.

Mr. Tony O'Brien: Senator Thomas Byrne asked when we would be reporting on MRI waiting times. The information will be available from quarter one of 2016. It will be included in the performance reports relating to that period.

Deputy Ciara Conway made a number of important points about how accident and emergency pressures and other pressures are affecting the system. The relationship is the other way around from the one posited by the Deputy. It is the accident and emergency pressures that have had an adverse impact on the capacity of the system to provide a range of services. However, with regard to gastrointestinal endoscopy, as of 27 August, 16,311 people were awaiting routine scopes. Some 50% of them were waiting for no more than three months at that stage. The HSE has identified a requirement for a strict application of standardised referral criteria in addition to a review of demand capacity and a clinical review of need. With regard to urgent colonoscopies, there is a four-week access target, and a policy of zero tolerance applies to any breaches. There were some breaches in the earlier part of this year. The accountability framework has been successfully deployed to address those. While the pressures are significant and are continuing, and while it is true that the 8 a.m. trolley figures in July were of concern and remain so, there has been an increase in some other activity in acute hospitals. For example, the combined inpatient and day-case discharges for the period between January and August show an increase of 0.3% over the same period in the previous year. One thousand and ninety-three additional people have been provided with inpatient procedures, and 56,138 more people have been assessed by outpatient services than were planned to be assessed by this point, or by the end of 2015. None of that takes away from the centrality of the Deputy's point. The reason we are engaged in the process in which we are now engaged regarding emergency departments and

all the contributing factors is that all the measures taken before, while they had an individual impact, did not have the collective impact we would have hoped for or expected in terms of emergency department trolley pressures. That is why we are stepping up a level at this stage.

Deputy Ciara Conway: Would it be true or fair to say the Minister for Public Expenditure and Reform, Deputy Brendan Howlin, has now given in excess of €100 million for the trolley crisis?

Mr. Tony O'Brien: Across the piece, approximately €135 million, including the €10 million we have not started to spend, concerns additional beds.

Deputy Ciara Conway: What is it going to take? My central point is that if there are 300 people on trolleys in July, one must ask what we face this winter. There has been €135 million in additional funding to deal with the trolley crisis, yet it persists. Mr. O'Brien stated the steps taken did not have the desired impact or were not as far-reaching as he had hoped. What will it take? I am in no doubt but that we have the commitment of the staff, who are under considerable pressure. I do not question their motivation or commitment to the job in hand. The moneys have been made available but I cannot square the circle. Money is being given when sought - it has been asked for a number of occasions in recent years - but we are still facing a very difficult time, first and foremost for patients and their families. The airwaves will be aflood with very sad stories of very sick people. Simple steps, such as general practitioners being allowed to install IV facilities in nursing homes, have still not been taken nationally. It may have happened in certain areas. Very sick old people have to come from HSE facilities to an accident and emergency unit to obtain the service they require. We have been talking about this now for a number of years, yet we have not seen a sea change nationally. I admit and understand there are pilot schemes and that solutions have been trialled but we have not seen the sea change we really want to see for patients and their families as we face a very uncertain winter.

Mr. Tony O'Brien: Deputy Conway is correct. When I consider the numbers, I do not see a single national problem but 28 individual sets of circumstances, all of which have different potential solutions. The latter range from increased access to diagnostic radiology procedures, so patients are not being admitted in order to have them, to different access for general practitioners. To quote that great philosopher Eamon Dunphy when he spoke of football: "It is a game played on grass, not on paper." This is why the real focus is now on very targeted interventions in each of the 28 hospitals. The focus is to be on the particular choke points in each. I am also seeking to be realistic because we cannot make trolleys disappear. Our aim is to make sure that this coming winter will be better than last winter, at a minimum. Ideally, we desire a return to 2013 levels. Even at that level, there would still be more people on trolleys than any of us would wish for.

Chairman: Coming back to Deputy Conway's fundamental point, why is that the case given the amount of money we are investing, the fact we have established a task force and that the HSE and Minister have been involved with the various stakeholders? Yesterday the Minister met the INMO in regard to this issue. Are there obstructionist policies being implemented somewhere of which we are not aware? Notwithstanding the fact that we have taken out some beds, we have put more back in and we are investing considerable sums of money. It might not be for Mr. O'Brien to answer Deputy Conway's point but I contend that since he is talking about playing on grass and bearing in mind that we are not doing too well where I come from, the ground hurling indicates we are investing money and making resources available. Why are they not having the desired effect?

Deputy Leo Varadkar: May I just answer that in part? There was money in the last budget but the Supplementary Estimate figure for the period to date this year is approximately €84 million. It would be incorrect to characterise that as all having gone towards dealing with emergency department overcrowding. The largest proportion of the funding was for the fair deal scheme. Most of the people who benefited from that went from their home into a nursing home. That was good because, had they not gone to a nursing home, they could have ended up in a hospital before going to a nursing home. It would not be correct to characterise the expenditure as having been entirely devoted to this particular issue.

Emergency department overcrowding is different in every emergency department, but it is predominantly caused by factors that are not actually in the emergency department. In some hospitals, it is evident that there just are not enough beds. That is probably not true in most hospitals. In some, the problem is associated with the average length of stay. There are various factors. One can even find that when additional beds are provided in a hospital, that hospital, having been relieved by the additional beds, slows down a bit and the patients that were staying for four days end up staying for five. That is what eats up all the additional beds, leaving one back where one started. It is almost like one of those machines with 11 or 12 different dials that almost all need to be in the right place. It is extremely difficult. At least with surgical waiting lists, one can sign a cheque, if needs be, and have the operations done. With the emergency departments, there are so many different moving parts and they are all different in different places, making it very difficult.

We should acknowledge a point I have not had a chance to make to the media, but I will make it if I get a chance. If one compares the nurses' figures for this month with those of last month, one notes there are actually improvers. St. James's is one example of where, in conjunction with the fair deal scheme, the hospital was able to reduce the number of late discharges and then use the additional capacity to ensure things ticked over. Connolly Hospital Blanchardstown was also able to reduce the number of late discharges for similar reasons. The Midland Regional Hospital at Tullamore, even though it can be very overcrowded, is substantially less so than this time last year. Even though the situation is worse nationally, some hospitals have shown significant improvement but other hospitals, where there were never trolleys, have become unbelievably worse. That is what makes it so difficult.

Mr. Tony O'Brien: We are now seeing some hospitals that never had a problem with delayed discharges and, therefore, did not benefit from the release of funds to combat it are now having to deal with higher category triage patients who are sicker and need to stay longer in hospital and that is eating up the bed stock that would otherwise be there. This is, by any standards, what people a generation below me call a wicked problem. There is no simple solution to it. It is not static in that the level of demand that the acute hospital system is facing this year is qualitatively different from the demand that the system faced in previous years. This is not necessarily by volume but certainly by complexity and by age profile of patients. As I said, we will be pursuing solutions vigorously in the 28 hospitals. The one thing I can guarantee, whatever the end result, is that it will not be for the want of absolutely singleminded effort to address this issue from every part of the HSE.

Chairman: I appreciate the comprehensive enough reply to my question relating to planning for the future provision of a new hospital in Cork. Given that a significant amount of work was done on the report by the group, will the HSE or the Minister comment on the provision of that hospital?

My second question relates to today's HIQA report on St. Finbarr's hospital. In some as-

pects, the report is very complimentary of the staff and the supports that are given to patients, but it highlights that the hospital is majorly non-compliant in regard to communal space and privacy. What is startling is that the HIQA report states that the response provided by the provider did not satisfactorily address the failings identified and the authority has taken a decision not to publish this response and is considering further regulatory action. Will Mr. Healy comment on that, please?

Mr. Pat Healy: As the Chairman said, the report is quite complimentary on a number of fronts. Governance and management is one of the issues that is often raised by HIQA but it was very complimentary of that. It was also complimentary of the clinical staff and was very positive in terms of the knowledge and practice and the person in charge. Clearly, what the report is saying is that the failings are essentially about the environment. We know that the infrastructure of St. Finbarr's hospital is very old and part of the resolution would be in the context of the capital programme. There was a positive announcement on that in the past week.

In regard to the specifics, two issues were raised. One issue related to an incident which resulted in a bruise on a resident, which had been recorded but not adequately investigated. The reason it had not been investigated was that the understanding of the staff was that it had arisen as a result of a near fall - in other words, one of the staff quickly grabbed the resident who was about to fall. As a result, the resident had a bruise. Subsequent to the HIQA visit, it carried out an investigation and that was the identified issue. That was recorded, noted and accepted by HIQA.

The second case that HIQA mentioned related to another individual in which a complaint was made. It was referenced in the report as not having been accepted. An investigation has since been undertaken into that incident and that has been provided to HIQA. My expectation is that it will consider that and note it, similar to the previous case, but that will have to be determined by HIQA. Both cases have been fully followed up.

Chairman: In regard to the Cork hospital, does Mr. O'Brien or the Minister have any thoughts about that proposal?

Deputy Leo Varadkar: I have read the report, as did the Minister of State, Deputy Lynch, and I think there is a very strong compelling case in the longer term for a new hospital for Cork, particularly a hospital that would concentrate on non-emergency care, such as electives and ambulatory care. As the Chairman can imagine, there are similar proposals for such hospitals all over the country. What we have asked the hospital groups to do through the course of 2016 is to develop a strategic plan as to how they see their hospital groups develop over ten years and how they would reconfigure services within those groups. That is the current situation; there is no specific provision for such a hospital in the existing capital plan that was just announced but I think it could happen in the future. The provision for the whole region has to be looked at comprehensively.

Deputy Kathleen Lynch: Capital projects of this size have to be future proofed. The good thing about the proposal is that a group of people came together and with no gain to themselves. It is about how the services for Cork city and surrounding areas develop in the future. A project of this size takes a great deal of time. I think there are about three preferred sites but that is an issue for the Cork development plan. I think more than anything else that has to come into play. The good thing is that the two hospitals that should merge, in terms of delivery of service, have already agreed to that. Sometimes it is difficult to get two hospitals to agree to this. The physical location of a hospital of this size will be a key issue not just in terms of how services will

develop but in terms of how the chosen location will allow access for both sides of the city and allow the city to develop around it. It is not in the recently published capital plan. That is not surprising as the report was completed only a number of months ago. The proposal will have to be looked at in terms of planning for the near future, but I assume it would be the mid-term future in terms of development.

Chairman: I would certainly agree that in the mid to long term, a hospital must be built. I commend the group which put the report together. Both Deputies Ó Caoláin and Conway indicated a wish to speak.

Deputy Caoimhghín Ó Caoláin: The question I had posed earlier has not been responded to. In relation to emergency departments, it is indicated in a reply I received to a question I posed that where capital build or refurbishment is required and where it has been already identified, detailed plans have been agreed to expedite the build component. Will Mr. O'Brien indicate where that might apply? He is currently engaged in a series of visits to emergency departments across the country. I know from personal experience, having visited a number of hospital sites in my role as a health spokesperson in recent years, that many of the emergency departments are not designed to cater efficiently with the current throughput of patients presenting. From what I have observed, there are serious design deficiencies. Does the capital build or refurbishment include extensions or restructuring? Would it include, for instance, the provision of paediatric emergency department facilities, separate from the main facility for adults? Could we be given a sense of the thinking on that? How quickly can we expedite the build component of the proposals? Will it have any impact during the impending winter period or has this a longer impact timeframe?

Deputy Ciara Conway: Given that Mr. O'Brien is to chair the special task force and has assumed the role in regard to accident and emergency, he might come back to the committee in three or four weeks to further update us on the progress, the difficulties and, hopefully, the successes.

With regard to accident and emergency overcrowding, it was reported locally that when there was overcrowding in the accident and emergency department at University Hospital Waterford, ambulances were turned away. I would like to get reassurances as to what kind of contingency plan is put in place if that happens. As Mr. O'Brien can imagine, it is a concern for people.

Mr. Tony O'Brien: I will answer the questions in reverse order. I have never declined the committee's call. I would advise the committee to call me sparingly on the following basis: an appearance such as this takes about a working day out of my life in terms of preparation and the time I spend here. I would not want the balance between the time I spend here and the time I spend out there, trying to sort out the problems, to be the wrong one. Obviously, however, at the committee's discretion, I will be here to answer its questions and brief it accordingly.

I will visit Waterford hospital next week. With regard to the issue of ambulances, there are certain protocol situations whereby emergency departments can be taken off call. These are predefined arrangements which would lead to ambulances taking patients to different locations. It should not, however, be the case that ambulances are turned away, having been sent, unless there is an off-call protocol in place. We will certainly examine that issue.

In regard to the build matters referenced in the answer, these are about the immediate in nature and relate to Galway hospital and South Tipperary General Hospital, for example. This is

about refurbishing an area that was formerly a physiotherapy department, which has had to be relocated to another place to create 20 additional proper bed bays with full medical gases and so on. That work is under way. There are other major projects involving emergency departments, such as in Limerick, but what is in the question has more to do with immediate actions for this winter.

Deputy Caoimhghín Ó Caoláin: I asked about the paediatric element.

Mr. Liam Woods: The schedule we will provide will include both the capital and the revenue costs. As the director general said, these are all works that can be completed in the short term. There are other wider works which we can also point to, where the investment is more fundamental, such as in the emergency department in Limerick, which we will reference in our response to the committee. There are also a number of minor works going on which will provide immediate additional space. I will clarify in our response the paediatric separation point the Deputy has raised.

Deputy Billy Kelleher: I wanted to raise a point on the Gardasil vaccine for HPV. Some concerns have been expressed by parents of children who have received the vaccine and some 860 cases have been referred to the HPRA. Can a meeting be facilitated with the parents of children who have been adversely affected by the vaccine, given that there is genuine concern? While I would always advocate vaccination in terms of public health, I would like to see that this would at least be taken on board and that a co-ordinator would be established in the HSE or the Department of Health to deal with complaints and to collate any information in regard to whether there are potential trends on this issue. To date, I have not been satisfied that the people receiving the vaccine are being informed of the potential side effects or that there is enough public awareness around the adverse effects it can have on some people. I ask that this matter be examined. I would appreciate it if a meeting could be arranged with the organisation that is advocating and raising concerns on this issue.

Deputy Leo Varadkar: Responsibility for vaccines and vaccine safety lies mainly with the chief medical officer and I will certainly ask him to meet any group. I should say that of the 860 adverse events reported to the HPRA, the vast majority are the normal kind of side effects people have from all kinds of vaccines, like somebody getting a sore arm, fainting and so on. What I would be very concerned about in this case is sending out the wrong message to people that, somehow, the HPV vaccine is dangerous. There is no evidence that it is and the European Medicines Agency is carrying out a review to confirm that. On the other hand, there is very strong evidence that it prevents cervical cancer, which is why it is given. It is the only vaccine that prevents cancer, so it is modern miracle in that sense.

The committee will recall the scare we had previously in respect of autism. Quite a number of parents at that time believed - and some still believe - that the vaccines caused autism because they were administered around the time the symptoms of autism often develop. We have to be very careful not to allow these kinds of ideas to take hold because if somebody has a disease or illness they cannot explain, the natural thing is to blame something that happened around that time. Vaccines are often blamed, although it is very rarely proven that they are the cause. Nonetheless, the European Medicines Agency is carrying out a review to reassure people there are no long-term side effects from the vaccine.

Chairman: I thank all of our witnesses and the officials for attending. I apologise for the delay. I want to thank all of the staff of the HSE for their work and commitment in the delivery of a health care system which is patient-focused. On behalf of the committee, I sincerely ap-

preciate their work and thank them for that.

The joint committee adjourned at 7.15 p.m. until 9.30 a.m. on Thursday, 8 October 2015.