

SEANAD ÉIREANN

—
Dé Máirt, 20 Samhain 2007.
Tuesday, 20 November 2007.
 —

Chuaigh an Cathaoirleach i gceannas ar 2.30 p.m.

—
Paidir.
Prayer
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Business of Seanad.

An Cathaoirleach: I have notice from Senator Maria Corrigan that, on the motion for the Adjournment of the House today, she proposes to raise the following matter:

The need for the Minister for the Environment, Heritage and Local Government to provide a progress report on the implementation of the requirement for a building energy rating certificate for new buildings for sale and public buildings.

I have also received notice from Senator Jerry Buttimer of the following matter:

The need for the Minister for Arts, Sports and Tourism to provide funding for the provision of a new swimming pool in Douglas, Cork, given that Cork City Council has decided to locate the pool, subject to funding from central Government, at its present location.

I have also received notice from Senator Cecilia Keaveney of the following matter:

The need for the Minister for Agriculture, Fisheries and Food to seek at the forthcoming European fisheries meetings a solution to the unacceptable situation whereby dead fish that exceed the quota for the species are dumped at sea.

I have also received notice from Senator Brian Ó Domhnaill of the following matter:

The need for the Minister for the Environment, Heritage and Local Government to implement recommendations No.6 and No.7 of the 2005 Indecon review of local government financing, which relate to water charges on non-principal private residences and general contribution to local authorities from non-principal private residences.

I regard the matters raised as suitable for discussion on the Adjournment. I have selected the matters raised by Senators Corrigan, Buttimer and Keaveney and they will be taken at the con-

clusion of business. Senator Ó Domhnaill may give notice on another day of the matter he wishes to raise.

Order of Business.

Senator Donie Cassidy: The Order of Business is No. 1, Local Government (Road Functions) Bill 2007 — Committee and remaining Stages; and No. 2, statements on cancer services and the implementation of the HSE national cancer control programme. It is proposed that No. 2 shall be taken at the conclusion of the Order of Business. The first two hours of this will be with the Minister present and will be on the rota system. The final hour of the Minister's presence will be allotted to questions and each group will be allocated five minutes and the Minister will be allocated five minutes to respond. During the first two hours, spokespersons may speak for ten minutes and all other Senators for eight minutes. Senators may share time. No. 1 is to be taken at the conclusion of No. 2.

Senator Frances Fitzgerald: Where is the legislation for the Seanad and what has happened to the Government's legislative programme? This week, for example, there is only one Bill before the House. What has happened to the range of legislation that was due to come before the Seanad? Why is there such a hold-up?

Senator Jerry Buttimer: It has gone out for a smoke.

Senator Frances Fitzgerald: This is a serious question. Is the Government so distracted that it is just not getting to the real business of the Dáil and Seanad, which is passing legislation? The Leader might consider this and ensure that more legislation comes before the House.

One of the Ministers has been quite distracted this week by a fleeting report on an RTE programme about a Minister taking cocaine. There was no internal RTE inquiry when Professor Crown was dropped from "The Late Late Show". One would think a Minister's career had been destroyed and that there was a family begging on the streets.

Senator Fidelma Healy Eames: An anonymous one.

Senator Frances Fitzgerald: This is the reaction we are getting to a somewhat fleeting comment on a programme.

Senator Jim Walsh: It is all about balance.

Senator Frances Fitzgerald: This was the reaction to a somewhat irrelevant comment on a programme.

I wish to raise the issue of the children's rights referendum. Senator Ross spoke here last week about the need to prepare for the European

[Senator Frances Fitzgerald.]

treaty and to have adequate discussion. There was a proposal that the children's rights referendum be held on the same day. I would like to find out if this is the case. Today marks the anniversary of the launch of the United Nations Convention on the Rights of the Child. The Ombudsman for Children is doing a lot of work in this area. Last weekend the General Assembly of the European Youth Parliament was held here in Leinster House. We need adequate preparation and debate if we are to ensure that a provision on children's rights is to be put in the Constitution. There are many fundamental issues that need to be addressed. Perhaps the Leader could let us know whether there will be an opportunity to debate this in the near future.

Senator Joe O'Toole: I raised last week the importance of having a debate on the report of the review body on higher remuneration. I raised that in the context of where stands accountability and responsibility. We could widen that debate. We need to know where we as a political society are heading. It seems that every time we decide to take away decisions from politicians, a short time later somebody wants to give them back to them. We did not like the way politicians were dealing with planning matters and we set up An Bord Pleanála, and we will be happy with it until we disagree with its opinions. We did the same with the roads authority. We did the same with the HSE, which we set up with a great brouhaha, which we will discuss later, but as soon as it gets something wrong, we will want to know where lies the political accountability and responsibility. We should have a clear understanding of the difference between responsibility and accountability, where the line lies and how we should explain it to people.

I ask for a debate on the review body. I have listened carefully to the Taoiseach getting it wrong every time he stands up. I support the decision of the review body in the case of the Taoiseach's salary. I think I am the only person in either House who does, or certainly who has said so. I do not have any difficulty with it, but I have a real difficulty with the way he is handling it.

This is the reason I want to debate the matter. People stand for ask for many things, and speak about making comparisons with other European countries. I have done all that on behalf of this House and the other House for more than 20 years. Just in case people get what they wish for, let us start across the water by comparing this House with Westminster's upper house, the members of which do not get paid. If one compares one with the other, that is where one should start. The issue is not that simple.

From a constitutional perspective, the only place to consider the Taoiseach's position is in the context of the separation of the Legislature and the Executive. We have guarded that every

step of the way since the foundation of the State and everybody agrees with it. The point is that since the foundation of the State in 1922, the head of the Judiciary, the Chief Justice, has been paid exactly the same as the Taoiseach. It is worthwhile for people to note that before we get into the debate because if one cannot find an external comparator and we do not agree with any of the private sector comparators, that is the one to which we should refer. While one might not have read it in any newspaper, the salary increase the Chief Justice got, to which he was entitled and earned, was exactly the same as that which the Taoiseach got. The Chief Justice is paid, to the penny, the same as the Taoiseach.

I want a debate here because I want to hear the different points of view. I am not here to defend the Taoiseach, but I am defending the system under which we took responsibility for this out of the hands of politicians and set up a review body, the members of which do a thankless job and in the main do not even draw a salary for it.

Although my time has expired, I want to make another brief point. It bodes ill — I will probably go to see a doctor later today — to find myself of one mind with Mr. Myers of the *Irish Independent*. However, I have been sick over the weekend since I read the story from Saudi Arabia, which has been confirmed on all sides, about a woman and her partner who were raped, and because they were together and unrelated, the woman has now not only to suffer the trauma of being raped but has been sentenced to 200 lashes by the official courts of Saudi Arabia. I say this because I am not surprised, and never have been due to my involvement with Amnesty International, by what goes on in Saudi Arabia, but it sickens me to my teeth that the western world treats these as if they were civilised and decent—

Senator David Norris: Hear, hear.

Senator Joe O'Toole: —and that they have been fed, welcomed, cheered and applauded in Westminster, in Dublin and in western Europe. We should take a stand against the horrific goings on in Saudi Arabia, beginning with this one.

Senator Alex White: It did not appear to take the Minister for the Environment, Heritage and Local Government, Deputy Gormley, too long to learn one tactic from his Fianna Fáil colleagues in his attempt to deflect responsibility on the waste issue onto Fine Gael and Labour.

An Cathaoirleach: This is the Order of Business.

Senator Alex White: If I could prefix my remarks by saying the notion that one can blame the Opposition for the failure, or absence, of policy in Government is extraordinary. The Mini-

ster appears to have learned quickly to pick up that tactic from his colleagues.

Senator Dan Boyle: Is was the policy of the Labour Party.

Senator Alex White: I am putting this in the context of calling for a debate because it is a matter we must revisit in this House. It is extraordinary that there is a decision of An Bord Pleanála on a major infrastructural project and there is a policy in place for a number of years, but the Minister states he disagrees with it. How can we have government when, for example, on an issue like Shannon there are Ministers joining a queue to sign petitions? How can we have a policy on health when there are Ministers stating the HSE is dysfunctional? How can we have a serious waste policy when the Minister responsible for waste said he disagrees with a decision on a fundamentally important and significant infrastructural project? This is a serious matter and it is not good enough to blame Labour and Fine Gael. I ask that the Minister come into the House.

Senator Fidelma Healy Eames: It is a cop-out.

Senator Dan Boyle: What is the Labour Party's policy on incineration?

An Cathaoirleach: Senator White, without interruption.

Senator Alex White: The Minister, having made a promise that an incinerator would never be built when he was in Government, has now said he will launch a review of waste policy which will take nine months. He said he is confident that at the end of that period it will be shown that the incinerator is redundant, unviable or both. What will he say if the review proves otherwise?

Senator Jerry Buttimer: He will come up with nuclear energy next.

Senator Déirdre de Búrca: Following on from the issue raised by Senator White I ask that the Minister for the Environment, Heritage and Local Government come into the House to address the decision by An Bord Pleanála yesterday to grant planning permission for a 600,000 tonne mass burn incinerator for Poolbeg in Dublin, despite the recommendation of its inspector for a 500,000 tonne incinerator. The decision is difficult to understand. As the Cathaoirleach is aware, this Minister is five months in office but in that five months period he had his Department carry out an analysis of the projected incinerator capacity planned for the country and it was clear from that analysis that there was a serious over-provision of capacity and that at most what this country needed was the facility to cater for 400,000 tonnes of waste.

This is a cutting edge area in which many new technologies are being produced, researched and piloted as we speak. The decision by An Bord Pleanála is in conflict with the new approach the Department of the Environment, Heritage and Local Government is taking based on the analysis that has been carried out. I ask that the Minister would appear before the House to outline the composition of the waste review group he is establishing—

Senator Jerry Buttimer: Get a carrier on the bike.

Senator Déirdre de Búrca: —the terms of reference he will give to that group and when it will report. I am confident the group will state clearly that the capacity for incineration planned for will mean we will become a net importer of waste from other countries. There is no way this small country—

Senator Fidelma Healy Eames: It is the Green Party's Minister.

Senator Jerry Buttimer: Flip-flop again. Get a carrier on the bike.

An Cathaoirleach: Senator de Búrca, please.

Senator Déirdre de Búrca: We had very little support from either Fine Gael or the Labour Party, both of whom support incineration. They are speaking out of both sides of their mouths. On the one hand they are trying to—

Senator Fidelma Healy Eames: It is not our policy.

Senator Déirdre de Búrca: —distance themselves from this decision and, on the other, supporting the policy of incineration in their conferences and so on.

Senator Jerry Buttimer: Five months and another flip-flop.

An Cathaoirleach: The Senator has made the point.

Senator Déirdre de Búrca: The Minister is not afraid to say that mass burn incineration is not the way forward for this country.

Senator Jerry Buttimer: In the roads functions Bill they are giving all the power away.

Senator Déirdre de Búrca: I ask that the Minister appear before the House to clarify the matter of the waste review group he will carry out and indicate when it will report back.

Senator Paschal Donohoe: Last night the Tánaiste and Minister for Finance made a wide-ranging speech about the future of our economic

[Senator Paschal Donohoe.]

policy. The breadth of the speech was far more wide-ranging and comprehensive than those I have heard in the Oireachtas in the past few months. Instead of commenting on that, however, I call for a debate on two points made by the Tánaiste.

An Cathaoirleach: We cannot have a debate on finance.

Senator Paschal Donohoe: If I can make my points I will explain the reason a debate on these matters is vital. The Tánaiste commented that there would be a slow down in public spending in line with growth of the economy and he ominously referred to a further expansion of the private sector into the delivery of services currently delivered by the public sector. The last time we heard language like that was in respect of the health service when ideas such as the co-location of hospitals were introduced, which had various consequences and difficulties that were not thought about. The Tánaiste said he would wait on a report from the OECD on the future of public services here before he considers introducing those changes. When that report becomes available, I ask the Leader that it be properly debated in this House.

Similar reports, such as the Hanly report, led to significant changes in the delivery of public policy with which we are only beginning to cope. Will the debate focus on two points, namely, how to ensure the equality of opportunity for everyone, regardless of how much money he or she has, is not jeopardised by changes and that we are not swapping public for private monopolies, which is being done too often?

Senator Ann Ormonde: I would like a debate on the issue of An Bord Pleanála, but from a different perspective. We should examine the broader concept of why the body was set up and how things stand. Leaving the Poolbeg decision out of the discussion, in many instances I was unable to understand why the board made a different decision than was recommended by an inspector. What is the role of the membership?

Senator David Norris: Hear, hear.

Senator Ann Ormonde: After an inspector is sent out, why is his or her decision overruled?

The EU plans to send more than 4,000 troops to Chad under the command of the Irish officer, Pat Nash, to protect refugees. However, there have been delays due to a lack of helicopters, aircraft, field hospitals, etc. I congratulate the Ministers for Foreign Affairs and Defence on their efforts in facilitating our commitment to send troops, but I call on the EU defence Ministers to press the matter to ensure support for the decision.

Senator Maurice Cummins: While we want the Good Friday Agreement to work and we welcome that the Northern Ireland Assembly is working, I raised the question last week of the brutal murder of Paul Quinn and how the intimidated community will not give information to the PSNI or the Garda. The weekend's newspapers reported that Robert McCartney's sister, while doing her duty as a nurse in the Markets area, was intimidated by provo activists. Most of that family has emigrated because of intimidation.

I call on the Minister for Foreign Affairs to meet the Quinn family and use his good offices to insist such intimidation ceases in Northern Ireland and on this side of the Border. There is no point in Sinn Féin politicians calling on people to co-operate with the PSNI when local activists frighten the life out of people. The intimidation must cease and the Minister must send Sinn Féin and the provo activists the message that such intimidation cannot take place in any society.

Senator Labhrás Ó Murchú: I support Senator O'Toole's comments on the Saudi Arabian episode. I have always held the opinion that if one adopts an *à la carte* approach to human rights and democracy, one diminishes one's principles and vision for humanity. The deafening silence in this instance is symptomatic of the golden circle of nations, those which support the major powers and are beyond criticism. It has often been seen during the past four years and I have raised it in the House.

While Ireland has adopted a courageous and independent stance, it is important we speak out on an issue such as that relating to Saudi Arabia. An unfortunate woman who was raped and would expect justice from the state will have a further injustice perpetrated against her by receiving an inhumane scourging. This House and Ireland must be always prepared to be independent-minded no matter what is in question, be it oil, economic advantage or a military alliance. The only hope we have if we wish to continue as an honest broker as we did in the past is to be independent and courageous on such issues.

Senator Ivana Bacik: On this auspicious day for children's rights Senator Fitzgerald referred to the issue. On a related matter I ask that the Minister for Health and Children attend the House for a debate on the fact that the Government does not have child benefit as a universal benefit. The habitual residence condition deprives up to 3,000 of the most disadvantaged children in the State, and these are largely the children of asylum seekers or persons to whom leave to remain in the State has been refused. This has a detrimental effect on their schooling, nutrition and general upbringing.

While the numbers are small, a campaign has been in place for the past year, which I had the honour of launching, run by the Free Legal Advice Centres and supported by the Children's

Rights Alliance, Barnardos, the Vincentian Refugee Centre and others. All argue the Government should restore child benefit as a universal benefit, given that Ireland has ratified the UN Convention on the Rights of the Child. We have an obligation to ensure social welfare policies are applied in the best interests of the child and without regard to the status of the parents. This is a small matter but has a big impact on a relatively small number of children to whom we are clearly neglecting in our duties.

Senator Maria Corrigan: I ask the Leader as a matter of urgency to have the relevant Minister to the House to debate the issue of how ambitious we are for the rights of people with intellectual disabilities. An outstanding Law Reform Commission report highlights the fact that basic human rights for those with intellectual disabilities have not been addressed as a result of deficits in our exiting legislation. If we cannot ensure that someone has their basic human rights recognised and addressed, then they are by no means equal citizens.

Last week on the Adjournment I was pleased to have clarified and confirmed that people with an intellectual disability in residential settings will have moneys deducted from them
3 o'clock refunded. I am concerned the HSE did not have this information but gave contrary information in its briefing to Oireachtas Members. I am also concerned about current deductions. Guidelines are in place which I want examined and to know how they are monitored. Most importantly, have those individuals with an intellectual disability given their consent for these moneys to be deducted from their allowances every week?

Senator Jerry Buttimer: Hear, hear.

Senator Maria Corrigan: As we fund residential services and invest much in them, we must ask if it is achieving increased better literacy and independent-living for people with an intellectual disability. I would appreciate if the Leader invites the relevant Minister to the House to address this matter.

Senator Nicky McFadden: Will the Leader ask the Minister for Health and Children to urgently postpone the date of commencement of proposed legislation on pharmacies? It should not be implemented because of the serious situation that will ensue if it is commenced. Under the proposed legislation pharmacists will occur a loss on every GMS dispensed item. From speaking to pharmacists in my area, I was informed that between 30 to 40 employees in one pharmacy will be put on protective notice. This is most unfair and the Minister must engage in discussion with the pharmacists. The Minister has not met the pharmacists or Mr. Shipsey since 8 November.

That will not solve anything. The Minister needs to engage with the pharmacists.

Senator Camillus Glynn: I heard a disturbing programme on the radio on my way to the House. It pertained to a so-called service from a taxi person and what a young lady had to go through to receive that service. The driver demanded an exorbitant fee but the lady did not have enough money and when she went to her house to collect the additional money, the driver kicked the door and threatened her with a serious sexual act. Nobody inside or outside this House appreciates the taxi service more than I because I use it quite frequently. I am sure most Members of the House do.

It is imperative that the people delivering this service be above reproach and that their bona fides can be upheld under close scrutiny. I am sure the other Members are as concerned at this incident as I. Will the Leader convey our concerns and, if the Cathaoirleach can find time, arrange to have statements on this matter in the House? This incident is an exception, not the rule. The taxi service is excellent and it is time to put the cowboys or cowgirls out of business and where they belong — behind bars in this case.

Senator Dominic Hannigan: Last week I welcomed the opening by the Minister for Justice, Equality and Law Reform, Deputy Brian Lenihan of the new National Property Services Regulatory Authority's offices in Navan. I was glad to see that the Minister recognised that some consumers recently have had negative experiences. I am concerned about people throughout Ireland, in Louth and Meath especially, who live on estates run by unregulated property management companies. According to the National Consumer Agency, NCA, website some residents paid €700 in 2003 and €1,200 two years later purely because property management companies are unregulated. This is not an isolated incident. Will the Leader ask the Minister to come to the House to outline his proposals on how he intends to legislate for the regulation of property management companies?

Yesterday the constituency of the Minister for the Environment, Heritage and Local Government went up in smoke, today his pay rise is going up in smoke. Will he come to this House before his reputation goes up in smoke?

Senator Dan Boyle: I will pass on to the Minister the Senator's concern about his reputation.

An Cathaoirleach: The Minister's pay rise is not relevant to the Order of Business.

Senator Mark Daly: I support Senators O'Toole and Ó Murchú in respect of the case in Saudi Arabia. Evil prospers when good men stay silent. If we stay silent, evil will prosper in this case. How have those in America and Britain

[Senator Mark Daly.]

who uphold democracy, and rabbit on about human rights in other countries, managed to stay silent in this case?

Regardless of what they do, will the Leader ask the Minister for Foreign Affairs to take up the matter with the Saudi Arabian ambassador? We sent a delegation to Saudi Arabia prior to the election and we must have contacts there that would ensure this injustice does not occur.

Senator David Norris: I am sure the Members would like to recognise the presence of the former Independent Senator and professor emeritus, John A. Murphy, who graced these benches until recently. I support Senators O'Toole and Ó Murchú on the appalling situation in Iran. The woman was sentenced to a considerable number of lashes, which is a savage punishment, but this was doubled or trebled because she had the temerity to appeal. I raised these issues at the recent assembly of the Inter-Parliamentary Union in Nairobi and I am glad to say I was supported by Senator Leyden on the matter of a mentally handicapped 16 year old girl in Iran who was executed for the crime of being raped by her neighbours. Two young men in their late teens were involved in a relationship and were battered for many weeks and, after six months' detention, were hanged from the back of a lorry. This is revolting behaviour and we should protest against it. I am glad Senator O'Toole mentioned frontliners and yesterday I launched the appeal for support for these brave people who, in such difficult circumstances, stand up on behalf of their communities.

I am glad Senator Fitzgerald raised the appropriate questions on children's rights and the children's referendum. I have a message from a victim of institutional sexual abuse that refers to the apology to such victims given by the Taoiseach, Deputy Bertie Ahern, some years ago on behalf of the State. I am told the Ryan commission is only taking evidence from a handful of victims and has only managed to investigate a fraction of the thousands of allegations of abuse. Many victims feel they have once more been failed by the State, especially as some children were put in care at tender ages and left with a criminal record. There is legislation before the House that will help expunge certain criminal records and surely these people should have their records expunged. Not only were these victims violated and abused, they were left with a criminal record. I ask that we examine this situation.

Road safety was discussed recently in this House and the issue has arisen several times since Parliament reconvened, yet today we discover that Cork County Council is to go to court to prevent the Health and Safety Authority inspecting roadworks. The Donegal county manager intervened in a similar fashion because he found that his workers were upset. This comes in the context of the case of Tommy Gallagher,

raised by myself and others, who lost his daughter Aisling because of completely inappropriate road treatment. That young girl was driving carefully and met her end because of a lack of care shown. The matter in Trim also relates to road safety.

I am tired of raising these issues in debates as I am tired of raising consistency in speed limits and road humps. Last week I crossed a road hump at 20 km/h and damaged both shock absorbers, which will cost me €1,000. How can we expect people to show respect when such incidents occur and when county managers refuse to let the Health and Safety Authority, HSA, make inspections?

An Cathaoirleach: The Senator has made his point.

Senator Fidelma Healy Eames: I wish to express my disappointment at the reaction of the Minister for the Environment, Heritage and Local Government, Deputy John Gormley, to An Bord Pleanála's decision regarding the Poolbeg incinerator. I heard him say incineration would not be the policy of this Government at the Magill summer school. The Minister was a deal maker at the Cabinet table, he knew this decision was imminent and the incineration plant is in his own constituency. He did not show leadership in changing Government policy.

An Cathaoirleach: The decision was made by An Bord Pleanála, an independent body, not the Minister for the Environment, Heritage and Local Government, Deputy John Gormley.

Senator Dan Boyle: The decision could not have been interfered with and if it had been, the Opposition would have complained.

Senator Jerry Buttimer: The Minister's mudguard is falling off.

Senator Fidelma Healy Eames: The response of An Bord Pleanála alluded to Government policy. Is the Minister, Deputy John Gormley, a serious politician?

Senator Jerry Buttimer: He is a mudguard.

Senator Fidelma Healy Eames: This is his chance to show leadership but I regret that this issue may be another M3.

I would like the Minister for Social and Family Affairs, Deputy Martin Cullen, to come into this House to examine the serious issue of domestic violence. In light of recent tragic events in Omagh and further to a number of calls I received in my Galway constituency I would like to highlight the need for funding to be provided for outreach workers to assist women and children made homeless by domestic violence. Condemnation has been voiced in this House regarding the lashes to which a woman in Saudi Arabia was sentenced. Unfortunately, women are being

lashed in this country as well. Will the Leader urgently request the Minister for Social and Family Affairs to come to the House to discuss the budgeting for outreach workers?

Senator Paul Coghlan: The Minister for the Environment, Heritage and Local Government stated in response to parliamentary questions in the Dáil last week that he has no proposals to implement the ninth report of the All-Party Committee on the Constitution to provide for a designated area scheme that would empower local authorities compulsorily to acquire land for development purposes. How does this fit with the proposed designated land (housing development) Bill which the Leader assured me some time ago it is intended to introduce early in 2008? There is an apparent contradiction. This Bill would provide for a so-called use-it-or-lose-it scheme. In view of the Minister's response to questions in the Dáil last week, will the Leader confirm whether this is still Government policy or if the timeframe he outlined to me has been revised in the meantime?

Senator Eugene Regan: Last week, I asked about the timing of proposals to introduce legislation amending the existing laws on the functioning of tribunals of inquiry. I asked the Leader for an assurance that such proposals would not lead to the closing down of the Mahon tribunal while it is investigating the Taoiseach's finances.

Senator Jim Walsh: We will debate that tomorrow.

Senator Eugene Regan: I was subjected to unfavourable personal remarks in this House, and outside of it by the Taoiseach himself, which were entirely unwarranted.

Senator Jerry Buttimer: Hear, hear.

Senator Eugene Regan: I was elected to the Seanad to raise issues of national concern.

Senator Jim Walsh: Was the Senator of the same view when he was running for local government?

Senator Fidelma Healy Eames: Why does Senator Walsh not let Senator Regan speak?

Senator Jim Walsh: Senator Regan cannot have it both ways.

An Cathaoirleach: Allow Senator Regan to continue without interruption.

Senator Eugene Regan: I was elected to the Seanad to raise issues of national concern. Corruption in politics is of fundamental national concern.

Senator Jerry Buttimer: Hear, hear.

Senator Eugene Regan: When I raise an issue about the Mahon tribunal and the possibility—

Senator Jim Walsh: Who was it who said there were no angels in Fine Gael?

Senator Jerry Buttimer: John Bruton is an honourable man.

Senator Jim Walsh: He conveniently forgot what he was told.

Senator Jerry Buttimer: Senator Walsh has a short memory.

An Cathaoirleach: Senator Walsh should refrain from interrupting.

Senator Eugene Regan: I asked whether these proposals would lead to the closing down of the Mahon tribunal before it has completed its investigations and findings regarding the Taoiseach's finances.

Senator Ann Ormonde: That is not the intention.

Senator Jerry Buttimer: The Green Party will ensure it continues its work.

Senator Eugene Regan: It is a perfectly legitimate question to raise in this House. Fine Gael is certainly concerned about the costs of the various tribunals. However, it is the individuals under investigation who do not co-operate with the tribunals and who are less than forthcoming with information required for the completion of their investigations—

Senator Jim Walsh: The problem is the exorbitant barristers' fees.

A Senator: There has been a lack of co-operation from some in Senator Regan's party.

An Cathaoirleach: Senator Regan without interruption.

Senator Eugene Regan: There are serious questions as to the co-operation provided by the Taoiseach to the tribunal.

Senator Ann Ormonde: That is nasty.

Senator Eugene Regan: I am a member of the legal profession. In regard to legal fees, Ministers for Finance of successive Fianna Fáil Governments fixed the legal fees and it is the Government that pays them.

Senator David Norris: It is good of it to do so.

Senator Eugene Regan: That is where the responsibility for those fees and the cost of the tribunals lies.

[Senator Eugene Regan.]

I accepted last week that the Leader was perhaps unable to offer an unqualified assurance that the new proposals would not be used to close down the tribunals already sitting, especially the Mahon tribunal. In the Dáil last week, the Minister for Justice, Equality and Law Reform made a somewhat qualified statement on the import of these proposals when he spoke of completion timescales. Meanwhile, the Minister for Defence, Deputy O'Dea, is of the view that the Mahon tribunal is acting illegally and outside its terms of reference.

Senator Ann Ormonde: Senator Regan is making a speech.

Senator Jerry Buttimer: The lady protests too much. Members on the Government side are worried and afraid.

Senator David Norris: We have had a few speeches from Fianna Fáil.

Senator Jerry Buttimer: They are under cover now or on the run.

Senator Eugene Regan: I ask the Leader——

An Cathaoirleach: Please——

Senator Ann Ormonde: We are not on the run.

Senator Geraldine Feeney: Why is the Senator raising it now if he is going to make a speech?

Senator Jerry Buttimer: I will do my job.

An Cathaoirleach: Please, that is not——

Senator Jerry Buttimer: The lady doth protest too much. I think she protests too much.

Senator Ann Ormonde: The Senator will not let me make a case.

An Cathaoirleach: Senator Regan is making a point, on which I am asking him to conclude. I do not want interruptions from anyone else.

Senator Ann Ormonde: That is not the intent of the legislation.

An Cathaoirleach: Time is almost up and I will be unable to take contributions from people who were asking to speak. I ask Senator Regan to conclude.

Senator Eugene Regan: In light of statements made by the Minister and Taoiseach, I ask that this Bill not be used to close down the Mahon tribunal before it completes its investigation.

Senator Rónán Mullen: The Health Service Executive is seeking a 10% rise in the excise duty on alcohol. We know now Irish adults are the

third-highest consumers of alcohol in the European Union and people such as Archbishop Seán Brady are calling for a break in the link between alcohol advertising and sporting events. Three years on from the report of the strategic task force on alcohol in 2004, which was discussed in this House, it is time for us to have another adventurous discussion about how to deal with the crisis that is alcohol abuse in our society.

Senator David Norris: Hear, hear.

Senator Rónán Mullen: I hope it will be a discussion that does not confine itself to platitudes about how terrible alcohol abuse is. It is time for us to recognise mixed messages, such as talking down alcohol abuse but simultaneously taking no serious and adventurous measures against it. Such measures could include forcing people who make much money from the sale of alcohol to fund some of the public health costs resulting from alcohol abuse. According from the strategic task force, it costs €2.65 billion to deal with problems arising from alcohol abuse.

We must consider the advertising of alcohol on television and radio and perhaps it is time to phase that out. We must stop sending mixed messages and that process should begin in this House which has a good record in free-flowing and provocative debate on action to tackle our serious social ills. Alcohol should be a top priority and a debate on the issue should take place soon.

Senator David Norris: Hear, hear.

Senator Denis O'Donovan: I support the call by Senator Frances Fitzgerald and others regarding the rights of children and the proposed referendum. Substantial work has been done in this area, which I fully support. I chaired the Oireachtas All-Party Committee on the Constitution, which made a unanimous decision on the matter. I ask the Leader for a debate and perhaps to convey to the Minister for Justice, Equality and Law Reform and the Cabinet that the wording of such a referendum is critical.

Historically, we have had bad experiences when referenda were rushed on sensitive issues. We have one bite of the cherry and everybody in this House and the Dáil is aware of the importance of the issue. It is important there be all-party consensus on the approach. If the wording is wrong we will need another referendum to correct the first. I sound that note of caution today.

Two or three weeks ago I called for a debate on the fishing industry and the Cawley report and I am delighted to see this on tomorrow's agenda.

With regard to the tribunals, I do not question the propriety of Senator Regan on the points he raised. I have a deep-rooted feeling the type of approach successive Governments have had to the issue of tribunals has been inappropriate. The

processes are cumbersome, pedantic and very costly. Another mechanism should be sought.

I remind the Leader and the House that on this issue, the Law Reform Commission suggested another way forward. It was on the proposal of the Law Reform Commission that the previous Government decided to act. I do not believe anything sinister is involved as any legislation which is introduced, probably next year, cannot be made retrospective. A new method of dealing with the area of tribunals should be found. I have a very pessimistic opinion on what has taken place in recent years.

There were two tribunals in my lifetime, dealing with the Whiddy and Stardust disasters, respectively. Such a substantial loss of life deserved wide-ranging public tribunals. Current tribunals are not achieving what they set out to achieve. A new way forward must be found.

Senator Joe O'Reilly: I rise to support the views expressed by Senator O'Toole and echoed by others on the barbarous treatment of the young Saudi woman. We should be unequivocal in our condemnation of this at the highest levels and I ask the Leader of the House to ask the Minister for Foreign Affairs to raise this issue at the relevant forum and make a firm statement on it.

In the light of Government policy on carbon emissions and the attempt to limit the purchase of carbon credits, and our policy on quality of life issues, the need for economic progress and the amount of time people spend in traffic, would the Leader consider a debate on the lack of progress on the development of the rail network? I specifically request that the Leader finds out why urgent priority is not being given to the Navan-Dublin rail line and park and ride facilities at Navan, with the continuation of the link from Navan to Kingscourt?

Is the Leader of the House of the opinion that there is need for an inquiry into why the M3 is being constructed without a parallel railway? What vested interests prevented a parallel rail corridor from Cavan to Dublin? It is a shocking oversight.

I thank the Leader for his assurances last week that the discriminatory means testing of non-contributory pensions would be investigated. What progress has been made with those investigations?

Senator Donie Cassidy: I join Senator Norris in saying how nice it is to see Mr. John A. Murphy here, a distinguished former Member. It is perhaps inappropriate but it is a special occasion when a senior, respected figure who made an immense contribution as a Senator visits the House.

I congratulate the Superintendent, the Captain of the Guard and all others associated with Friday and Saturday's historic European Youth Parliament, over which President McAleese presided.

This event would not have been possible without the assistance and the co-operation of the staff of the Houses, who were instrumental in the holding of such an exciting event.

Senator Fitzgerald inquired about legislation on the Order of Business and there is legislation on today's agenda. We do not know what legislation will come before the House on a day to day basis but I assure her and the House that there is a long list of legislation to be processed before Christmas. I do not want anyone to take early Christmas holidays—

Senator Joe O'Toole: The Leader should not start this, we have heard it 20 times before.

Senator Donie Cassidy: —because as far I understand we will be here on 20 and 21 December and even on Saturday 22 December if needs be.

Senator David Norris: Why is there always this glut of legislation?

Senator Joe O'Toole: We will sit on Christmas day just to clear it up.

Senator Donie Cassidy: Senator Fitzgerald can rest assured about that.

I disagree, however, with her comparison of someone being removed from a television show with that of someone taking cocaine; there is a huge difference. I have said before and I will say it again, cocaine is the biggest challenge our society faces. I have heard unbelievable stories about—

Senator Frances Fitzgerald: That is why one does not shoot the messenger.

Senator Donie Cassidy: —what is happening in our country. It is serious matter that no one appears to fear the law any longer. Senator Regan is a distinguished Member and is making his mark, albeit not in a direction I wish to see, as he should put his talents to more positive uses. However, I wish to hear his views, as well as those of Senator O'Donovan and others in the legal profession, on how Members can lead the way in restoring fear of the law, which is no longer the case. This damning drug is the plague of every village, town and city in Ireland and all Members are united in calling on the legal profession for assistance. I will make the House available to debate this matter for whatever length of time is deemed to be necessary.

Senator O'Toole called for a debate on the report of the review body on higher remuneration, which will be timely. Senator O'Toole, who referred to accountability and responsibility, speaks with some authority on this subject because he has made an immense contribution to the great success of the first and second Celtic tigers.

Senator David Norris: Hear, hear.

Senator Donie Cassidy: Senator Norris would be aware of this, given the strong shock absorbers on his car. Since 1987 this has been the instrument that has produced the economy we enjoy today. I refer to the social partners getting together. Senator O'Toole's request must be taken very seriously. In particular, I refer to the attention given by the media to 5% of the allocations awarded and the 95% about which there is not a word. In respect of the broadcasting media, the Taoiseach only receives one third of the salary of one man in that sector, 45% of another gentleman's salary and——

Senator Joe O'Toole: Senator Cassidy should not go there.

Senator Donie Cassidy: ——only gets 50% of another salary.

Senator David Norris: He does not have a yacht or the Luxembourg or Élysée Palaces either. The poor thing.

An Cathaoirleach: Senator Cassidy, without interruption please.

Senator Donie Cassidy: While I have no objection to fair debate and the truth of the news, this is not coming through. As someone who has been self-employed for most of my life, anyone who can tell me that a Taoiseach who has presided over the creation of 600,000 jobs in ten years is not entitled to a decent wage or pension when he finishes, is not in the real world and we are going nowhere.

Senator Eugene Regan: The Senator should stop digging.

Senator David Norris: Members will give him a dig-out.

Senator Donie Cassidy: I have seen many publications in the print media many times and if the truth of the news is not getting down to the people — all Members know what happened on general election day — the people will speak. They will not purchase such magazines or such untruthful issues that one hears of or sees from time to time.

Senators O'Toole, Ó Murchú, Daly, Norris, O'Reilly and Fitzgerald all raised the horrific incident from Saudi Arabia and the House stands united in its condemnation of what has happened. After the Order of Business has concluded I will ask my private secretary to contact the private secretary of the Minister for Foreign Affairs to convey the views expressed by Senators. If a debate is required, I will ascertain whether the Minister's diary can facilitate Members in the near future.

Senators Alex White and de Búrca called for a debate on incineration. This is also timely and I have no difficulty in setting aside time for this purpose. Members have heard both views from the Senators, one from each side, and I will leave it for the debate to commence.

Senator O'Donoghue called for the Tánaiste and Minister for Finance to come before the House spoke on achieving best value. All Members can agree with this sentiment. As Members are aware, budget day will be next Wednesday week and I intend to ask them to agree to hold a special budget debate that evening, starting at 6 p.m. This will be a first for the House and will be for Members to express their views at the same time as Members in the Dáil. Hence the early steps in Seanad reform can commence in the House that evening.

Senator Ormonde called for a debate on An Bord Pleanála and the role of its members. This is a worthy request and I will leave aside time for it. I join in Senator Ormonde's wish that the Irish troops be supported by the UN. I am endeavouring to have the Minister for Defence here next week to update us on the situation, allow Senators to express their views and congratulate the Defence Forces on the peacekeeping they have done all over the world in the past 50 years. We have contributed to peacekeeping above the numbers of our population.

Senator Cummins called for the Minister for Foreign Affairs to meet the Quinn and McCartney families on their terrible tragedies. I will pass the Senator's views on to the Minister and attempt to ensure everything is done to bring those responsible for the murders to justice. Everybody would like this to happen.

Senators Bacik and O'Donovan called for a debate on children's rights. I have no difficulty putting time aside for this. Senator Corrigan called for a debate on people with intellectual disabilities. I can agree to put aside time for this, especially in light of the law reform report, which the Senator pointed out to the House.

Senator McFadden called for a debate on pharmacists. The Minister will be in the House in ten minutes and this is an opportunity for the Senator to acquire time from her spokesperson on health, Senator Fitzgerald, to bring that point to the Minister. Many of our constituents have contacted Senators McFadden and Glynn and me over the past 24 hours to ensure they will be able to make a living. The small, family pharmacy seems to be under siege and we could lose 500 to 600 of the 1,500 pharmacies in Ireland if they are not allowed to make a profit on their products. The Minister will be pleased to clarify this later.

Senator Hannigan called for a debate with the Minister on the property management companies. This is timely and I can allow for it.

Senator Norris raised road safety in his characteristic strong and forceful fashion, particularly in his views on county managers. We had an extended debate here on road safety last week

and I congratulate all Senators who participated. However I wait for the Government to take the lead on black box technology. This must be implemented, and then we will know whether fault for an accident lies with the drivers, the county councils, the car manufacturers or somebody else. The black box will definitively identify the culprits within 20 minutes.

Senator Healy Eames called for a debate with the Minister for Social and Family Affairs on the subject of domestic violence. I have no difficulty in putting aside time for this.

Senator Coghlan spoke about the ninth report of the All-Party Committee on the Constitution. I can pass his views to the Minister and update him later this week. As this is in the programme for Government, he can rest assured it will be done.

Senator Paul Coghlan: In spite of the contradiction.

Senator Donie Cassidy: Senators Regan and O'Donovan are the two legal Senators and I compliment them on their views from time to time. Under no circumstances will the Mahon tribunal be interfered with. No fair-minded public representative in the Dáil or Seanad could let this happen. It was never envisaged that this would be the case. However, as Senator O'Donovan said today, while nothing can be retrospective, something must be done. The Minister has given a clear assurance that under no circumstances can the Mahon tribunal be interfered with, especially when the Taoiseach is involved. That will strengthen the integrity of the tribunal, not threaten it.

Senator Mullen called for a debate on the abuse of alcohol, particularly in the context of the task force report of 2004. I can put aside time for this. As time is of the essence and we have to deal with so much legislation before Christmas, perhaps Senator Mullen could speak to the leader of the Independent group and ask for time to discuss it in Private Members' time. We would welcome it if that were possible.

Senator O'Reilly called for a debate on quality of life and carbon credits. I can examine this the next time the Minister for the Environment, Heritage and Local Government is in the House, especially concerning the Senator's request for the railway network from Dublin to Navan. This is a long-standing issue in my area. It is a good idea and I will put it to my constituency colleague, the Minister for Transport, Deputy Dempsey, and ask if it is a possibility. The people of Navan are well served by the Minister. When he was Minister for the Environment and Local Government he approved the dual carriageway from Dublin to Kells. The Senator is pushing an open door. It is a question of timing and waiting for the Celtic tiger part three to provide the finances for that good proposal to be considered.

Senator Nicky McFadden: Will the Leader include Mullingar and Athlone?

Senator Donie Cassidy: I almost forgot Senator Glynn's request. I do not know how this has passed me by. It came after the pharmacies issue. I apologise to the Senator. The taxis have given a wonderful service. I also heard that dreadful programme of which Senator Glynn spoke, that shocking horror story in which a customer in a taxi was threatened if she did not pay the rate demanded. I agree with Senator Glynn's views and request and will have statements in the House on this, if necessary.

Order of Business agreed to.

Cancer Services: Statements.

Minister for Health and Children (Deputy Mary Harney): I reiterate the apology I made in the other House to the women in Portlaoise who have been caused needless anxiety by a necessary review of their mammograms. Most of all, I apologise to those women who have been badly let down by a false negative initial reading of their mammograms. We owe it to them to do all in our power to ensure it never happens again. At least these women are now to get the expert care they should have received from the start.

I welcome the opportunity of this debate to reiterate our plans to deliver the best possible cancer care and control. There is only one overriding motivation in this. It is not about money, hospitals, institutions, winners or losers, consultants and staffing, constituencies or counties, rural versus urban, east versus west, large versus small or HSE versus health boards, but simply about the best cancer care we can provide. We will make significant changes in cancer care because it is the most effective way to offer the best care possible to all who present with cancer in Ireland both today and in the future.

I say to women and men: if you have cancer, this plan will give you the best chance of survival. If you are worried about cancer, this is the best assurance we can give you that the best care will be there if you need it. If you live in rural Ireland or outside a major city, you deserve the same care as a person living beside a major cancer hospital and you will get it. It is a fundamental to this cancer plan that you will get the best cancer care regardless of your income, address or age. We can only do this, and we will do it, with teams of cancer specialists working together in major centres on a large number of cases. We will provide you with as many aspects of cancer care as close to home as possible. And if you need help travelling to a major centre for surgery we will assist you.

We are at the start of the journey to achieve these things. I recognise that as we leave present and past arrangements behind, in some parts of the country people are worried about whether we

[Deputy Mary Harney.]

will reach our destination. I am confident we will. I am also confident we will bring with us the best aspects of what we have provided hitherto as we expanded our cancer services in recent years. There are excellent surgeons, nursing staff and levels of real care and support being provided. We value all of this and I am determined that none of it will be lost as we make the transition to the best quality-assured cancer care we can possibly organise. We will work with all concerned who provide care now to make sure of this.

The background to our plan is as follows. Last year, the Government strongly endorsed A Strategy for Cancer Control in Ireland, which was prepared by the National Cancer Forum and launched in June 2006. While the HSE is the centrepiece of the delivery of these services, the framework also provides a role for HIQA and the voluntary sector. It also makes recommendations to allow quality of care standards to be applied equally between the public and private sector. The implementation of the cancer control strategy is a major priority for me and for the Government. One of the basic reasons we set up the HSE to replace the health boards was to ensure that national level decisions could be made and implemented to deliver the best possible health outcomes for all people.

There is now a real opportunity for cancer control to be the key driver of overall health reform. It will require a significant change in how things are done. To facilitate this, the HSE has decided to establish a national cancer control programme and to appoint Professor Tom Keane as its director. Professor Keane took up his position yesterday. He is on secondment from his post as consultant radiation oncologist and head of the division of radiation oncology at the British Columbia Cancer Agency in Vancouver. I acknowledge the valuable contribution by the British Columbia Cancer Agency to the Irish health care system by agreeing to second Professor Keane for a period of two years to lead and manage the establishment of the HSE national cancer control programme. Professor Keane has my full support and that of the Government in this regard.

Professor Keane is expected to quickly designate clinical national leaders for radiation, surgical and medical oncology. I understand the HSE is making arrangements to enable him to take control of all cancer developments from 1 January 2008 and progressively take control of all existing cancer services and related funding and staffing. In consultation with various people and organisations, Professor Keane intends to designate locations for a range of cancer specialties from among the eight centres by early January. He will therefore be engaging in detailed planning to facilitate these designations and the orderly phased transfer of services between locations.

The designation of cancer centres is being carried out with the aim of ensuring that patients receive the highest quality care while allowing local access to services where appropriate. Patients enjoy a 20% improvement in survival rate if they are treated in specialist centres which provide multi-disciplinary care. If diagnosis and treatment planning is directed and managed by multi-disciplinary teams based at the cancer centres, much of the required treatment, apart from surgery, can be delivered in local hospitals. The implementation of managed cancer control networks will require the establishment of appropriate capacity at the cancer centres as we move services from other locations. It will be necessary for the distribution of other acute services in the hospital sector to be rebalanced by the National Hospitals Office. It is likely that those hospitals withdrawing from the provision of surgical oncology will be in a position to receive non-oncology services displaced from the cancer centres as a result of their increased oncology workloads and resulting demands on core services and facilities. The HSE plans to have completed 50% of the transition to the eight designated cancer centres by the end of 2008 and 80 to 90% by the end of 2009.

Much has been said about the requirement for extra resources to be provided in the designated centres in support of the implementation of standards for symptomatic breast disease. This is fundamentally about bringing together people with the best expertise to deliver the best care. Building up our centres of excellence will involve a continuing effort to build teams of excellent people delivering excellent care in major centres. That is what we will see, rather than cranes on the skyline and new buildings. We will of course continue to add investment to provide facilities for patients and to support clinical expertise but the main focus will be on people working together in new ways. We will be changing how we do things, not simply doing more of what we do already.

In Ireland we have high admission rates for cancer compared to other countries and when patients with cancer come into hospital they spend far longer on average in hospital than patients in other countries — longer than they need to be there. We can make better use of our existing hospital resources for cancer patients while not compromising on the objective of improving quality of care and cancer survival rates. To exemplify this, I am advised that there is significant variation among different centres in terms of the time that patients with similar care requirements spend in hospital. The average length of stay for patients having breast cancer surgery, for example, varies from as low as four days to more than ten days. The best patient care should mean that people are ready to go home as quickly as possible the moment they are medically ready, as most would wish.

We have been making progress in this area too. Between 1997 and 2006, the average length of stay for women having breast surgery has fallen by three days from nine to six days. The effect of this is that we have increased the number of women who have been treated with surgery each year by almost half — 44% — while at the same time slightly reducing the numbers of bed days they require. This not only represents a significant improvement in the efficiency of our hospitals, but it is a significant improvement in access to the services that women with breast cancer have received in the last decade. No patient wants to stay in hospital longer than is medically necessary, so we will ensure that this trend continues.

I am expecting Professor Keane to make symptomatic breast disease services a priority. I am confident there is now a clear pathway that is understood by all to enable the implementation of the quality assurance standards for symptomatic breast disease services in accordance with the time frame set by the HSE last September. I welcome the important and significant progress made by the HSE in announcing the cessation of services in hospitals undertaking low volumes of breast cancer surgery. I agree that the difficulties in recent months have been a source of worry for the women concerned, their families and the wider public. We must begin to learn lessons from these cases and to take all actions necessary to minimise the chance of mistakes. I strongly favour a culture of blame-free reporting of adverse incidents and I look forward to this being promoted more in our health service.

At present there are approximately 2,500 new breast cancer cases per year in Ireland. Data quoted in the OECD report published last week shows that there has been a rapid increase in survival rates for breast cancer in Ireland in the last decade — greater than in most other OECD countries. We are now getting close to the EU average. We recognise that there is room for improvement in cancer survival rates relative to other EU countries. This has already been clearly set out in the strategy for cancer control. That is precisely why the journey on which we are now embarking is so necessary.

The two most important contributors to improving this pattern will be enhanced access to early diagnosis through the roll-out of BreastCheck and the implementation of the quality assurance standards for symptomatic breast disease services. BreastCheck has commenced screening services in the south and west. There have been major developments and improvements in cancer services over the past years. Ongoing work in the National Cancer Registry shows that survival for most cancers continues to improve in Ireland. For example, breast cancer patients diagnosed during the period 1999-2003 had a five-year relative survival — 6.7 percentage points higher than those diagnosed in the period 1994-98. However, there

is some way to go before we can attain the survival performance of the best European countries.

I particularly appeal to our doctors to work with us and lead this change to the best cancer services. All doctors are aware of the evidence about what provides the best outcomes for their patients. I am encouraging them to support Professor Keane in the tough challenge he has taken on as director of the National Cancer Control Programme. With the support of our many excellent cancer doctors I am confident that Professor Keane will succeed.

I will chair regular review meetings involving the HSE and Professor Keane to monitor delivery of the programme. Progress will also be considered on an ongoing basis by the Cabinet sub-committee on health and children. My Department will engage on an ongoing basis with the HSE on detailed arrangements for the progression, monitoring and evaluation of the programme.

One result of recent events is that the public better understands and accepts the rationale for the development of cancer centres and the changes that must follow. It is now incumbent on all of us in the health system to ensure that we deliver on this.

There have been major developments in cancer control. We are embarking on a journey towards the best cancer care we can provide in our country. We will take with us the value we have built up in the recent expansion of cancer services. We are asking people to come with us. There will be no reduction of cancer care services as we go on this journey, only an assurance of improvement in quality and outcomes.

We are moving in the right direction and we have a national leader in Professor Keane to ensure cancer is given the priority and expertise it deserves. We will work to ensure the implementation of the National Cancer Control Programme is fully supported and that it is given every opportunity for success and, ultimately, for excellent patient treatments and care. This will benefit our cancer patients nationally and prove that Ireland can become a benchmark for other countries in the provision of quality assured cancer care. Both I and the Government are committed to delivering these improvements.

Senator Frances Fitzgerald: I welcome the Minister to the House and I hope that she will leave us with an understanding of the degree to which the health service, under this Government's leadership over the past ten and a half years, has failed the citizens of this country. When it comes to cancer, for example, people expect the health service should be capable of accurate, speedy diagnosis. They expect that treatment should be effective and being quickly. They expect this, they are entitled to it, but they no longer have the confidence that it will happen.

[Senator Frances Fitzgerald.]

This crisis of confidence is built out of individual tragedies like those of the eight women who underwent tests at Portlaoise General Hospital and were told they were free and clear, only to find out later that they have cancer, and like the other six women who must face the agony of being retested to find out whether earlier tests failed to diagnose cancer.

The response of the Government and the HSE to this crisis in confidence in breast cancer services has been terrifying. At the outset they blamed the public for failing to accept the closure of local services. This is an attempt at distraction. I have stated already that the Taoiseach is acting like a man who has just woken up and found himself in Government Buildings, not a man who has been head of Government for ten and a half years. Fianna Fáil and the Progressive Democrats have controlled the Department for more than ten years with Deputies Cowen and Martin, and now Deputy Harney, as Minister, yet, for example, until RTE exposed the existence of a letter from the radiology department in Portlaoise General Hospital to the hospital management, the Government and the HSE claimed they knew nothing of the matter.

Another example is the Minister's statement that she was not aware of the problems in Barrington's Hospital until August 2007. The reality is that the Department of Health and Children wrote to the HSE in January 2006 about the issues there. Why then did the Minister not know? What kind of Administration prevents early warnings from being acted on efficiently and effectively?

Senator Fidelma Healy Eames: Hear, hear.

Senator Frances Fitzgerald: Why does one side of the health service not know what the other side is doing? On 7 November last, for example, *The Irish Times* reported that the BreastCheck service double reads mammograms for safety. One day earlier the HSE had stated double reading is not a requirement at symptomatic breast disease centres. This kind of information fuels confusion and fear, and it is not a one-off example.

The waters were also muddied very much in this area by the Taoiseach incorrectly defining triple assessment in the Dáil. He stated, on 7 November, that "Triple assessment only applies where cancer is identified" but we know that this is incorrect. It is a diagnostic system to determine treatment for the patient. It arises once a patient has shown symptoms of breast disease, but it is incorrect to state that it takes place only after the patient has already been identified as having cancer. Clearly, in both St. James's Hospital and St. Vincent's Hospital, triple assessment is a means of arriving at a diagnosis and this has been confirmed by the Irish Cancer Society.

After more than ten years in power there is a sense of being out of touch with what is hap-

pening and with the reality of cancer services in this country because so many incorrect and misleading statements have been made. Mysteriously, the expert who could make the public see precisely what the Taoiseach is doing was stood down by the national broadcaster from a television programme dealing with the issue. It is amazing that the person who is the most angry and lucid critic of the Department's approach to cancer services should be removed from the panel of such a programme in the interests of balance.

The Minister said she welcomes people who want to point out what is really happening in the health service. I am not suggesting that she has direct influence but a number of incidents have arisen that have caused concern. There is also concern about the Medical Practitioners Act 2007 that, far from encouraging an atmosphere of disclosure and clinicians stating what they are finding in the system, there is a belief that it is a case of put up or shut up.

Senator Fidelma Healy Eames: Hear, hear.

Senator Frances Fitzgerald: I want the Minister to return to address that aspect.

Instead of clear incremental progress, we see one tragedy after another. I must put to the Minister what many people say, that the HSE in its present form is a failed entity. It would seem that the burdensome administrative difficulties prevent it from carrying out its intended function. This view comes from all of the partners in the health system, where there is considerable concern.

There was not a re-organisation when the HSE took over, although there has been a significant increase in management. There was no redundancy package and no attempt was made to streamline services and responsibilities. It seems that this failure is coming home to roost.

There is a cloud of confusion as well over the difference between governance and implementation, which the Minister should address. Professor Drumm's visit to the Oireachtas showed up the confusion between governance and administration. I recognise his visit constituted an attempt to give us direct information on his experience of the services, but at its heart there is confusion. Surely it is the HSE's role to implement the Government's health policy.

The Minister must be concerned about this. I read with interest her article in *The Irish Times* today in which she referred to the establishment of the health forum but there is a real sense within the health service at present that there is a lack of partnership and trust between all of the interested players, and the frontline players feel this greatly. There seems to be a policy which favours the unilateral approach on many issues. One example is co-location, where there was no Green Paper, no White Paper, no consultation and merely an ideological view that it was the way to proceed,—

Senator Fidelma Healy Eames: Hear, hear.

Senator Frances Fitzgerald: Another example is where all involved want to be paid as they were in charge but nobody wants to show leadership or responsibility.

The Minister states she wants her legacy to be one of good access for everybody, whether he or she is a public or private patient, but I wonder whether her legacy will be one of supporting a range of private facilities while the public health service remains under enormous pressure. There seems to be a preferred policy of confrontation by the Department and the HSE with partners at local, regional and national levels. I call on the Minister to replace this with a culture of consultation and the concept of working with all the partners in the health sector. The Minister stated it in her article today, but it has not been the experience on the ground on a range of issues. There is a real problem.

This was evident in the report published last week dealing with hygiene in hospitals. There is a feeling that the HSE does not deliver and is not accountable. There are no guarantees of performance, no measures and no targets. The hygiene report states there is no managerial responsibility and no governance in hospitals. There were no targets or clear management guidelines on what they wanted to achieve in years one, two and three. The Minister spoke about that issue some years ago when she said she was determined that, for example, MRSA and the hygiene problems in hospitals would be addressed. Three or four years on we have a report clearly stating those targets were not set in the first place, which is extraordinary. Last week in the House I quoted a number of lines about the gaps in management regarding that issue. That is just one example. We have the advantage of having this carefully prepared report in contrast to the Health Service Executive report on the same topic which came out more favourably in terms of the hospitals. There is something missing in terms of the issue of management and responsibility.

The structures of the HSE in its performance to date should haunt the Minister. She repeatedly said she wanted to return to the Department of Health and Children and that she has said she is delighted to be there but how can she be satisfied with the results to date? The issue of the structures of the HSE have not been tackled head-on by the Government. For example, the Minister was in power in 2000, although it was a Fianna Fáil Minister then, when Portlaoise hospital was designated as a centre of excellence. The Minister prides herself on delivery but what steps were taken at that time to ensure Portlaoise hospital, then designated a centre of excellence, had the state-of-the-art equipment needed for the diagnosis of cancer? The announcement was made but there was no follow through in terms of giving it the services it needed to be a centre of excellence as it was designated at that time.

There have been many announcements but the concern is that there has been no follow through. That is the same challenge the Minister will face in terms of what she told Senators earlier. Many Members of this House would agree with much of what the Minister said but to persuade people that it will work is a major task.

An Leas-Chathaoirleach: The Senator has one minute remaining.

Senator Frances Fitzgerald: The radiographic equipment at the centre was also old and at the time it was designated a centre of excellence, audits and follow-up audits were not done. There was a problem. Funding for the centres of excellence was not ring-fenced, and that is a question for the Minister.

Many members of the public are of the view that "centre of excellence" is a title put by the Minister and the HSE on an existing service with a promise of some vague unfunded improvements in the future. The challenge is to convince people that funding will be provided for those centres of excellence because to some degree, patients are being asked to live in the future and tolerate misery in the present in terms of services.

There has been a breakdown in communications between all the players. I do not have time to go into that in detail but the Minister has said repeatedly that she is happy to be back in the Department of Health and Children. She quoted surveys indicating that the majority of patients are happy with the service they get, but when patients are in pain or fear and a good health professional responds to them, it is always the case that they are happy with the service. I put it to the Minister, however, that the surveys did not seek out or represent the women who were told they did not have cancer and were deprived of treatment for a full year. They did not seek out or represent—

An Leas-Chathaoirleach: I ask the Senator to conclude.

Senator Frances Fitzgerald: I will conclude now. The surveys did not represent the people who die every week in our hospitals from MRSA, nor did they seek out and represent the people who must travel hundreds of miles for services. I put it to the Minister that the transport issues are major ones. More than 50% of people diagnosed with cancer are over 65. The transport issues must be addressed. The Minister has a lot of persuading to do to convince patients, the public and medical staff that she has a real plan and vision for the health service. Currently, there is no conviction that money spent in the health service is being spent properly. That is a major challenge.

We have had the first and second O'Higgins reports. The first report was received seven years ago but where is the implementation plan arising from that? The Minister might indicate—

An Leas-Chathaoirleach: Senator, I ask you to conclude.

Senator Frances Fitzgerald: —later when the implementation plan for her current cancer strategy will be published. When will she come back to this House to announce the implementation plan for the cancer strategy?

Senator Geraldine Feeney: I hope you will be as generous to me, a Leas-Chathaoirleach, when I go over my time. I welcome the Minister, Deputy Harney, back to the House and thank her for giving three hours of her time today. Whenever she is asked to come to the House, she never sends a Minister of State but instead comes herself. That is an indication of the way she is perceived in her Ministry and how she takes responsibility for her portfolio.

I said last week that I hoped this debate would get away from all the talk about Professor Crown, the Late Late Show and so on but I will refer to it briefly because it was mentioned by the main spokesperson for Fine Gael. RTE came out last week and, in clear language, said that the programme would not have been balanced if Professor Crown had appeared along with the other three people. It was left to RTE to decide who it would drop from the programme and on its own merit it dropped Professor Crown. In hindsight I am delighted Professor Crown was dropped because I had heard him two mornings prior to that on the Pat Kenny show and I do not mind saying that the way he personalised his remarks about the party of the Minister, Deputy Harney, was a disgrace. He was appalling because in my view he was only having a go at the Progressive Democrats and did not come up with any solutions regarding cancer care. I am glad he was the one dropped from the show and replaced by another oncologist.

We are here to discuss cancer services.

Senator Fidelma Healy Eames: Exactly.

Senator Geraldine Feeney: I was delighted to hear the Minister begin her contribution by remembering the women who received the misdiagnosis from Portlaoise hospital. I heard her speak on “Prime Time” that week and was touched by the way she handled the matter and the concern she expressed. She said it was every woman’s nightmare to be faced with what those six or seven women were facing. That is the case. It must have been a terrible shock. The Minister also said that night that what was most important now was that they would get the appropriate treatment and counselling.

Senator Fidelma Healy Eames: After the horse has bolted.

Senator Geraldine Feeney: We did not interrupt once when Senator Fitzgerald was speaking.

I would like some respect. We get this all the time in the House. It is a different matter on the Order of Business when people shout back and forth but when Members make statements, and this is for the benefit of newcomers, they are allowed to contribute. The Senator can contribute after me.

We must not lose sight of the fact that regarding early detection of cancer and cancer survival rates, we are among the lowest in the developed world. I welcome the Minister’s comment earlier that we are placed a little higher than we were previously in the OECD report of last week. That is a start and it is welcome. I hope we will develop along those lines because we should hang our heads in shame in respect of the current statistics. There is nothing to be proud of in that regard. We are starting from a very low base. I said in the House three weeks ago that I support the centres of excellence. I am not afraid to say that. I have every confidence in the team that gave us the cancer strategy under Professor Niall O’Higgins. I am delighted that is the way forward. We are the lay people, the patients and the users of the services and we must put our trust in those who have gone abroad and witnessed best practice.

I am delighted also that Professor Tom Keane took up his position yesterday. I read a lovely review of him in *The Sunday Business Post* last Sunday. I smiled and wondered if the Minister ever took time out because the review — I am not sure if the Minister read it — referred to a dinner in Canada she attended with some of her officials from the Department of Health and Children. During the dinner she was observed gently nudging Professor Keane with her elbow and asking him if he would consider coming home to take up a position. I take my hat off to the Minister. She is a great woman to be able to persuade those type of people to come back to this country.

Professor Keane is being held up as a messiah. In an article, he was called “Medical Messiah”. There is a notion that he will deliver results overnight, but he must be afforded the time and space to drive the strategy forward. It is important that the users of health services should remember that this is a process, not an event and our expectations must be tempered. Professor Keane is a physician, not a magician. We should allow him the time and space to get on with his job, but Senators will be looking for his head in 12 months or 13 months in the same way as the Opposition is looking for heads in respect of the HSE.

Senator Fidelma Healy Eames: We are looking for accountability.

Senator Geraldine Feeney: We must follow the experts’ advice and proceed with eight centres of excellence. In our previous debate, we discussed——

Senator Fidelma Healy Eames: What about Sligo?

Senator Geraldine Feeney: I will deal with Sligo in my own time. The Senator should look after Galway and I will look after Sligo.

Senator Fidelma Healy Eames: Senator Feeney can be sure I will.

An Leas-Chathaoirleach: Senator Feeney without interruption.

Senator Geraldine Feeney: She is another Senator on the other side with a little too much to say.

While we are creating centres of excellence and putting infrastructure in place — I will address Sligo now — we must consider existing services. Sligo town has an excellent service, but it will be audited in the near future by Professor Keane. Sligo has a multidisciplinary team and good outcomes. I know the answer, but can we keep centres that have good outcomes like Sligo while putting services in place in other centres of excellence?

When the centres are up and running, can we consider the mode of transport to be used to transfer sick people? We need small luxury coaches because ill patients do not want to be exposed to train or bus journeys that must be shared with others. They should not be on buses that stop at every crossroads or pub, as has been the case. Every well-sized town should have a dedicated coach service for people travelling to centres of excellence. If someone is not feeling well, he or she could travel in comfort. This is an important matter, particularly in respect of the roads from Sligo to Galway. They are better than they were 20 years ago, but they are not motorways. Will the Minister bear this in mind?

There is a great deal of fear regarding centres of excellence, but an onus is on both sides of the House not to scaremonger. Cancer sufferers, whether they are men or women, are vulnerable to people's comments. I listened to Senator Fitzgerald, who spoke of differences and people's upset with the Medical Practitioners Act 2007.

An Leas-Chathaoirleach: The Senator has one minute remaining.

Senator Geraldine Feeney: No one on the Senator's side of the House said "Put up or shut up" when the legislation was before it. The Opposition's main concern was having a lay majority and taking expertise away from doctors. I was a spokesperson for my side. When the Opposition talks about putting up or shutting up, why does it not develop better cancer treatment plans than the Minister's? That is what should come from the other side instead of scaremongering.

When centres of excellence were rolled out three weeks or four weeks ago, Mr. John McCormack stated that it was the best thing to have happened to cancer care in the lifetime of cancer treatment. Those attending centres of

excellence will have a 20% to 25% better chance of survival. This should be remembered when people seek to retain services in small towns such as Portlaoise, Tullamore and Mullingar. Services went to Portlaoise due to lobbying on the part of politicians at local level and the Tullamore cancer strategy was fragmented between it, Portlaoise and Mullingar. We know the results and must learn from the experience.

Mr. McCormack stated that if one's town has a hospital that treats ten to 20 cancer patients per year, one should bypass it and go to a centre of excellence. Recently on radio, a young man diagnosed with a rare brain and neck cancer discussed centres of excellence. His oncologist in Dublin told him that while the oncologist could treat him, he should go elsewhere. Were the man the oncologist's brother or had the oncologist been diagnosed, the oncologist would have recommended a centre in Liverpool. Had the man been told to go to Saudi Arabia or Cairo, he would have gone. While he needed to be away from home for three months at a time, he is alive as a result of being a patient at a centre of excellence.

Senator Joe O'Toole: It is difficult to take an independent line in these debates. I welcome the Minister to the House and thank her for her generosity in making herself available, on which all sides can agree.

I support what the Minister is doing in terms of centres of excellence and the cancer strategy, but I have many codicils. I have listened to oppositional politics for 20 years and Senator Feeney, in a fine speech, told us not to scaremonger, but I will make a few statements. I became a Member in 1987 and, during my first week, I lunched with Barry Desmond, who had just finished his tenure as Minister for Health. He expressed his rage when discussing his problems in closing hospitals. I remembered the news coverage of the event, but he gave me a vivid image of when the leader of the Progressive Democrats and the Democratic Socialist Party's Jim Kemmy linked arms on their way through Limerick to try to stop the closure of Barringtons Hospital. Those two parties were looked after.

I remember the Minister for Enterprise, Trade and Employment, Deputy Martin, being in deep trouble for the appalling nursing homes mess. I went to the trouble of reading the background to the issue. The provision was introduced by a Labour Party Minister for Health who received legal advice from his Department to the effect that what he wanted to do was wrong. He brought the matter to a Fine Gael Taoiseach and Minister for Finance who, despite the legal advice, cleared the provision. Every subsequent Minister of all shades allowed the situation to continue.

I remember Deputy Noonan ten years ago, who I refer to because these people were at the centre of media demonisation. When Minister for Health, Deputy Noonan made a mistake in terms of the advice he received in respect of the Mrs.

[Senator Joe O'Toole.]

McCole case, but that did not take from my admiration for him as a Minister and what he was trying to do against all sorts of odds.

I have heard it all when it comes to people having a go at Ministers and it is occurring in the case of the current Minister, Deputy Harney. I admire her work, but I disagree fundamentally with some of her issues, which I will put on the record as I proceed. We need to examine the matter. Let us begin with the role of Professor Drumm. When the Health Act passed through the House in 2004, I raised concerns regarding the chief executive's role but got no support from any side. All parties accepted that the legislation would not allow the chief executive to be critical of Government and ministerial policies. I have raised this issue in respect of the appointment of every chief executive to every State body since I became a Senator. As the provision was voted on and accepted, there is no point in our whinging. I do not know Professor Drumm's policy, but we passed legislation that requires him to take on board the Government's policies and objectives. Before we examine those, we should examine how we make appointments. I have reminded some of my consultant friends how hard it was to appoint a chief executive to the HSE when it was established. It is important to recognise that the people who knew all about it then were not queuing up for that job. We demand that Professor Drumm be available to give an account of the general administration of the health services to an Oireachtas joint committee. I disagreed with this set-up then and I disagree with it still. Chief executives should be allowed have a view, say what they believe and drive policy as well as implement it.

I was delighted Senator Fitzgerald raised the issue of governance, accountability and responsibility. It is the height of nonsense to blame the Minister or the chief executive of the HSE when a hospital cannot be kept clean. Senator Fitzgerald is correct that there should be risk audits in hospitals to ensure they are kept clean. If they are not, someone in the hospital must be accountable and action should be taken.

My heart goes out to the consultants. They are afraid to criticise civil servants. If someone in a hospital says boo to them, that hospital will not be supported. I do not buy that one. I have spent my whole life fighting with civil servants and I will tell the House how it works. If one takes them on about a school, a hospital or any other matter, the word will come back to play it cool, to keep one's voice down and not put a head above the parapet because one knows what will happen. If one takes it that way, nothing will happen. Civil servants, however, are very predictable. The minute one puts the boot in hard, raises the ante and puts it in harder, raises the ante again and buries them, they recognise it is easier to do business than to walk away. That is how it works with civil servants.

It is unacceptable for a consultant who found dirty equipment at Portlaoise Hospital to claim the answer was to write a letter to the Minister. What do they do about dirty hypodermic needles? Do they write a letter about that? My view on this case is simple. They should have stopped using the equipment there and then and made someone deal with it.

Last week on radio, the Minister said she hoped to conclude the contract with the consultants by the end of the year, only for that to be contradicted an hour later by the consultants claiming that under no circumstances would it be finished by then. I want to hear more about this development.

I disagree fundamentally with the Minister, in principle and in practical terms, on bilocation. In practical terms, it is duplication. I believe consultants do a fabulous job and I am a great admirer of them. They are entitled to every penny they earn and I do not begrudge them a shilling of it. However, I want the world to know they earn their money using, at no charge to them, our hospitals, our beds, our nurses and our equipment. This is where I disagree with the Minister — I would make them pay for these services. Instead of building a second hospital on the one site, I would put a value on existing hospital services and let the consultants pay for them. I accept the Minister's plausible argument that bilocation releases more beds. However, it must be recognised that consultants are using State equipment paid for with taxpayers' money.

One important fact that emerged from the Minister's speech, of which I was unaware, is that 44% more patients are now treated using fewer beds, an important key performance indicator. It is important the Minister chairs a committee monitoring service delivery. I agree with Senator Fitzgerald that benchmarks of progress and key performance indicators are needed for us to buy into the Minister's policy in a practical way. I hope Professor Keane will outline the key performance indicators he hopes to achieve in the coming year. This will allow us to count them as they are delivered. If we get that, no one can object. Is a risk audit for the entire health system publically available? If so, where can I access it? Without bothering the Minister, I could then find out why a hospital in, say, Portlaoise is dirty and have an answer to both sides.

While I am not prepared to be critical of Professor Drumm, he has been somewhat unfortunate in the way he has handled some of his media outings. There needs to be a single voice for the HSE for it to give its views, leaving Professor Drumm to concentrate on running the executive.

The levels of administrative staff in the health services is an issue constantly raised in the House. Not one Member wants to see consultants answering the telephone or scheduling their diaries, and there must a certain level of administration. Earlier today on the Order of Business, I requested a debate on the review body on higher

remuneration. The comments made by it on extra people in senior management in the HSE are troubling. If the HSE could not come to a conclusion as to what some of its senior management are doing, it must be reviewed. Having been involved at a senior level in the trade union movement I share some responsibility in this process. In the change from the health boards to the HSE, there was a need to accommodate many people. Like what happened elsewhere, they either had to be bought out, paid off or given jobs. There is some element of duplication but that does not mean people should not be working.

Senator Déirdre de Búrca: I welcome the Minister for Health and Children to the House. I acknowledge this is the second time she has been to the House in the past few weeks to debate the important issue of the reform of our health services.

The Minister began her speech by referring to the recent appalling misdiagnosis of a group of women with breast cancer. This has highlighted the shortcomings in our cancer care services. Ireland needs to follow international best practice in establishing managed cancer control networks consisting of primary, hospital, palliative and supportive care. I am delighted the Minister acknowledged that not all elements of such a network need to be at a remote distance from the patient and some can be provided closer to where the patient lives.

The 2006 national cancer strategy aims to equip each of the HSE's four regions with a broad self-sufficiency of services to treat the most common forms of cancer. It aims to establish eight special cancer centres in each of the four HSE regions to provide integrated treatment service for all forms of cancer including diagnostic, surgical, medical and radiation oncology services, centred around a multidisciplinary approach. The challenge lies in the transfer from a model of a much more locally dispersed cancer care service to a more centralised, specialised model of care.

I do not envy the Minister this challenge but one area where Members can assist her is in political leadership. Having been a local politician for eight years, I recognise there can be much concern and reaction in local communities when a local hospital is threatened with losing its cancer care services. It can be difficult for a local politician to stand up and say it may be necessary. It is the role of local and national politicians to educate, inform and persuade their constituents that this is necessary because the outcomes are 20% better from centralised cancer care services. That is a simple message that we all have a responsibility to deliver. It is not always easy but we must do it, even in the face of well-motivated campaigns against the closure of local services.

That, however, does not let the Government off the hook. We need to ensure that the transition from the local to the centralised service is

managed properly. The provision of alternatives must be managed so that local services are not closed down in the absence of properly resourced centralised facilities. To date 13 hospitals which deal with approximately 20 patients every year have been told that their cancer services must close. That will be good in the long run but the large hospitals will pose a greater problem. Under the new criterion hospitals that continue to deliver cancer care services must treat 150 newly diagnosed patients per year. It is a greater challenge to close hospitals of this size than small ones.

Unless the new facilities are provided at the same time as old hospitals are to be closed it will be impossible to persuade constituents that this is in their interests and in the interests of better health outcomes, even if local politicians fully support the strategy. Services that are already overstretched will be under even further pressure and will not have the facilities or staff to deal with the added patient load and this will not result in better health outcomes. This will be a big challenge. The transition will incur significant extra short-term costs but this will involve only the concentration of the capacity in, not an addition to, centralised facilities. We must recognise, however, that the transition will be expensive.

Travel is a concern for people who must access services at a distance. Many of those with cancer are aged 65 years or more and travelling to access the services is a problem for them and for their visiting relatives. That raises the issue of providing family friendly accommodation where people receive treatment over time although the Minister said that hopefully this time will reduce. It may be possible to provide services such as chemotherapy in local hospitals. The Minister must consider which parts of the cancer care services should be centralised and which can be provided locally.

The programme for Government contains a commitment to provide for personal health checks to include the referral of men for early screening for prostate and other cancers. It will be important to increase the capacity of urological services to tackle prostate cancer. I agree with the Minister on the importance of expediting the roll out of BreastCheck which results in the early diagnosis and treatment of women. Ireland has the third highest rates of deaths from breast cancer in the OECD. Approximately 2,000 women a year are diagnosed with breast cancer. This roll-out is particularly necessary in the west and south where there is no proper cover. The programme also includes a commitment to introduce a universal entitlement to a cervical cancer vaccine when this becomes available. This holds out the possibility of putting an end to cervical cancer within a couple of generations.

I welcome the appointment of Tom Keane to implement the national cancer care strategy. That will be a significant challenge. We must support him as well as we can. He comes from British

[Senator Déirdre de Búrca.]

Columbia which, although it is the size of France and Germany combined, has only four specialist cancer care centres. I wish him every success in his new role and hope that we will be able to support him in what he is trying to achieve.

Senator Phil Prendergast: I wish to share time with Senator Norris, by agreement. I thank the Minister for coming to the Chamber where I see her frequently.

What is the current investment in cancer control services? In response to a parliamentary question last year, the Minister said that an additional €20.5 million had been identified to implement the new cancer strategy. How much in total has been spent to date on that strategy and how was that broken down between administration and frontline services? When will the BreastCheck roll-out be completed? How many additional radiographers are employed to provide the service and are there enough of them? If not this may be a factor in the delay. Is there a blueprint and who are the advisers on this roll-out?

Are the 23 oncologists working here sufficient to provide the service required? I suspect we need three times that number but am open to correction. There are 140 general surgeons who provide an excellent service dealing with the many cancers they encounter, from diagnosis to treatment and management. Without wishing to be too parochial, will Mr. Courtney, an expert in gastroenterology in Kilkenny be required to travel to Waterford to operate on a patient from Kilkenny? Will surgeons who are experts in their fields spend time travelling between their local hospitals and others to provide a service to their patients in a theatre in another hospital at great inconvenience to many? It is no joke to travel home after having any of the interventions needed to deal with the complex problem of cancer.

Over 80% of cancers are treated surgically. For 2,700 cancers diagnosed and treated there were 14,000 episodes and clinical encounters. Where will these encounters, such as outpatient appointments, tests, scans, radiological, GP and ancillary services occur?

What percentage of the €12 billion budget is pay? Are there plans to introduce an immunisation programme with the cervical cancer vaccine which has proved effective and is produced in my region? I am pleased that the vaccine is available but we should have access to it. Could this be costed and a timeframe identified for when it might be implemented?

If cancer is the vehicle this week for centralising hospital services, will obstetrics and gynaecology be next? While rationalisation and specialisation are welcome, decentralisation of specialist services may not provide the best outcomes. Can all the proposals in the national cancer control strategy be achieved and be budget-neutral and if so, how? I look forward to seeing how Professor

Tom Keane, the radiation oncologist, progresses in restructuring the provision of services and I await the Minister's reply to issues raised. Who will audit this process?

Some 2,000 breast cancer cases are managed surgically in the country's public hospital system but the BreastCheck screening programme will reduce the number of symptomatic presentations by between 33% and 50%. The programme is limited to women between 50 and 65 years of age but breast cancer does not stop at 65. Despite the fact that BreastCheck is still being rolled out it should be extended to women over 65 because around 67% of cancers occur in such women. It is not proper that there should be inequalities in access to services and it is not right that women of a certain age should be denied this vital service. I welcome the many positive aspects of this strategy and the initiatives that are to be taken but I foresee great difficulties.

Some 90% of testicular cancer cases are treatable yet it seems there is a need for four testicular cancer centres, one in each network. I am not complaining about this but colorectal cancer, for example, is very common and will also be treated in only four centres. How were the criteria relating to the number of centres treating different forms of cancer reached?

I realise I have asked many questions in my short presentation and I am very pleased the Minister is here. I await her reply with interest.

Senator David Norris: I thank Senator Prendergast for allowing me this time to speak. I welcome the Minister because she is a brave woman who went into Angola but I wonder if she regrets that decision now. I will not engage in partisan political attacks because I agree with those who said recently that what is needed now is a Tallaght strategy. Rather than party members knocking lumps out of each other we should consider patients' needs.

I am glad to see that in her speech the Minister said, "if you are worried about cancer, this is the best assurance we can give you that the best care will be there if you need it". When will this happen? The word "will" is the crucial verb in this sentence and it means in the future. The Minister also said, "If you live in rural Ireland or outside a major city, you deserve the same care as a person living right beside a major cancer hospital and you will get it". Again I ask the Minister, when will this happen? Can she guarantee the Susie Long case will never be repeated in this country? Can she guarantee that the Portlaoise case will never be replicated? I believe this situation has arisen due to an ideology and that the notions of competition, co-location and so on are ideologically driven. I pointed out to the Minister previously that a three page script of hers mentioned words relating to business and these practices around ten times while patients went unmentioned. I know the Ministers feels strongly about

patients but they must be at the forefront of health policy.

Regarding private hospitals, the Minister pointed out previously that one needs a licence to own a dog but not to run a hospital. This is because hospitals are businesses but I do not feel that the health service should be a business; it should be an entitlement of the citizens of the State. I have no medical expertise but I believe, along with many eminent medical professionals, that we need a universal, accessible health service. The Minister once said we should be closer to Boston than Berlin but I would prefer to be close to some European models of health service than the American model. Has the Minister seen the film "Sicko"? It shows that the American health system is guided by the principles of competition and profit and while the United States has excellence in its health service it also has people routinely and ruthlessly excluded from the provision of health care.

I wish to put on the record my admiration for Professor John Crown. I have never met the man and have no connection with him but I listened to him with interest and I trust a lot of what he says. The Minister may agree with some of the problems he has identified in the health service including inaccessibility, inefficiency, unfairness and an uneven quality of delivery. He agrees with the Minister that the best clinical care takes place in large, comprehensive specialist centres. One may look at examples such as the Memorial Sloan-Kettering Cancer Centre and the Netherlands Cancer Institute when considering the poor resources we have.

We, as politicians, must take some of the blame because many Senators do not see their constituents as the councillors who gave them their seats in this House but as those in the constituencies where they may seek election to Dáil Éireann and they fight for local services. Professor Donal Hollywood from Trinity College produced a report in 1995 and had to have a police escort out of Portlaoise because of people stirring things up against him. Senator Harris was right when he raised the issue of vested interests, however those with vested interests are not, primarily, consultants but managers in the health service. Managers proliferate faster than any local service and this matter must be addressed.

I was interested to read a piece by Professor Maurice Nelligan.

An Cathaoirleach: The Senator's time has expired.

Senator David Norris: Professor Nelligan cannot be silenced. He stated that too many promises are made regarding sophisticated services regardless of cost only for cutbacks to be made when the bills must be paid. The blame for this is then shifted elsewhere.

We need a universal health service closer to European models and we must stop political

point-scoring on the health service. We should adopt a Tallaght strategy, not in the interest of private medicine and profit but in the interest of the delivery of appropriate services to the citizens of this country.

Senator Maria Corrigan: I welcome the Minister to the House and thank her for making herself available. As other speakers have said she has been very generous with her time, rightly so, given the issues at hand, and we appreciate her presence.

This debate takes place in the context of recent events regarding the diagnosis of breast cancer. There are many other cancers and they all take a considerable toll on the country and population. Over 100,000 patients are treated for cancer every year in Ireland and 22,000 new cases diagnosed, yet Ireland does not compare favourably on outcome or mortality rates. Over 7,500 people will die of cancer this year. Approximately 1,500 will die of lung cancer, 650 will die of breast cancer, almost 900 will die of colorectal cancer and 65 will die of cervical cancer. I strongly believe that the national cancer strategy reflects the commitment to create a national framework that will ensure better diagnoses and better outcomes for patients. It is essential that we have a higher quality of care and, as the first step in the implementation of the national strategy, I welcome Professor Tom Keane's appointment, though I echo Senator Feeney's point that no individual can be a panacea for cancer services. It is encouraging that he has experience in implementing a regional strategy in a similar geographic and demographic area and I extend him every good wish in the job ahead.

The centralisation of care and the establishment of centralised specialist centres are core tenets in the national strategy and must find unequivocal support in the House as
5 o'clock there is no room for parochial politics in this matter if we truly seek improved outcomes and improved quality of care. Research clearly shows that outcome is proportional to the size of the case load facing health professionals. Recent research from Tyneside in the United Kingdom, published in July, studied colorectal surgery and demonstrated that lower mortality rates apply in high-volume centres than in low-volume centres. It also showed that patients who went through high-volume centres received more appropriate surgery. In other words, the decision making was more accurate. For these reasons alone, it is fundamentally important that we in political life strongly support specialised and centralised centres of care.

The research also indicates that as long as decisions are made by specialised multidisciplinary teams in centralised specialist centres, aspects of adjuvant and neoadjuvant treatment, such as radiotherapy and chemotherapy, can be carried out at satellite or remote centres provided that practitioners reach critical

[Senator Maria Corrigan.]

mass in terms of their case loads. This research offers hope for certain centres throughout the State that have demonstrated their ability to meet quality standards.

Professor Keane faces significant challenges in implementing the national cancer care strategy. One of the most pressing of these challenges relates to accident and emergency services. What will happen in future to patients who present at local accident and emergency departments? For example, 20% of colon cancer patients who undergo surgery, or some 300 per year, initially present at accident and emergency departments. The procedure ordinarily is to go straight to theatre. However, if such surgical work is no longer to be undertaken on a planned basis at certain hospitals, staff will face a dilemma as to whether it is safe for patients who present in such circumstances to be sent to theatre. Professor Keane must ensure there is no ambiguity in this regard and that everybody is clear on what constitutes best practice. It is often the case that the transfer of patients to another hospital is not straightforward. Emergency cases tend, by their nature, to be more complex. There are logistical issues to be considered in transporting patients, as well as the possibility of a crisis *en route*.

Another issue to consider is the impact the strategy will have on the training of doctors. Under the new arrangements, for instance, many general surgical trainees will not get any exposure during the course of their training to those cases handled by the specialist centres. If these doctors happen to be on duty when a patient requiring such specialist treatment presents in an accident and emergency department, there may be an issue in terms of their skill and competence to respond appropriately. One option is to consider sub-specialising general surgery. Another solution might be to establish 24-hour, seven-days-per-week rotas that assign a named specialist to cover each region and to put in place a dedicated procedure whereby relevant cases will be assured of a compulsory, immediate and unequivocal transfer to the centre in which the named specialist operates. Taking this approach means we must accept the risk associated with transferring patients. However, this must be weighed against the risk posed when treatment is administered by an unskilled person.

Other challenges include dealing with benign cases, the treatment of which requires the surgical skills necessary in treating cancers. If these hospitals are no longer treating cancer patients, however, it is questionable whether they will attain the critical mass necessary to maintain competence to undertake such procedures. Other Members have spoken about issues relating to travel. In addition, we must address the status of the current case loads in the specialist centres.

I ask the Minister to make available as soon as possible the licensed vaccine for cervical cancer.

Its availability renders completely unnecessary the 65 deaths per year from cervical cancer.

An important component of the national cancer care strategy is research. We must be realistic in terms of expectations and honest about the limitations that exist. Much has been made of the revelations regarding mammograms, but we must acknowledge the considerable technical limitations in this regard. Internationally there is a 12% miss-rate in respect of diagnosis via mammograms. If we employ the double reading standard of care, we can reduce the number of false negatives from 9% to 6%. As a result of technical limitations, however, there will be a percentage of patients whose cancers will not be detected. One option is to consider using an MRI reading or similar. There are various pros and cons in regard to such an approach. Funding for research, as is provided by the Health Research Board, offers the opportunity to reduce technical limitations and thus ensure better practice.

Senator Fidelma Healy Eames: I welcome the Minister for Health and Children to the House. I intend to ask her questions without in any way attacking her, as has been alluded to by Government Members.

At the opening of the Seanad term, Fine Gael put forward a Private Members' motion on the crisis in cancer care. At that time, we were aware of Rebecca O'Malley's cancer misdiagnosis and the Barringtons Hospital debacle. However, we had no notion of the crisis looming in regarding to Portlaoise Hospital and the life-changing effects of misdiagnosis for eight women with breast cancer. A further six must wait to discover whether they too have cancer.

The HSE seems to be stumbling from one crisis to another. I would dearly like to receive a response to a simple question. Will the Minister, in conjunction with Professor Drumm, put in place checks to ensure systems and departments within hospitals are accountable at every level? Such an approach may prevent future health crises, whether in cancer care, hygiene or, in the case of Oranmore health centre, through the discovery of rats? Will the Minister offer a guarantee that warning letters such as those that emanated from Barringtons Hospital and Portlaoise Hospital will be heeded and acted on in future? It is outrageous that action was not taken in response to those warnings. We will give Professor Keane time and space to oversee improvements in cancer services. However, we need to know in the meantime that the necessary checks are being put in place.

I listened with interest to Professor Drumm when he told Oireachtas Members last week that no additional bed capacity is required. In the past three years, I have not met a single surgeon, doctor or nurse who agreed with this. In Galway, the delivery of breast cancer services was described to me by the eminent surgeon there as "nitty bitty" and "all over the hospital". I was told

that what is needed is more dedicated beds in order that a reliable service can be offered to women as they need it. Without beds, he said, he cannot treat patients. I accept what this surgeon tells me, but it cannot be reconciled with the view expressed by Professor Drumm.

Concerns were expressed in the media last week about the reliability of all clear results previously received by women. I received a telephone call from a woman in Galway who has been for three mammograms. The result of the first was grainy and she was asked to repeat the test within six months. She did so and received the all-clear. She subsequently suffered an accident in the home which involved an injury to her breast that led to the development of a blood clot. When this was checked it was discovered, within one and a half years of receiving the all-clear, that she had a tumour of 3.5 centimetres that was diagnosed as stage three, stage four being the most serious. This woman's question was whether the Department of Health and Children's recommendation that women should receive a mammogram every two years is safe. Will the Minister review this recommendation?

Cervical smear testing is another matter of great public concern. The Royal College of Surgeons in Ireland has the only laboratory in the State accredited to undertake smear testing but more than 1 million women require smears to be analysed each year. The cancer mortality rate in this State is in the third band out of four in the EU.

The clinical director of laboratory medicine at University College Hospital Galway, Professor Martin Cormican, at the end of October wrote to doctors in the south east advising them of the discontinuation of gynaecology cytology service in the region due to a shortage of five staff since September as a result of the Health Service Executive staff embargo and a 25% increase in its workload in this year. According to Professor Cormican, this has led to:

[T]he impossibility of providing a quality and timely service to the population of both the west and south east with the current level of staff. Unfortunately, therefore, any specimens received on or after 1 November ... will be returned unopened.

He very much regretted the inconvenience to patients and colleagues.

This responsible man had to shout "stop" when he knew he could not deliver or reliably stand over the results for women's health. The smear test gives women early information regarding cell abnormalities in the neck of the womb and cancer of the cervix. On 26 October the HSE denied there was a problem. Tom Finn, assistant director at the National Hospitals Office, stated cytology services for cervical smear testing currently provided to GPs in the south east by UCHG would continue, although we now know those tests are going to Quest Diagnostics in the US. I accept

these tests are going to an accredited lab, which is very good, and I accept the Minister wants the results delivered in the four to six weeks delivery time.

Currently, 10,000 tests from the south east are going to the US, costing €200,000, which money would have kept the five staff at UCHG in a job. Surely it would be more sensible to employ these five staff and keep the work in this country. An extra 200,000 tests next year going to accredited labs in the US will cost €4 million. The problem is nothing is being done to develop our own services, meaning taxpayers' money is leaving the country. Why is the Minister not investing in our laboratories? With funding, laboratories with our own staff could become accredited. What are the Minister's plans to do this? UCHG must be supported to become an accredited laboratory in the short term, and there is a wish for it to do so. The laboratory at the Rotunda is also pursuing accreditation.

Investment must be made in our laboratories to achieve accreditation. According to the HSE, the national cancer screening programme has confirmed to the Minister that a quality-assured population-based cervical screening programme will be in place from January 2008 with the good intention of reducing cervical cancer rates. How will the Minister deliver on this and is an implementation plan in place?

I will return to the issue of rats in the Oranmore health centre as I have a very disturbing piece of information to share with the House. When I discussed the matter with HSE senior management in Galway last Friday, they were very understanding and empathised with me. I was told the management was powerless. When a HSE representative saw a related letter in yesterday's *Irish Independent* and heard I was going on "Drivetime", the same manager was far from full of empathy. I felt intimidated by her approach.

I have reliable sources indicating that women and parents with babies are not confident about returning to that rat-infested centre. The HSE official denied it was a rat, stating it was just a mouse that was seen. We know rats and mice do not co-exist. It is has become a serious issue because there is a witch-hunt of the nurse who spoke out. Nurses did not speak to me but I have reliable sources I will not disclose in this House. The Minister has indicated she welcomes people who give good information and she is not into blaming people for reporting. That is not what I am finding in the HSE in Galway since yesterday. I ask the Minister to address the matter. I do not want to hear that any nurse is afraid of losing employment.

I welcome the Minister to the House and thank her for being here. I am looking forward to answers to the questions.

Senator Marc MacSharry: I welcome the Minister to the House. There were some comments on this issue some time ago when the cancer control

[Senator Marc MacSharry.]

strategy was announced. We all welcome the concept of centres of excellence. I will follow up on that, although certain matters are coming to light which show issues remain to be dealt with in the north west as a matter of the utmost urgency. I hope the Minister will take my points on board.

I fully support and commend the Government's efforts to improve outcomes. We are all agreed, forgetting any party allegiances, this is most important. With regard to best care, a centre of excellence already exists in Sligo General Hospital. Multidisciplinary teams, working in the context of a triple-assessment approach, have produced the best results for patients and it is a rewarding environment for the professionals involved. Such a multidisciplinary team exists in Sligo, comprising specialist surgeons, radiologists, pathologists, medical and radiation oncologists and a breast care nurse. These are fully supported by dedicated outpatient nurses and a clerical team.

Weekly meetings are held to discuss all cancer cases and other diagnostic problems. At these meetings, care plans are formulated and subsequently implemented. Such a system has been in place in Sligo for the past six years. In my humble opinion, it serves the people and patients of the wider region very well.

Under the O'Higgins report in 2000, 13 specialist breast care centres were designated, as opposed to the current number, with Sligo General Hospital being one. Work began and the hospital now successfully operates in a multidisciplinary capacity, which we aspire to have in other centres of excellence throughout the country.

I would not expect the HSE to know that as the deputy chairman of the National Cancer Control Programme advisory committee, Tony O'Brien, admitted to me on national radio that no audit of services or facilities had been undertaken. Neither had there been an audit of outcomes in the area. How could we possibly determine that we should wind down a service which exists and is carrying out all we would aspire to have in centres of excellence? It is already taking place in that area.

Senator Fidelma Healy Eames: Hear, hear.

Senator Marc MacSharry: There are other details from the O'Higgins report, entitled *The Development of Services for Symptomatic Breast Disease*, which is a report of the sub-group to the National Cancer Forum. It states: "A unit seeing 100 cases of breast cancer per year would see at least 1,000 new patients with breast symptoms annually." As it stands, medical personnel in Sligo General Hospital carry out 4,000 mammograms per year.

Under the 2006 cancer control strategy, the HSE should:

[C]onduct a needs assessment for cancer services with a particular emphasis on hospital-based cancer treatment that addresses the need for continued expansion in capacity and maximises the use of ambulatory care. Diagnosis and patient management should be planned by site-specific multidisciplinary teams.

This has not happened yet. Professor Keane is going to prioritise breast services and we are led to believe, from Professor Drumm and John O'Brien from last week, that he will have plenipotentiary status in how he will carry out the service. If that is the case, why did we announce the centres of excellence in advance?

I do not have an issue with the eight locations and it stands to reason they should exist. Should there be a ninth, with Sligo being that hospital? At a minimum, we should be cognisant that an excellent service of a multidisciplinary nature is being carried out. We cannot ignore that. That National Cancer Forum agreed and recommended the concept of centres of excellence, the theory of which everybody would buy into, myself included. It did not recommend where the centres should be or that we should close down an existing service being carried out excellently.

I am not being parochial because I am from Sligo or I want services in every corner. I beg the Minister to allow common sense to prevail and not just a series of management consultants and health professionals in one expert group deciding there should be eight centres and the north-west centre should be closed. There is specific reference to Letterkenny, 18 miles from Altnagelvin.

Last week Professor Drumm referred to specific issues geographically and on a cross-Border basis. What is happening on the North-South Ministerial Council? It is a no-brainer for there to be an outreach centre for Galway with Altnagelvin so close. Why is it not Altnagelvin, Letterkenny, Sligo, Galway? I am not saying that services should be taken from Letterkenny, I do not want anything taken from there unnecessarily, but where is the joined up thinking in removing an excellent service from Sligo? It makes no sense.

I am delighted that Professor Keane, on the invitation of the Minister of State, Deputy Devins, will be coming to Sligo to see at first-hand the nature of the excellent service there, with its multi-disciplinary approach. I will be interested to see the level of outcomes there. We must be logical in our approach to this. Everyone supports centres of excellence and applauds the determination and conviction in pursuit of them but we must not begin by winding down a centre of excellence in breast care in all but name. It is ridiculous in the extreme and the reaction of some HSE personnel when such points are made is a disgrace.

I know the Minister will show leadership in holding the HSE to account on behalf of the

people, particularly those of the north-west. All of the locations are acceptable but we must re-examine the north-west region and be true to the people there. Various reports over the years have highlighted that Sligo should be a centre of excellence and in practice it is. We must acknowledge that and applaud the work being done there by consultants and others, people the HSE is anxious to relocate and has asked to do so.

A question Senator Healy-Eames will recognise is where will the 4,000 women park in University College Galway. It is all well and good to have the aspiration of centres of excellence and moving everything to Galway but it is an impossibility unless billions of euro are dedicated to it.

I ask the Minister to allow common sense to prevail, to allow Professor Keane to carry out an audit of service and outcomes in existing facilities in Sligo General Hospital and to grant him the authority to say we have got it wrong in this case. It is good to admit a mistake sometimes, such as with the driving tests, it is okay to say we have overlooked an issue, that an excellent service is being offered in Sligo and that the matter is being reconsidered.

The Minister is determined and does her business in the interests of the people. She wants to be true to the people of the north-west. I beg her to be cognisant of the points raised by me and my colleagues from the region.

Senator Nicky McFadden: I appreciate the Minister taking the time to come into the House. I admire the way she listens to people and the care she has for them. She has an extremely difficult brief and I ask her to be open to the points made in this debate.

Three weeks ago we heard the shocking news from Mullingar Regional Hospital. People say politicians should not be parochial but I must because if Portlaoise, Mullingar and Portlincossa cancer services go, we will have no service in the midlands. We were told all of the patients being treated in Mullingar Regional Hospital will be treated in the Mater Hospital and that the respected Mr. Magill would retire and not be replaced, even though a specialist breast consultant already works in Mullingar. When I contacted the HSE, I was told we did not meet the standard because Mullingar only saw 26 new cases last year and 150 cases are necessary to ensure the correct diagnoses.

I then put myself in the position of a woman from the midlands being diagnosed or finding a breast lump. In such a situation I would like to attend a centre of excellence and get the best possible care the country could offer and, like Senator MacSharry, I believe there should be centres of excellence where people can have a triple assessment on-site or through an affiliated radiological centre. Records should be held on-line, with paper files being phased out. I could then have my mammogram, scan and biopsy in my local hospital and have the diagnosis assessed

by a radiologist, a surgeon and a pathologist. We had such a service in Mullingar, although Mr. Magill is retiring.

I thought about this further, however, and considered how I would travel to the Mater Hospital. I had to this in the case of a friend of mine. We would leave Athlone at 5 a.m. so we would beat the traffic and arrive in Dublin at 8.30 a.m. The Minister might think that is a very long time but once we reached the Spa Hotel, it could take 90 minutes to get into the city. That is cruel for a sick person. I feel emotional about this because a good friend of mine was involved. We then reached the Mater Hospital, which was already bursting at the seams. When I contacted the HSE I was told extra resources would be provided for the Mater to deal with the capacity from the midlands and to support those women suffering from breast cancer. The reply was very vague.

I was told that those with a medical card would be facilitated with transport. I went on to the Internet to find the national treatment transport policy and read with interest that HSE transport policy will identify the current patient transport needs throughout the country. So far the group has met on a number of occasions and is in the process of developing a service, it is not even in place. I thought again about my journey and about those who are not lucky enough to have friends who can travel with them. Those people might have to get off the train to vomit. Such is the reality for those travelling from the midlands because there is no service.

There is a good service in Portlincossa. There should be an outreach centre from there to offer care to people in a humane way. I do not want to raise the case of Susie Long but I am trying to convey that heartbreak. I know the Minister cares and is doing her best. I am fearful, however, of Professor Drumm and the HSE and I have no confidence in the system.

Under the national spatial strategy, we aspire to the doubling of the population of the midlands in the next ten years. If that is the case, we will have 150 new breast cancer cases annually, not to mention all of the other acute illnesses. Mullingar should be a centre of excellence or have at least an affiliated centre where we could offer triple assessment to the population of the midlands. We deserve the same quality of care as the people in Dublin. Why have four centres of excellence in Dublin and none in the midlands? I feel very strongly about this and must be parochial. I look forward to Professor Keane's decision on the location of specialist care for the sick of the midlands.

I must raise another serious issue with the Minister regarding the roll-out of primary care units. On first being elected to Athlone Town Council, I was informed the town would be allocated a primary care unit. As I have indicated to the Minister several times, Athlone lacks an accident and emergency unit. The councillors were informed the town would be allocated a special-

[Senator Nicky McFadden.]

ised primary care unit and that the project would go ahead. Last week, the HSE indicated to Athlone Town Council that it would probably go ahead. However, the local Government Deputy indicated that the project would never see the light of day in the current financial climate. I seek clarification in this regard. What is going on? Are funds available? Do the Minister's colleagues in Government not discuss important initiatives, such as the primary care unit in Athlone? Six months ago, before the general election, the Government's representatives were parading around the town and talking about this wonderful facility. However, the Government Deputy who represents Athlone has stated she does not believe this will happen. As Athlone lacks a health service, the Minister should clarify this matter. An announcement will take place this week and I want to know what it will be.

Senator Fiona O'Malley: I am somewhat disappointed as I had expected there would be standing room only in the Chamber for a debate to discuss the cancer services. Since Members returned for this session, there have been calls for the Minister to come before the House. I understand this is the Minister's third visit to the House and I welcome her again.

Deputy Mary Harney: It is my fourth visit.

Senator Fiona O'Malley: Is it?

Senator Frances Fitzgerald: The time has been allocated.

Senator Fiona O'Malley: I would prefer if it was without interruption. I am glad she has returned to the House—

Senator Frances Fitzgerald: On a point of order, if the Senator wishes to extend the time, Fine Gael is perfectly agreeable.

Senator Fiona O'Malley: —because it is important that when Members have a debate—

Senator Frances Fitzgerald: More Fine Gael speakers are available if she prefers. The time has been limited by the Government.

Senator Fiona O'Malley: —that people are—

Senator Fidelma Healy Eames: This is disingenuous.

Senator Frances Fitzgerald: On a point of order, the time has been limited by the Government and the Senator is being disingenuous. Fine Gael Members have filled the time available. If Senator O'Malley wishes to allocate another two hours to us to continue to debate the health

service, we will happily take it. The Senator's comments were disingenuous.

Senator Fiona O'Malley: May I continue for the few minutes left to me? I wish to share my time with Senator Cannon, with the permission of the House.

Acting Chairman (Senator Denis O'Donovan): Is that agreed? Agreed.

Senator Fiona O'Malley: I am disappointed because I had expected Members to fill the Chamber while the debate was under way.

Senator Geraldine Feeney: Hear, hear.

Senator Fiona O'Malley: I am glad Senator Fitzgerald has returned to the Chamber because it is important to listen to the opinions of others.

Last week, Members saw an unfortunate incident in the Irish health service in so far as everyone, from politicians and radio announcers to journalists, suddenly became health experts. Apparently they knew what was best rather than allowing the actual experts, to whom responsibility has been given for delivering the health services, to get on with their jobs. While such experts should be accountable, they should be allowed to get on with their job. I wish to put on the record that Professor Drumm spoke well in his recent radio interview. He did not state that he was blaming local people. However, he did state that it is extremely difficult to deliver national services and, while I hate using the phrase, it is now common parlance, the centres of excellence, in the teeth of opposition, which is largely led by politicians of all hues. Such sentiments have been expressed in the Chamber today on all sides.

I listened to Senator McFadden, who made her points with great feeling. However, how can she state that she is prepared to offer her constituents a sub-standard service? She would prefer to offer them a service—

Senator Fidelma Healy Eames: She did not say that.

Senator Fiona O'Malley: She said—

Senator Nicky McFadden: I referred to an affiliated centre that would facilitate a centre of excellence.

Senator Fiona O'Malley: —she would like to have a local service. I would appreciate being heard without interruption.

Acting Chairman: The Senator—

Senator Nicky McFadden: Senator O'Malley is misquoting me.

Senator Fiona O'Malley: Allow me to—

Senator Fidelma Healy Eames: Senator O'Malley should not address Senator McFadden if she does not want her to respond.

Acting Chairman: Senator O'Malley, through the Chair.

Senator Fiona O'Malley: Senator McFadden stated she would like services. While all Members accept there will be a limited number of centres of excellence, in essence they are asking for one in their own backyards.

Senator Nicky McFadden: Dublin has four such centres. It is all very well for Senator O'Malley as the people of Dublin are being looked after.

Senator Fiona O'Malley: What is important—

Acting Chairman: Senator O'Malley, without interruption.

Senator Nicky McFadden: It is all about population.

Senator Fiona O'Malley: —for all citizens is a high standard of outcome. While this means that services may have to be curtailed and I can understand Senator McFadden's annoyance that they are curtailed in somewhere like Mullingar—

Senator Nicky McFadden: It is not annoyance.

Senator Fiona O'Malley: They are being curtailed because of safety concerns. They are not being curtailed—

Senator Nicky McFadden: I do not need the Senator to lecture to me.

Senator Fiona O'Malley: —to persecute the people. They are being curtailed to provide the best level of services that can be made available. This is what is needed and is why, as Professor Keane begins his work, Members should give him the space to be able to do it. They should not hop on bandwagons as soon as he makes a decision that may be unpopular locally. Members must rise above this.

Undoubtedly the health service has problems. However, I believe Senator O'Toole suggested that it is high time that Members realised it is in their interest as politicians to make patients feel confident and secure that those who are the best-placed clinical judges of decision-making are allowed to get on with it without political interference. This is the reason I applaud the Minister's decision to give the person who has the responsibility to deliver the service—

Acting Chairman: While four minutes remain to the Senator, she agreed to share her time with Senator Cannon.

Senator Fiona O'Malley: That will leave him with four minutes.

Acting Chairman: Approximately.

Senator Fiona O'Malley: Very well. I will finish on this point.

Deputy Mary Harney: We should allow some men to speak.

Senator Fiona O'Malley: The person who has responsibility for delivering services also has financial responsibility for them. This is the reason I applaud the work the Minister is trying to do and I only wish she was better supported in this regard.

Senator Ciaran Cannon: I welcome the Minister's appointment of Professor Keane to the post of interim director of the national cancer control programme. Professor Keane brings with him a wealth of experience from working in cancer control in British Columbia, which has a similar population to Ireland, of slightly more than 4 million. As a result of Professor Keane's work, that province now has a model that is the subject of worldwide envy.

Ireland's new cancer care programme differs markedly from the previous approach as it will control all identifiable cancer-related HSE expenditure and will manage all of the country's cancer control assets of hospitals and institutions will come under the control of the national cancer control director, who will have the authority to direct the discontinuation of any service that does not meet the required standards. It is highly appropriate that Professor Keane, with his expertise and experience in the Canadian system, would assume this interim position in Ireland, which is a country he knows and a health system with which is he familiar.

I firmly believe his appointment is a watershed in Ireland for cancer care. This is a time when we can make the practical decisions that are needed to break through to higher standards in our health services nationwide. I also believe that a major factor in Professor Keane's decision to take on this role is the presence of Deputy Mary Harney as Minister for Health and Children. Her unflinching commitment to securing the best possible outcomes for all patients surely must have instilled great confidence in Professor Keane that any sweeping changes he might suggest would be supported by a Minister who has a long track record of courageous reform.

It is time for all Members, on both the Government and Opposition benches, to take a responsible attitude to the difficult decisions that lie ahead. The decision is not about hospitals, institutions or budgets but is about the best patient care. All those involved in health care have an ethical obligation to make decisions in the best

[Senator Ciaran Cannon.]

interests of patients before local, institutional, political or professional interests. I believe this is the moment when Ireland can demonstrate that it is capable of re-organising cancer surgery according to patients' best interests. There are those from some political quarters who seem to think that the introduction of centres of excellence and the consequent scaling-down of smaller hospitals offers them a wonderful soapbox opportunity from which to pontificate shamelessly on a supposed downgrading of health services in their locality.

Senator Nicky McFadden: For God's sake.

Senator Ciaran Cannon: I recall a front page article that appeared in *The Connacht Tribune* last September, in which Deputy Ulick Burke decried the proposed removal of breast cancer surgery from Portiuncula Hospital in Ballinasloe to University College Hospital, Galway, only 40 miles away. In his defence of the standard of breast cancer surgery available at Portiuncula, he indicated that 11 breast cancer operations were carried out there last year. How could Deputy Ulick Burke believe for a moment that any hospital with such a low level of surgery activity could possibly reach the high standards we are striving to set across the country? Such reckless politicising of health service issues discredits us all as politicians and will make the job of massively reforming our health service even more difficult.

The recent OECD report on cancer services and survival rates indicates that we have yet some distance to travel to reach the standards of a world class health service. However it makes some positive comments on our cancer services, one of which refers to the 6.7% increase in survival rates from 1999 to 2004. This increase puts us well up there in the OECD league table in making progress on cancer care and I know the Minister, Deputy Harney, is intent on building on that success.

The OECD report, *Health at a Glance*, also highlights the progress we are making, in particular on health funding. Ireland's health spending *per capita* is \$2,926, which is above the OECD average of \$2,759. Between 1995 and 2005 Ireland had an annual average growth rate in health expenditure *per capita* of 7.2%, the third highest behind Luxembourg and Korea and ahead of the OECD average of 4%.

In an article in *The Irish Times* last year, the former Taoiseach, Mr. Garret FitzGerald, highlighted the progress we are making as a nation. He described our increase in life expectancy during the period 1999 to 2005 as a remarkable phenomenon that had largely gone unnoticed. Ireland has the seventh highest life expectancy in the EU 27.

Senator Fidelma Healy Eames: He did not talk about quality of life.

Senator Ciaran Cannon: No, he referred to life expectancy.

Senator Fidelma Healy Eames: There is a major difference. Cancer care affects quality of life.

Senator Ciaran Cannon: If we have increased services and improved cancer care, people live longer. It is a simple conclusion to draw. In 1996 Ireland had the 15th highest life expectancy of these same 27 countries, and we moved to seventh highest by 2005. With a collectively positive, courageous and innovative approach to health care we can continue to make great progress over the coming years.

I acknowledge that the Opposition has every right to highlight real shortcomings in our health service and I applaud its vigilance in doing so. However, with that right comes the responsibility of acknowledging improvement when it occurs and the need for political courage to support change at local level when it needs to happen.

Sitting suspended at 5.45 p.m. and resumed at 6 p.m.

An Cathaoirleach: Each group has five minutes to put questions to the Minister. It is up to each group to decide how many Members will speak in that five minutes. If a Member talks for too long on a question, other Members will lose out. The Fine Gael group will go first.

Senator Frances Fitzgerald: The five minutes will be shared with my colleagues. I thank the Minister for staying to take our questions. When will the implementation strategy be announced? Is it the Minister's intention to close local hospitals before centres of excellence are fully operational? What work is being done with or for these hospitals in terms of their future role, perhaps as ancillary services or specialising in other areas? Does the Minister intend to close them? It would be helpful to know what is happening.

The Minister said yesterday she was happy with cervical cancer tests being sent to the United States. Why is that the case given that, first, there should be laboratories in this country and, second, serious concerns have been expressed in Ireland about the reading of some of those results as there is a different screening approach to cervical cancer in the United States?

Senator Fidelma Healy Eames: Will the Minister, in conjunction with the Health Service Executive, put checks in place to ensure every system and department in the HSE is accountable to prevent future health crises relating to cancer services, hygiene and so forth? Will warning letters be acted on in future? Does the Minister accept that dedicated beds are required in cancer

care centres? Will she invest in laboratories in this country so they may become accredited, instead of investing in US laboratories which is another variation of the National Treatment Purchase Fund? When will there be a primary health care centre in Oranmore to replace the current sub-standard, rat infested centre built in the 1950s?

Senator Paudie Coffey: When will radiotherapy be available in Waterford Regional Hospital to serve the public in the south-east region? The early detection of cancer is a major priority for any cancer strategy. Will the Minister confirm when BreastCheck will be available in Waterford city and other areas? The Taoiseach gave a commitment in the general election campaign that the service would be operational in October this year. It is now November but there is no sign of it.

What plans does the Minister have, and what resources have been allocated, to promote early detection of cancer in males, specifically testicular cancer and prostate cancer? Despite the fact that cervical screening is known to be highly effective in detecting early pre-cancerous changes and preventing deaths from cervical cancer, there is still no national screening service for cervical cancer. I have consulted practice nurses who are waiting up to six months for results. This is totally unacceptable. When will these improvements be made and when will there be a national screening service for cervical cancer?

Senator Maurice Cummins: In January 2007 the Minister gave a commitment that Waterford Regional Hospital would have a 42-bed oncology-haematology inpatient unit and a 20-bed oncology day ward. The Taoiseach wrote a letter four days before the general election, a copy of which I have, stating that planning permission would be sought by the end of this year and work would begin by 2008. Planning permission has not yet been sought. Will the Minister give a progress report on the provision of these beds?

With regard to the 20-bed unit, at present there is only a room for six people although 26 people were in it a couple of weeks ago. Some people were getting sick. There is no dignity for people in such a situation. Will the Minister address this problem as a matter of urgency?

I wish to raise the issue of liaison nurses. The staffing situation is deplorable. After St. James's Hospital, Waterford Regional Hospital is probably the busiest. St. James's has 30 liaison nurses but Waterford only has five. Will the Minister comment on that?

Senator Jerry Buttimer: Will the Minister ensure that no man or woman will be obliged to wait for an X-ray, mammogram or other such service? I am aware of a case where a woman waited two and a half years on a public waiting list. If she had not gone to a private provider and

paid for the service, she would still be waiting. The Minister must ensure this practice does not continue.

Senator Paddy Burke: In a letter to Deputy Enda Kenny, Dr. Hynes stated that all cancer services at Mayo General Hospital would be transferred to Galway. The Minister said 50% of the transition would probably take place in 2008 and 80% to 90% of it would be completed by 2009. Does that mean that within a two-year period all cancer services at Mayo General Hospital will be transferred to Galway?

An Cathaoirleach: I welcome and compliment the Minister. If the Minister can reply to the questions in five minutes, she is some Minister.

Deputy Mary Harney: Senator Fitzgerald asked about the implementation strategy. I have a meeting tonight with Professor Keane and am due to have a five-hour meeting with him on Thursday. He will come forward with the implementation plan early in the new year. He spent some time here before he agreed to take the position and he knows a lot of the clinicians and other people who work the HSE. He wants to meet a lot of people and enter into dialogue on the way in which services can be relocated from smaller hospitals to the centres of excellence and from the centres back to the smaller hospitals. In the west, for example, many patients who are travelling to Galway for treatment could have their procedures performed in Portlinculla, Roscommon, Castlebar or Sligo. The intention is to move services that do not need to be in the cancer centres out to the smaller hospitals and to move cancer-related activities into the centres.

We must do as much as we can at local level. Some of the diagnostics may be carried out locally, with tests taken at a local hospital and read at the centre by the experts. That is not uncommon in other countries. Obviously, chemotherapy will be provided. The one area in which we are top of the class worldwide is in the treatment of children's cancer. That is because it is centrally planned in Crumlin and administered in 15 or 16 hospitals around the country. Because the experts in Crumlin are involved in planning and supervising care, we are at the top of the class. That is what we want to do with other cancers as well.

Senators asked why I am happy about outsourcing. We have two accredited laboratories in Ireland. At the moment 300,000 opportunistic smears are taken every year. When the cervical screening programme rolls out next year we will be doing 240,000 per year. That is less than what we are doing at the moment. We have 80 cervical cytology specialists although we do not need anything like that number. I am asked why we do not have more, but we actually have more than we need. For the moment, to improve the speed of response — because six months is not a speedy

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response — the service was outsourced via a procurement process and awarded to Quest in the United States. This is an accredited laboratory with very high standards and the results are returned quickly. If we are to put the patient first, we must think of innovative ways of getting the results to the patient. In my experience, patients do not care how something is funded or who organises it. What they care about is getting treatment fast when they need it and, in particular, being provided with a quick diagnosis.

Senator Fidelma Healy Eames: Will the Minister invest in accredited laboratories here?

An Cathaoirleach: Please allow the Minister to reply.

Deputy Mary Harney: Yes, but we cannot have 35 laboratories.

Senator Fidelma Healy Eames: No, but will the Minister invest—

Deputy Mary Harney: The health forum was due to meet today for its third meeting, although it was postponed, for reasons of which Senators are probably aware, until next week or the following week. There are issues we want to discuss with the stakeholders, the social partners. This health reform is for all of us. There is one thing of which we can all be certain — we may never go back to school again, but we will all need to use the health services. Every citizen in this country is entitled to expect that the health service will reach the standard of progress that pertains in the country generally.

This brings me to the public-private issue. I do not believe it is acceptable that if one is a private patient or has money one has preferential access to publicly funded facilities. Senator O'Toole spoke about these facilities. They are funded by the taxpayer and staffed by nurses and radiographers who are paid by the taxpayer, yet the late Susie Long was told in one of these publicly funded facilities that if she did not have private health insurance she would have to go on a waiting list but if she did she would have the treatment the following week. This is fundamental to the new contract of employment for consultants. If I had said yes to current practices we would have had a contract two years ago. However, a fundamental aspect of changing our health system and guaranteeing equity of access is changing the contract of employment for consultants. In this way we can guarantee that citizens will be admitted as outpatients on the basis of medical need under an appointment made by the hospital, that they will be diagnosed on the basis of medical need under an appointment made by the hospital, and that they will be admitted to accident and emergency departments on the same basis. There should not be a division between the

private group and the public group. These are unacceptable practices and changing this is at the heart of the new contract for consultants.

I cannot guarantee there will be no more crises. The best health systems in the world have failures. Human beings make mistakes and the health system is very labour-intensive. However, I can guarantee that whatever part of Ireland people live in, they will have access to the same quality of cancer care. The implementation of these standards will be overseen not just by Professor Keane and the cancer control group but by HIQA, the new standards body which is probably unique among health systems and certainly new in Ireland. We now have a State organisation whose remit is to set standards and monitor their enforcement. That is the greatest guarantee of all.

We also want to make sure that when mistakes occur people blow the whistle. The awful situation in Portlaoise was brought to the attention of the authorities by the director of nursing at the hospital. That is the reality. Letters were written to the Department of Health and Children in 2005 and were acted on robustly by the cancer division and the HSE. The medical director, Professor Hollywood, who was mentioned here earlier, spoke to Mr. Naughton about these concerns. However, it was the director of nursing, who knew about the false positives, who last August drew attention to what was happening and it was only after that complaint that the service was suspended. I commend her, as I have commended her previously. In addition, two nurses at Our Lady of Lourdes Hospital in Drogheda drew our attention to what was happening in the maternity unit. The new Health Act provides that people who make complaints are not adversely affected in their place of employment and I am a strong supporter of this. It is not that I want people going around reporting on everybody else but we must encourage people to come forward when they see something is wrong. For more than 25 years in Drogheda many people must have known that things were wrong, yet it took a report from two nurses to bring it to our attention. To be fair, an administrator in the North Eastern Health Board, Ambrose McLoughlin, took it seriously.

I do not know when we will have a primary care centre in Athlone. Deputy O'Rourke has spoken about this on many occasions. As a matter of interest, I understand that few people in Athlone attend accident and emergency departments anywhere, which is an interesting statistic.

Senator Nicky McFadden: We do not have an accident and emergency department. That is why we do not attend.

Deputy Mary Harney: I know, but there are fewer that use these facilities. Primary care generally works better in some of these places.

Senator Nicky McFadden: We do not have a primary care facility either.

Deputy Mary Harney: We are committed. There are 500 GPs involved in primary care at the moment and a further 700 GPs will be—

Senator Nicky McFadden: On what date will we get this?

Deputy Mary Harney: I do not have specific information on Athlone.

How cancer treatment is organised in a hospital is clearly a matter for the CEO and the hospital management. However, we would like to have a cancer unit in all hospitals. From the point of view of patients, staffing and resources, it would be helpful to have all units related to cancer situated together rather than being spread out all over the hospital, which is currently the case.

Senator Fidelma Healy Eames: I thank the Minister.

Deputy Mary Harney: These are management issues. In many cases it is not a question of new resources.

BreatCheck has been established in 17 counties and it will be rolled out in a further nine counties. The Tánaiste and Minister for Finance will announce the budget two weeks from tomorrow and I am optimistic that increased funding will be provided for cancer services, including the new cancer control programme, BreastCheck and cervical screening. We are committed to that.

Senator Prendergast asked about radiographers. On Wednesday of next week, 28 radiographers are being interviewed in places such as New Zealand. There is a worldwide effort to attract qualified staff in these specialties.

An Cathaoirleach: Unfortunately, five minutes was ordered for the Minister's reply, and other groups need to ask questions.

Senator Frances Fitzgerald: Could the Cathaoirleach not show a little leniency? There are only two other questions to be covered.

An Cathaoirleach: I have given the Minister four extra minutes to reply to the questions asked. There may be an opportunity—

Senator Paddy Burke: On a point of order, the Minister is answering other questions that were asked earlier in the debate rather than the questions that were asked in this session.

An Cathaoirleach: I ask Senators to respect the Minister. It is the first time I have seen a Minister come in here prepared to take questions.

Senator Frances Fitzgerald: We welcome that.

A Senator: We accept that.

An Cathaoirleach: I call on the Government group. They have five minutes.

Senator Frances Fitzgerald: Will the Cathaoirleach give the Minister an opportunity to answer the specific questions asked?

Senator Geraldine Feeney: I wish to share my time with my Fianna Fáil colleagues.

Senator Maurice Cummins: The Minister might answer the questions if they are from the Fianna Fáil side.

Senator Geraldine Feeney: I read with alarm at the weekend about the women in Portlaoise. One newspaper reported that they were to be given their results last week, but this has now been put back by two weeks. What is the position on this? I ask this because the Minister started off her presentation by speaking about the women in Portlaoise.

The Minister has answered my main question on BreastCheck. However, Senator Prendergast spoke today about the possibility of extending the scheme to women over 65. Could we consider, rather than extending the scheme to those over 65 — although I do not wish to leave them out — bringing the minimum age down to 40? Sometimes cancer is more aggressive in younger people than in older people. Perhaps I am wrong in thinking that and if I am, I stand corrected.

On the centres of excellence, would the Minister consider a strong advertising campaign along the lines of the advertisements for drink driving where one must almost switch the channel because they are so graphic? They are terrifying and have a terrible effect. If the Minister were to explain to the wider population just how good centres of excellences are for outcomes by interviewing people who have been treated at these centres, it might get the message across.

Senator Fiona O'Malley: Does the Minister intend putting a time limit on the consultant contract negotiations because this contract is pivotal to getting reform in the health service? I ask the Minister to update us on the position with the consultant contract.

Senator Maria Corrigan: What is the position on the provision of occupational and speech and language therapists? At present there is an 18 month waiting list for very young children who wish to see such therapists.

What will be the position on private hospitals under the national cancer control strategy? Will there be quality standards to which they must adhere? Will residential facilities for children with disabilities, for adults with disabilities and

[Senator Maria Corrigan.]

for children of non-national refugees be included in the inspectorate's remit? Will it be possible for accident and emergency departments to undergo spontaneous and unannounced audits during the winter?

Senator Terry Leyden: I ask the Minister to allay the fears of the people of Roscommon on the continuation of acute surgery at the Roscommon County Hospital. There was a large protest in Roscommon on Saturday last because of the fears expressed by the four consultants.

Senator Joe O'Toole: Was Senator Leyden with them?

Senator Terry Leyden: I was.

Senator David Norris: Is it a centre of excellence?

Senator Terry Leyden: The consultants, Dr. Charles Burn, Dr. Pat McHugh, Gerry O'Mara and Liam McMullen have written an open letter to the people of Roscommon stating that the proposal is to have day surgery only at Roscommon County Hospital, and no acute surgery. That would mean the accident and emergency department at the Roscommon hospital would have no future. I made the point to Professor Drumm here in the House on 8 November last when we had an open meeting with him. He stated the negotiations on Portiuncula Hospital and Roscommon County Hospital were under way and would be completed next year. Frankly, the position is that the people of Roscommon will not stand for this after all that has happened. Twenty years ago I was in a position in the then Department of Health to prevent the hospital being turned into a district hospital.

Senator Paudie Coffey: This is a speech.

Senator Terry Leyden: Twenty years later I do not intend to be in this House and allow a situation where 24 hour, seven day accident and emergency department services are removed from the Roscommon hospital. I want the Minister to allay the fears of the people of Roscommon in connection with the continuation of acute surgery and of 24 hour, seven day accident and emergency services, which saved the lives of three young men at the end of September 2007.

Senator Brian Ó Domhnaill: I ask the Minister for an update on the ongoing discussions with her northern counterpart on the provision of a radiotherapy treatment facility for cancer in the north west and, in particular, the possibility of such provision in Letterkenny, taking into consideration

the ongoing discussions there with the proposed private hospital in Letterkenny. What will be the outcome? I understand that her northern counterpart indicated that the services in Belfast will not be even able to treat all of the cancer patients in the North, let alone those travelling from Donegal. Can we expect to hear some good news in that regard? Under the auspices of the Good Friday Agreement and the powersharing in the North, it would be a brilliant gesture if we could have patients treated on a cross-Border basis, preferably in Letterkenny if possible.

Deputy Mary Harney: There was a large number of questions asked. In reply to Senator Feeney, all of the mammograms have been reviewed by Dr. Ann O'Doherty at St. Vincent's Hospital and the final patient will be met tomorrow. Tomorrow afternoon, when the last patient is met, we should be aware of the outcome of all of the readings of the mammograms.

On the extension of the age for BreastCheck, I was asked earlier about it being an annual check. In Britain it is done every three years. In Ireland we meet the best international standard recommended, which is every two years. The National Cancer Forum does not recommend reducing the age criteria below 50. It recommends moving to an older rather than younger age and we must adhere to the advice of the experts. I do not make these decisions.

Senator Feeney also asked how we would inform the public. Communications is important here. I hope Professor Keane will engage in communications because in talking about some of these issues I find — I do not want to sound arrogant — that people are misinformed. Among those with whom we must communicate are clinicians because patients have great faith in their doctors. The reality is that surgery, for example, is moving towards specialist procedures and generalists are not appropriate for matters such as breast cancer, and many patients do not understand that. I hope that between the Health Information and Quality Authority, HIQA, with its emphasis on standards, and Professor Keane and the team he will assemble around him, we will engage in communications on many of these issues.

Senator O'Malley asked about the consultant contract. I stated publicly last week that we have come to the end. The independent chairman made recommendations a couple of weeks ago. I accepted them. The HSE accepted them. The doctor representative body seemed to accept them but, notwithstanding their acceptance, people want to start negotiating all over again and time is running out. We are recruiting virtually no new consultants into the system. We are depending, as people retire, on locums. That is not satisfactory but we cannot continue to recruit

on a contract of employment that is unsatisfactory as far as the public health system is concerned. The advertising campaign, which was suspended at the request of the chairman, will now proceed. I have been discussing that with the HSE, with the chairman of the board, with Professor Drumm and with my officials in the Department of Health and Children.

On private hospitals, we have already written to the independent hospital group and to insurers on the new standards because approximately 500 breast surgeries seem to take place in the private system. Clearly, there is no licensing or accreditation regime in Ireland for private provision, and this is a significant deficit. We have established the patient safety commission, chaired by Dr. Deirdre Madden BL, to examine these issues and what kind of licensing or accreditation system we need in place, and she is due to report next summer.

The intention is that the standards will apply. The Minister for Health and Children has an obligation to patients, whether public or private, to ensure they are cared for appropriately.

HIQA's inspectorate will apply to places where children — whether Irish or non-Irish — reside, to the disability sector and to public and private nursing homes. It applies, not to asylum cases where families are living, but to places where children, people with a disability or older people are in care.

As Senator Leyden will be aware, if I recall correctly from my recent meeting, one of those surgeons is shortly to retire. The intention, given the recommendation from the Royal College of Surgeons which is the training body for surgery in Ireland, is that there should be a joint department of surgery between Portlinculla Hospital and Roscommon County Hospital and that their surgical affairs should be arranged on that basis. The HSE recruited the chief surgeon in Scotland who is working with both hospitals and with the clinicians to make that a reality. If memory serves me correctly, a meeting on these issues took place this week in Roscommon. From my point of view, and that of the Government, we want services to be provided as locally as possible to where people live provided they can be quality and patient-safety assured.

On accident and emergency department services, there is a new stroke drug which is suitable for only certain stroke patients. It must be administered within three hours of a person having the stroke. It must be administered by highly specialised staff or otherwise one could kill the patient. If we take people to a place where we do not have the expertise to administer a drug of that kind, for example, and if we have delayed the vital time in getting the person to the centre where that could happen, it could have dire consequences.

After 5 o'clock in the evening, in the main, our accident and emergency departments are staffed by junior doctors. These are doctors in training. That is not satisfactory. We must put patient safety and quality first in everything we do. That must come before constituencies, institutions, doctors and whoever. The Minister for Health and Children has an ethical obligation to stand up for what is right in terms of patient safety.

Senator Donie Cassidy: Hear, hear.

Deputy Mary Harney: On therapists, money will be given to the Health Service Executive under the disability programme—

Senator Terry Leyden: The people in Roscommon want an accident and emergency service.

An Cathaoirleach: Please allow the Minister to reply.

Deputy Mary Harney: Everything will be kept open provided it is safe to do so. The people of Roscommon do not deserve an inferior service, no more than people elsewhere.

Senator Terry Leyden: They do not deserve not to have a service.

Deputy Mary Harney: On Senator Corrigan's question about the therapists, there has been a delay in recruiting some of those therapists. I regret that is the case, particularly in terms of speech and language therapy which has major implications for disabled children. I have seen the difference between a child that has speech and language therapy and one that does not. Resources will be given to the HSE. Some industrial relations issues arose regarding the recruitment of many of these therapists at community level where IR agreements specified that they had to have three years' experience in the hospital before they could work in the community. That is a crazy situation that applies to physiotherapists also, and 40% of our physiotherapists who qualified last year remain unemployed. We are working with the HSE on those issues and I assure the Senator it is on the top of my list of priorities in terms of the disability sector in particular.

Senator Ó Domhnaill asked me about Altnagelvin, or rather the north west; he does not represent Altnagelvin yet.

Senator Brian Ó Domhnaill: Thankfully.

Deputy Mary Harney: I had a very good meeting with the Minister for Health in Northern Ireland, Mr. McGimpsey, and will meet him again next week in the North South Ministerial

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Council. The only centre of excellence in Northern Ireland is in Belfast. They did what we are doing here ten years ago. They intend to locate another centre on the western side of Northern Ireland as a satellite of Belfast, which would be very beneficial for Donegal patients. We have offered to work together either on the capital cost of that or in procuring services from each other. I want to see that happen as quickly as possible because real issues of peripherality arise as far as Donegal is concerned.

Senator Cecilia Keaveney: Hear, hear.

Senators: Hear, hear.

Senator Joe O'Toole: I thank the Minister for taking questions. I have three questions to put to her, the first of which was raised by Senator Bacik who has been unavoidably detained. She would like clarification on the recruitment freeze. That issue was discussed by a number of our people and we would like to know the current position in that regard. It is having a clear impact and we believe we are being misled, in a sense. We got a clear impression it would not impact at the coal-face but that appears to be the case.

My second question is similar to one asked by Senator O'Malley. I am unclear about the current blocks in the debate on the consultants' contracts. I will accept it if that information is confidential but there has been so much discussion back and forth it would be useful if we were to know that.

The third question, which I raised earlier, is complex and crucial in terms of buying in to where we are heading, so to speak. It concerns the various issues we raised, including the monitoring committee the Minister is chairing, key performance indicators, targets — an issue raised by Senator Fitzgerald, objectives and the assessment process. I do not want to do the work of a remuneration committee or whatever but if the Minister could share with us information on those issues, in six months' time we would be able to ask what has been done, have we fallen behind, are we ahead or what is the position.

Also, is there an audit committee in every hospital? Is there a general audit risk register and is that a confidential document? If we knew that, it would save us having to ask many questions. If I had access to that information I could find out immediately who is responsible for dirt in a hospital.

Senator David Norris: Hear, hear.

Senator Joe O'Toole: We could then place the blame where it should lie. Those are the three issues I want to raise. The last one is on key performance indicators, targets and objectives and whether they can be shared with us or outlined

publicly to allow us to inquire about them. The second one is on the problems with the consultants contract and the third concerns the recruitment freeze. Senator Norris has a number of questions.

Senator David Norris: I have three questions also. I support strongly the idea of centres of excellence. I know there are political difficulties because everybody seems to fight for their own back yard but it is important. It would have been better if they had got agreement in principle from everybody before they looked at the geographic location. That was a flaw. Also, the public must be reassured that no more local services will be closed until the centres of excellence are in existence.

Senator Nicky McFadden: Hear, hear.

Senator David Norris: There is no point in doing it the other way around.

On that basis I would like an update on the position regarding St. Luke's Hospital. I ask the question because of the special benefits that accrue to patients there, large numbers of whom have contacted me. There are substantial grounds in the hospital where they can have a walk, sit down, enjoy the shrubbery and so on and many of them, as well as some of the staff, have told me that is vital in terms of assisting in their recovery. I understand there are proposals to move that to St. James's Hospital, possibly into some kind of tower block. Will the situations that have been proved beneficial in the special circumstances of St. Luke's be replicated? Will people have that kind of nurturing environment or will they be stuck in some type of tower block? Is there a timescale in that regard?

Regarding my second question, I have been very impressed, as have many members of the public, by the passionate advocacy of Professor John Crown. That may not be popular with everybody but we appear to have in this man a national asset, somebody who has international experience, a clear view and is a specialist in the area of cancer. Is there any way he can be brought on board in terms of getting to grips with the area of cancer treatment? That would go a long way towards making the public believe that we were all rowing in this together. I would link that with what I said earlier this afternoon about a Tallaght strategy. All of us must fight in that regard. I said it about politicians earlier and I say it now about doctors too. I would welcome it if he could be brought on board.

Taking up what Senator O'Toole said, my third question is about cleaning. My compliments to the Minister on the way she is taking these questions and dealing with them; obviously she is somebody who is in control of the information.

We may not agree with every attitude, programme and ideology but she has the facts at her finger tips.

With regard to cancer patients, when they have had chemotherapy, radiotherapy or whatever, their immune systems are often weakened. They are particularly vulnerable in terms of infection and a lack of cleanliness. Would the Minister agree that a business model is not necessarily the most efficient in this regard? Many hospitals buy hours of cleaning, which might appear good in an accountancy statement but it is inefficient. Would it not be a good idea to have dedicated in-house staff to do the cleaning on the spot when required?

Deputy Mary Harney: I will start with the cleaning issue, if that is in order. We now have had three audits and to be fair to the last audit, it was much wider than the issue of cleaning. I have a quotation, which I will not bore Members by reading, but they complimented the hospitals on the hygiene issue but where they fell down was in risk assessment and taking the issue seriously at corporate governance level. If something cannot be measured, it cannot be managed. The fact that we now have an independent authority and that all of this data come into the public arena puts enormous pressure on people to perform. The audits are unannounced.

Regarding cleaning and the other two audits, whether they were in-sourced or out-sourced, a new building or an old building, whether they had microbiologists or did not, there was no correlation. In the first audit Mallow hospital came number one. It had no microbiologist, it is very old and it had in-house cleaning. St. James's Hospital did very well; it was top of the class. It had out-sourced some of its cleaning and in-sourced other aspects. If hospitals are out-sourcing and buying in a service, they pay only for what they buy. In-house or out-house is not the issue. There are wider issues to do with how seriously the issue is taken. I have said previously and repeat now that in my previous job as Minister for Enterprise, Trade and Employment, if one went to Intel in Leixlip one was gowned from head to toe. I am not suggesting everybody going into a hospital should be gowned but one would not get near one of those semi-conductor chips inside the glass if one was not covered from head to toe. We must take seriously uniforms, visitors and so forth. In many of the world's best hospitals, there can be no more than two visitors per patient. I have seen hoards of people, sometimes bringing in take-aways, around four or six patients in wards. Hospital management should take seriously these matters, as this is not just Big Brother Minister saying something. A hospital is a place where there are many sick people. If they

are not sick, they should be in alternative facilities.

Concerning St. Luke's General Hospital, every expert told us that a stand-alone radiotherapy hospital was not a good idea and that there must be multidisciplinary care where radiation, medical oncology and surgery are brought together. The decision was made to move the cancer treatment facilities at St. Luke's General Hospital to St. James's Hospital. Until recently, virtually everyone who received radiation oncology treatment undertook it at St. Luke's General Hospital. There is a significant attachment to the professionalism, the place and the staff. We want to keep the ethos in St. James's Hospital, an assurance I have given to the board of St. Luke's General Hospital.

The facilities at St. Luke's General Hospital have 150 beds, but there are 40 in British Columbia. When there are facilities in the centres outside Dublin, some of the people who would otherwise have gone to St. Luke's General Hospital may not need to travel to Dublin. Many must travel up on Sunday and return on Monday morning or Friday. Others would be more appropriately accommodated in a hotel or the like instead of a hospital-type facility.

These are the kinds of actions Professor Keane undertook in Canada and that I hope he will undertake here. The plan involves the Irish Cancer Society and Europa Donna, in which Senator Fitzgerald is involved. Patient groups, not just clinicians, were at the heart of the plan.

Dr. Crown is an excellent clinician and a world leader in his field. Memorial Sloan Kettering Cancer Centre, which I visited shortly after becoming the Minister for Health and Children, commended the fact that he was one of the two best doctors to have gone through it. I met him regarding a certain matter shortly after becoming the Minister, after which our relationship seemed to fall apart. I am not the one to bring him on board. He has strong opinions on my politics and I, but Professor Keane will bring him on board because we need people like him.

Senator David Norris: Good.

Deputy Mary Harney: There are only 23 medical oncologists. We want all of them involved in this initiative, to embrace it enthusiastically and to work with us.

Senator Jerry Buttimer: Hear, hear.

Deputy Mary Harney: No one more than I wants key clinicians to work with our plans. Perhaps they will after the consultant contract is behind us. Senator O'Toole asked about the problem in that respect. There are a number of issues, but access to private practice in public hospitals is a large stumbling block. From time to

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time, others who may have different opinions have referenced other issues, but this remains a concern. We have endorsed the chairman's recommendations.

We want to move forward. The changes we want include having clinical directors, a clinician in charge of a surgical team with seven day cover, 24 hour service, longer working days and so on. I keep reading about people going to work seven days per week, but that is not the case. We do not want junior doctors in training staffing our hospitals' accident and emergency departments at 5 p.m. or 6 p.m. That is not a quality patient service.

Senators: Hear, hear.

Deputy Mary Harney: If we are to provide a proper service, we need to double the number of consultants. There are 4,000 junior hospital doctors and 2,000 consultants. The sum total we pay them is no greater than what we would pay were we to have 2,000 juniors and 4,000 seniors. From a financial point of view, the current situation does not make sense. We want to appoint all new consultants on the new contract rather than the current one, which is unique among the world's public health systems. Last week's much-quoted OECD figures show that Irish consultants in the public system get 4.65 times the *per capita* income. Senators can read about it in the report. It is not a matter of what we pay people but of how they work, particularly in terms of equality of access to our public system. There is universal coverage, but some people have preferential access.

The recruitment freeze was done for budgetary reasons, but it affects relatively few numbers. The HSE has granted some 300 exceptions for essential or emergency cases. Recruitment will recommence after Christmas, but we are entitled to expect that the HSE will live within a budget as large as €15 billion.

I feel strongly concerning performance indicators, which have been introduced for hospitals by the HSE. Professor Drumm's summer announcement of more than 100 consultants is based on hospitals' performance. Those that perform will get more whereas those that do not perform well will get fewer.

Liaison nurses at Waterford Regional Hospital were referred to. That hospital has one of the country's best nurse-to-patient ratios and is one of the most efficient, but hospitals that do not do as well have much higher ratios. We want to reward the good performers.

Our health care system has the highest number of nurses in the world. I am told that there are no liaison nurses, but it is a matter for management to decide what nurses do. I want to keep as

many nurses nursing as possible instead of moving them into management positions, but this may not be popular with nursing unions. I would like to reward nurses for doing the jobs they were trained for and are good at instead of allowing them to believe they must move. It is like other areas of life where one must move away from what one is good at to be promoted up the ladder. We must address issues in that respect.

There are considerable variations in bed stays between accident and emergency units. In the case of an appendix operation, one may be in hospital for two or three days or for a week, depending on the hospital. One thing is certain, however, if one is in hospital on a Friday, one has a 90% chance of still being there on Monday morning.

Money is being allocated hospital by hospital on the basis of performance indicators. The HSE has sent clinical and management experts to some of our hospitals, the results of which have been encouraging. A person is sent to work with the hospital instead of blaming or penalising it, which is a good approach.

Senator Phil Prendergast: I thank the Minister, but I take exception to Senator O'Malley's comments. I have worked on the frontline of the health service for the past 23 years and was given this brief by my colleagues in the Labour Party. Their not being present does not mean they are not interested. They are interested, but they are busy.

Senator Jerry Buttimer: Hear, hear.

Senator Phil Prendergast: I referred to breast screening and asked whether it would be extended to over 65 years olds and when it would be rolled out fully, which are important matters. The Minister answered Senator Feeney's question on the under 40 year olds. Generally speaking, those women are in tune with their bodies and good at noticing changes. Will the 23 medical oncologists be sufficient to provide the service in question?

I made an analogy concerning Dr. Courtney in Kilkenny, an expert in gastroenterology and surgery. When the services are centralised, will he travel from Kilkenny to Waterford to operate on a patient from Kilkenny? Does the Minister plan to introduce an immunisation programme with the cervical cancer vaccine? Testicular cancer and colorectal cancer treatment services will be available in four centres. While I do not want to diminish the importance of any cancer, some types are more easily treated or are more common. On what basis was it decided that each of the above types would be treated in four centres?

Babies are supposed to have developmental checks at nine months of age, but many are not

being checked until they are two years old. That is late considering how many developmental issues can be detected and treated, and the earlier the better.

Senator Fidelma Healy Eames: Hear, hear.

Senator Phil Prendergast: How much is being invested in cancer control? Of the additional €20.5 million, what is the total spend on cancer control? How much of the total spend on health services, some €12 billion, comprises salaries?

I agree with the Minister's point on hospital visiting hours and people's tendency to overstay. There is a poor public understanding that many hospital patients are sick with infectious diseases.

While it may sound old-fashioned, there were not many incidents of dirty hospitals when the nuns ran them. Recently a patient advocate recounted to me an incident in a hospital when a confused patient urinated behind a water dispenser. The hospital cleaner, who did not speak English, mopped the urine over the entire floor. That may be an exception but it does happen.

Uniform identification should not vary in order that the public and patients can recognise various grades. The staff nurse uniform in one hospital may be the same as that for a household services officer, a nurses' aid or a ward sister in another. Variance in hospital uniforms can cause confusion among the public. This was made apparent to me recently when I transferred a patient, who was deaf and could not read or write, to a Dublin hospital. It was difficult to explain to her that in the Dublin hospital, the person in the navy dress would conduct an intimate examination while the woman in the green dress might give her a cup of tea.

This is great opportunity to put these questions to the Minister this evening. I would be delighted if she could clarify the matters raised.

Deputy Mary Harney: The Senator's point on simplifying hospital dealings with the public is valid and not just in the case of her friend who is deaf. There are many foreigners living in Ireland who do not speak English. I recall a Chinese woman in Tallaght Hospital who was able to have direct communication only through her daughter because she had not a word of English. When I visited the children's hospital in Chicago, one item that attracted me was the use of children's cartoon figures to direct children to different services. It was simple on one level but it worked for children. In Vancouver, the cancer service facility we visited had a fantastic roof garden for patients. These are the types of services that must be incorporated in our new facilities. We are moving to fewer beds in wards. The hospital of the future will probably have mainly single rooms. The new national children's hospital, for

example, will have single rooms with parent accommodation. These are the standards to which we are moving. No doubt, by the time we get there, there will be a new standard.

Dr. Courtney is not a surgeon but a gastroenterologist and will not be moving to Waterford Hospital. There are approximately 20 patients there. The data from the local hospital and the report for funding are different but Kilkenny has relatively few breast cancer patients. The idea is that they will attend Waterford and some Waterford activity will move to Kilkenny. Kilkenny is one of our best hospitals. It is run extraordinarily well with a great spirit. Everyone works together with no little camps. They work well with their GPs and primary care providers. It is a model that has always impressed me. Dr. Courtney is one of the main drivers of change there. Sometimes it takes only one person to make a place function.

I cannot inform Members on the roll-out dates for BreastCheck for individual counties because I have told BreastCheck, part of the National Cancer Screening Service, that it must not be a political decision. This year, it has been rolled out in counties Roscommon, Galway and Cork. The remaining nine counties will be rolled out in the next 18 months. Without divulging budget secrets, funding is available for the continued roll-out of breast cancer screening, as well as cervical cancer screening. With changing demographics and the increasing cancer rate in the population, far more than 23 medical oncologists will be needed. While I do not know the exact figure, of the additional 2,000 consultants to be hired, a large number will be for cancer services.

We have expended €1 billion more on cancer services since 1997. The National Hospitals Office is examining the total spend on cancer services as it is difficult to differentiate between general and cancer surgery as they are sometimes combined. When the figures are ascertained, Professor Keane will have control of the cancer services budget. As Members are aware, if you cannot control the money, you are not going to make anything happen.

Senator Fidelma Healy Eames: We know that.

Deputy Mary Harney: On the further roll-out of cancer screening programmes, it is advised the next should be for colorectal cancer. This is already being prepared for, after the roll-out of cervical cancer screening.

Oral cancer is never commented on. It generally affects lower socioeconomic groups, particularly people who smoke and drink to excess. I was not aware until recently that there are 300 cases per year, an incredible number, particularly when one considers the 76 deaths per annum from cervical cancer. There are many cancers that we do not hear about in the media but which

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affect a large number of people. The emphasis of the centres will be on early diagnosis and, where appropriate, early treatment.

The health services budget comprises mainly salaries, approximately 75% to 80% of it. Service means employing people. The health services employ one in three public servants and expend a quarter of the budget spent on running the State. Every time a new service is rolled out, whether it is speech and language therapy or primary care, it involves employing more people. The public health system alone is labour intensive and employs 130,000 people. Some €15 billion from the public purse is spent on public health, and €3 billion to €4 billion from private sources. Up to 8.9% of national income is spent on health services, the OECD average, although 11% of the population is over 65 years of age as against 17% across the OECD. We are not getting the dividend for a young population. Hopefully, the health reform programme will get that dividend.

I have commented many times on the nuns who ran the hospitals. People were afraid of them. A consultant told me recently that the only person he was afraid of when training in the Mater Hospital was the matron, a nun. We do not want people to be afraid of anyone in the health services but the nuns worked hard. We must get everyone working on this. Before I am accused of having anything against them, we cannot get the nuns back simply because they are no longer available.

There is no excuse for a hospital or any health provision facility for not operating to the highest possible standards with the investments being made in them. This includes the case of the rat at the Oranmore health centre about which I was interviewed last Friday and of which I was not aware.

Senator Frances Fitzgerald: Since the Minister did not get to respond to several Fine Gael Members, will she give them a written reply or respond now?

Senator Donie Cassidy: Members are concerned about the position in which pharmacists find themselves. They claim there have been no negotiations or consultations over the proposed pharmacy legislation. We are concerned in particular for the 400 family-run pharmacists. Would the Minister consider bringing together the two sides?

Deputy Mary Harney: In response to Senator Coffey, funding has been approved for a 42 bed unit in Waterford. I am told it will be in place in 2009 but work will begin next year. The radiotherapy service for Waterford will be a satellite centre. We have provided money to roll out that on a traditional basis and as a public private part-

nership. We will have all the capacity required by 2010. Meanwhile we are procuring services from Whitfield for public patients.

I have no brief about the Oranmore clinic. I will have to check on whether it is planned to put a new primary care facility there but the private sector is building many of these facilities which the State rents. This is a speedy way of getting facilities in place and of releasing the capital for other projects. I do not know if such a facility is planned for Oranmore. I will respond to the Senator.

Senator Nicky McFadden: A primary care unit in Athlone was promised in 1999.

Deputy Mary Harney: Under the competition Acts and the Treaty of Rome price-fixing provisions for self-employed professionals, it is not possible for direct negotiations to take place with the pharmacists. The Government has deliberated on this, Bill Shipsey, Senior Counsel, has been hearing the concerns of the Irish Pharmaceutical Union and I have discussed these matters with the HSE. I hope we will be able to put in place appropriate reimbursement for pharmacists. They earn their incomes from a combination of a percentage return on their sales from the distributors and the fee from the HSE and we want to separate the cost of the commodity from the professional fee for the pharmacists. I hope that can be achieved quickly. I fully support entrepreneurship and the pharmacy sector is an example of entrepreneurship providing a service to patients.

Local Government (Roads Functions) Bill 2007: Committee Stage.

SECTION 1.

An Cathaoirleach: Amendments Nos. 1, 2, 3, and 6 are cognate and amendment No. 4 is related. Therefore, amendments Nos. 1 to 4, inclusive, and amendment No. 6 will be discussed together by agreement.

Senator Alex White: I move amendment No. 1:

In page 3, line 25, to delete “inserted” and substitute “as substituted”.

This is a relatively straightforward technical amendment. Prior to the 1994 Act there was a section 60(2) but the word “insertion” into legislation implies that there was nothing there previously. Inserting means adding something new to the Bill. The word “substitute” would be more accurate in this situation because of the pre-existing section. It makes sense to change the word “inserted” in each of the places where it appears, to “as substituted”.

Minister for the Environment, Heritage and Local Government (Deputy John Gormley): I thank Senator Alex White for his observations, and his colleagues, Senators Hannigan, McCarthy, Ryan, Prendergast and Kelly for their amendments. I know the Senator's colleague, Richard Humphreys, who does a good job on amendments and respect him.

Senator Alex White: We all work on them.

Deputy John Gormley: I do not wish to take away from the Senator's work. These are technical amendments to a drafting style. My officials contacted the Office of the Parliamentary Counsel who informed them that this is standard language. The term "as substituted" is not used in this context. I am satisfied that we are using the correct language in this case and I cannot accept these amendments.

Senator Alex White: I did not refer to amendment No. 4, which is in this group. It is also a technical amendment proposing that the relevant section of the amending Act be referred to in order to maintain consistency between sections 1 and 2. The difference between inserting and substituting is clear. I understand the Minister's point in respect of the Parliamentary Counsel's advice but for people reading this legislation in the future that difference is significant.

Amendment, by leave, withdrawn.

Amendment No. 2 not moved.

Section 1 agreed to.

SECTION 2.

Amendments Nos. 3 and 4 not moved.

Senator Alex White: I move amendment No. 5:

In page 6, between lines 26 and 27, to insert the following subsection:

"(4) Regulations made in whole or in part under section 12 of the Roads Act 1920 which relate to matters other than those referred to in subsection (3) and are in force immediately before or upon the coming into operation of the *Local Government (Roads Functions) Act 2007*, continue in force and may be amended or revoked in respect of those matters by the Minister for the Environment, Heritage and Local Government."

We are concerned that section 2(3) could create an anomaly because it preserves certain regulations made under the Roads Act 1920, without specifying what happens to all the other regulations although the Bill amends section 12. It

maintains certain regulations under the remit of the Department of the Environment, Heritage and Local Government but is silent on the other regulations. We suggest that to avoid this anomaly or ambiguity the Bill should specify that all regulations under section 12 continue in force. I understand there may be an objection to putting something in legislation that the sponsoring Minister feels may be superfluous or not required but where there is a possibility of ambiguity I feel it is best practice for us, as legislators, to put the matter beyond doubt. That would be the effect of this amendment were it accepted.

Deputy John Gormley: I thank Senator Alex White and his colleagues Senators Hannigan, McCarthy, Ryan, Prendergast and Kelly for this amendment. The Senator is correct that the amendment is perceived as superfluous and this is often a problem. Under section 12(1) of the Roads Act 1920, the Minister for the Environment, Heritage and Local Government has the power to make regulations relating to a number of areas. These areas include changes to vehicle ownership, the issue inspection and surrender of vehicle registration certificates, applications for motor tax discs, the issue of motor tax discs, the issue of replacement motor tax discs, the defacement etc. of motor tax discs, the change of use of vehicles and the alteration of vehicles. The Minister for Transport is assuming responsibility for the national vehicle and driver file so functions relating to changes in vehicle ownership and the issue, inspection and surrender of vehicle registration certificates are transferring to that Minister.

The purpose of section 2 is to provide a statutory basis for the Minister for Transport to make regulations in respect of these functions. The Minister for the Environment, Heritage and Local Government will retain the power to make regulations under the 1920 Act, which I took the trouble to dig out, in respect of his remaining functions. These functions relate to applications for motor tax discs, issue of motor tax discs, issue of replacement motor tax discs, defacement etc. of motor tax discs, change of use of vehicle and alteration of vehicle. If I understand the Senator's concern, he seeks to ensure that under section 12(1) of the 1920 Act the Minister for the Environment, Heritage and Local Government can continue to make regulations in respect of the functions being retained by him. I am assured the Minister for the Environment, Heritage and Local Government will continue to have power under the 1920 Act to make regulations in respect of his retained functions. The amendment, as proposed, would simply repeat the power already in the 1920 Act for the Minister for the Environment, Heritage and Local Government to make regulations and, in the circumstances, the

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word the Senator used — “superfluous” — is appropriate. I regret I cannot accept the amendment.

Senator Alex White: I was not describing the amendment as superfluous, as I think the Minister suspects. I was anticipating that the Minister would describe the amendment thus but I was not embracing the term. Section 2(3) of the Bill states: “Regulations made in whole or in part under section 12 of the Roads Act 1920 which [a and b] continue in force and may be amended or revoked in respect of those matters by the Minister for Transport.” We are saying that the particular regulations we are singling out continue in force.

At the very least there is a necessity in this instance for a provision to be made for the avoidance of doubt, a phrase familiar to legislators, drafters, lawyers and so on. We are taking some provisions and moving them but others remain in force so, for the avoidance of doubt, we should add a provision to see they continue in force.

Senator Paudie Coffey: We in Fine Gael support the amendment and feel that, where there is a possibility of doubt relating to legislation, we should look to the default position. This will assure there can be no doubt relating to the subsection.

We feel that local government is looking after vehicle registration, motor tax and so on and the wording of the Bill, as drafted, does not assure us the Minister for the Environment, Heritage and Local Government will retain this role. The Minister has tried to assure us in the House that this is the case but we support the amendment.

Regarding the Bill’s wording, in the unlikely event of legal action regarding registration, tax affairs or the like, will the Minister clarify whether, following the passing of this Bill, the Minister for the Environment, Heritage and Local Government or the Minister for Transport would have responsibility?

Senator Camillus Glynn: I appreciate the Senator’s concern but the Minister has adequately explained the situation. The amendment is surplus to requirements and I am satisfied by the Minister’s explanation that what concerns the Senators is already addressed in existing legislation. I am satisfied by the Minister’s position.

Deputy John Gormley: I wish to answer Senator Coffey’s question. It is clear there is now a delineation of powers and that the Minister for Transport has certain powers. I have outlined this evening the powers I am retaining and that I will be able to make regulations under the 1920 Act on applications for motor tax discs, the issue of motor tax discs, the issue of replacement motor

tax discs and so on, all of which come under my remit. Motor taxation is my bailiwick and I must retain this responsibility because it goes to the local government fund, which is essential if we are to have proper local government in this country.

Senator Paudie Coffey: I thank the Minister for his answer.

Amendment, by leave, withdrawn.

Section 2 agreed to.

Amendment No. 6 not moved.

Section 3 agreed to.

SECTION 4.

Senator Alex White: I move amendment No. 7:

In page 6, between lines 43 and 44, to insert the following subsection:

“(2) The Roads Act 1920, the Roads Acts 1993 to 2001 and section 2(3) may be cited together as the Roads Acts 1920 to 2007.”.

I am moving this amendment because I am interested in hearing the Minister’s response. I referred to section 2(3) a moment ago regarding another amendment and it is a substantive section, not an insertion in a previous Act, so it warrants inclusion in a collective citation.

Deputy John Gormley: This is a drafting issue that my Department has taken up with the Office of the Parliamentary Counsel. The Roads Act 1920 and subsequent amendments to it, not all of which were contained in Roads Acts as some were in Finance Acts, were not cited together in the Roads Act 2007 which, if it were to have been done, would have been the appropriate place to have done it. The placement of a citation, as proposed, is not something that would normally be done in a Bill of a technical nature such as this. It would normally be done in a substantive Bill. I therefore regret that I cannot accept this amendment.

Senator Alex White: It is intriguing that the Minister suggests that if this were to have been done, it should have been done in the Roads Act 2007. It appears the Minister is saying that because it was not done then it cannot be done now, but it can be done now. I am interested in the notion that this cannot be done in a Bill of a technical nature. I am not aware of any restriction on the Minister in respect of a collective citation being included in the Bill. Perhaps it is not normally included in a Bill of a technical nature, but that may be because it does not usually arise.

Section 2(3) is a substantive provision and warrants inclusion in a collective citation. It is odd that the Minister should say it was not done in the Roads Act 2007 and so there is little point in doing it in this Bill. It is either desirable or it is not. I contend that it is desirable and can see no legal reason that it cannot be done in a technical Bill such as this, as it is not merely an amending Bill.

Deputy John Gormley: This is a technical Bill. Although there are some, particularly in the Lower House, who do not accept that, I assure Senators it is the case. I understand from where Senator Alex White is coming but I cannot accept the amendment.

Amendment, by leave, withdrawn.

Section 4 agreed to.

Title agreed to.

Bill reported without amendments.

An Cathaoirleach: When is it proposed to take Report Stage?

Senator Camillus Glynn: Now.

**Local Government (Roads Functions) Bill 2007:
Report and Final Stages.**

Bill received for final consideration.

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

Senator Camillus Glynn: I thank the Minister for coming to the House. I also thank Members opposite for their interest in this debate. Although the amendments they put forward were not accepted, their interest in drafting those amendments is appreciated.

Senator Paudie Coffey: I thank the Minister for attending this debate and the staff who drafted the Bill. We in Fine Gael hope it will be of a technical nature. We will monitor it at all levels from local government up to both Houses of the Oireachtas to ensure that is the case.

Senator Alex White: I join my colleagues in thanking the Minister and his officials for coming to the House. We do not change our minds easily but the business must be done.

Senator Camillus Glynn: The Senator was swayed by our good arguments.

Minister for the Environment, Heritage and Local Government (Deputy John Gormley): I thank Senators for their contributions to the

debate on this Bill. As I emphasised on Second Stage, the Bill is technical in nature. Its primary purpose is to provide the legislative framework necessary to facilitate the transfer of non-national roads and the national vehicle driver file functions from my Department to the Department of Transport. This transfer will be effected by a transfer order to be made by the Government shortly. Drafting of the necessary transfer of functions order is well advanced and will be made to coincide with the commencement of the Bill.

I assure Senators that I will continue to have responsibility for the management of the local government fund following the transfer of functions. I also confirm that the full proceeds of motor tax and driver licence fees will continue to be paid into the fund. The local government fund will continue to provide substantial funding to local authorities for both general purpose grants and non-national roads grants.

I thank Senators for their co-operation in facilitating early consideration of the Bill so that the legal transfer of functions can be effected.

Question put and agreed to.

An Cathaoirleach: When is it proposed to sit again?

Senator Camillus Glynn: At 10.30 a.m. tomorrow.

Adjournment Matters.

Building Regulations.

Senator Maria Corrigan: Will the Minister provide a progress report on the implementation of the requirement for a building energy rating certificate for new buildings for sale or rent and for public buildings? Have conveyancing solicitors been informed of the requirements? Are there plans for an awareness campaign aimed at the public? The indications are that there is a lack of awareness of the new regulations among both conveyancing solicitors and the general public.

Has the Minister any information on the enforcement by local authorities of the legal requirements in their notifications of grant of permission? Will public buildings be able to comply with the requirements? A timeframe has been given such that by January 2009, all public buildings are expected to be in compliance. However, there are concerns as to whether there will be sufficient numbers of competently trained assessors to undertake the methodology outlined and to provide the certificates. I understand training is to commence in September 2008 to increase the numbers. Will that be sufficient to ensure all public buildings will be in compliance?

Minister for the Environment, Heritage and Local Government (Deputy John Gormley): I am grateful to the Senator for affording me the opportunity to report progress on the building energy rating certification system to the House. Securing greater energy efficiency and the reduction of CO₂ emissions in existing and new buildings and dwellings is a priority objective of mine.

Amongst the measures I am taking to give effect to this is the introduction of new building regulations before the end of this year. These regulations will secure a 40% improvement in energy efficiency and a 40% reduction in CO₂ emissions in new dwellings. In making these regulations, I will meet the commitment in the programme for Government on this subject in full.

The European Communities (Energy Performance of Buildings) Regulations 2006, which were introduced on 19 December 2006, require that for all new dwellings for which planning permission is sought after 1 January 2007, information on energy efficiency must be provided for each dwelling in the form of a building energy rating, more commonly known as a BER. The BER provides this information in a readily recognisable form, similar to the format used to rate white goods, such as refrigerators and washing machines.

The requirement for a BER applies to all new dwellings completed after 1 July 2008, irrespective of when planning permission was sought. It will be extended to all new non-residential buildings from 1 July 2008, but with a transition period to 30 June 2010. Finally, a BER will be required for existing buildings when offered for sale or rent from 1 January 2009. The reason for putting in place these transitional arrangements for the roll-out of the BER system is a prudent and practical one — to facilitate the setting up of a system for the smooth and efficient administration and oversight of the BER certification system, involving the recruitment of staff, installation of ICT systems and so on.

I attach great importance to the provision of information to house purchasers, who are making one of the most important decisions of their lives. For them, the information contained in the BER should prove particularly useful and give all purchasers the option of choosing a more energy-efficient option where it suits their particular needs. In this regard, a BER will be accompanied by an advisory report setting out recommendations for cost-effective improvements to the energy performance of the building.

The regulations also require the designers of large buildings in excess of 1,000 sq. m to consider, at design stage, alternative energy systems, including decentralised energy supply systems based on renewable energy and combined heat and power systems. This requirement has applied

to large buildings for which planning permission is applied for on or after 1 January 2007. I regard this as an important step, as it is easier to provide for improvements to buildings at the planning or design stage rather than having to make costly amendments and revisions at a later stage, when the building is under way or has been completed.

Under the regulations a public body will be required on or after 1 January 2009 to secure and display a BER certificate in a prominent place, which will be clearly visible to the public, in large buildings occupied by it. In this way, the public sector will play a lead role in the roll-out of the highest energy standards and in raising awareness in the wider business and local community of the benefits which can accrue from the building energy rating system. I am satisfied the January 2009 deadline will be met in respect of public buildings.

Qualified assessors who have completed the necessary training and been registered by Sustainable Energy Ireland will carry out assessment of buildings. I am pleased to advise Senators the overall system for the effective running of the BER system is now in place. Some 13 training providers have been approved by SEI and a total of 703 individuals have attended and passed the assessor training to date. Some 274 of these trained assessors have registered with SEI and are now in a position to undertake official ratings. The number of BER certificates issued to date remains low, at a total of 39, but I anticipate this number will begin to rise sharply as the system beds down.

Responsibility for the regulations rests with my Department but responsibility for the operational roll-out of the BER system rests with SEI. I put on record my appreciation of the excellent work undertaken by SEI in this area. My Department will continue to work closely with SEI in ensuring all the various professional bodies, such as the Law Society, the Society of Chartered Surveyors and others are aware of the legal requirements introduced under the regulations and will play their part in ensuring the effective implementation of the BER certification system.

I know the Senator has raised quite a number of questions in her contribution and any specific details should be addressed to my Department or my colleagues. We would be more than happy to answer such questions.

Senator Maria Corrigan: I thank the Minister for his very comprehensive reply. I will take him up on his offer and put the other questions into writing. As the Minister stated, it is a very critical aspect of our own campaign to ensure we conserve energy and utilise it efficiently in an overall campaign to control climate change. I wish the Minister all the best in his work at the Department.

Swimming Pool Projects.

Senator Jerry Buttimer: I assume my five minutes will be uninterrupted. I hoped the Minister, Deputy Gormley, would stay as he is playing a blinder today.

I thank the Minister of State, Deputy John Browne, for coming to the House this evening. I wish to raise the important matter of provision of a swimming pool and leisure complex in the Douglas area of Cork. This has been an ongoing struggle for the people of the area which requires political action at this stage. The best form of such action would be central funding from Government to provide for an upgraded version of the existing facility in Douglas.

Cork City Council has decided to retain the pool at its present site. It is a community asset which is in urgent need of an upgrade. An area the size of Douglas and its hinterland requires a modern, comprehensive sports facility to cater for the schools, clubs and ordinary citizens there. I suggest they could be best served by Government investment in upgraded recreational facilities at the Gus Healy pool.

Swimming is an activity which can be enjoyed by everybody, whether they are young or old, competitive or non-competitive in nature. It is important to recognise that currently, under the aegis of Cork City Council and managed by Leisureworld, the pool is open only on a limited basis, a restriction that is completely unacceptable to the schools and clubs using the facility. Given the significant growth in the Douglas area, the facility needs to be urgently upgraded.

The current Gus Healy pool, named after a member of the Minister of State's party and a former Lord Mayor of Cork, has been in operation since the 1970s and outlived its intended lifespan. The people require a guarantee from Government that the facility will be modernised and supported by Government through funding. Cork City Council has repeatedly ticked the boxes in the provision of a site and has demonstrated a willingness to keep the pool in public ownership. It has voted to keep the pool at its current location and the people of the area require action.

With the re-opening of the local authority swimming pool programme, the former Minister for Arts, Sports and Tourism gave a commitment to the people that the pool would be prioritised. We are now 12 months into the scheme and we need proof of commitment. I ask the Minister of State to give us good news tonight.

I thank the Cathaoirleach for allowing me raise this on the Adjournment.

Minister of State at the Department of Agriculture, Fisheries and Food (Deputy John Browne): I thank Senator Jerry Buttimer for rais-

ing this issue and apologise for the absence of the Minister for Arts, Sports and Tourism, Deputy Brennan, as he cannot be in the Chamber this evening. He will hold discussions with the Senator at a later stage.

The local authority swimming pool programme is administered by the Department of Arts, Sports and Tourism. The programme provides grant aid towards the capital costs of new public swimming pools or the refurbishment of existing public swimming pools provided by local authorities or by other bodies where the application for capital funding is supported by the local authority. The current round of the programme closed to new applicants on July 2000. No application was received from Cork City Council for the Douglas swimming pool before that closing date.

The programme provides for maximum grant aid of €3.8 million per project. There are four principal stages which must be undertaken by a local authority in developing a swimming pool project, namely, a preliminary report, including feasibility study, contract documents, tender stage and construction stage. Local authorities may not proceed to the next stage of a project until prior approval issues from the Department. Grant aid is formally allocated when the tender is approved and the Department's technical advisers, the Office of Public Works, evaluates each stage.

The policy since 2000 has been to give priority to the completion of the 57 projects within the round. Of these 57 projects, 29 have been completed and 14 are under construction or about to start construction, all of which have been grant aided. Some 14 other projects are at various stages of the programme, with three at tender stage, seven at contract documents stage and four at preliminary report stage.

Cumulative grant expenditure by the Department under the programme from 2000 to the end of this year is anticipated to be €108 million and this grant aid has leveraged total investment of €338 million in public swimming pool facilities. Under the National Development Plan 2007-2013, €184 million has been allocated for the provision of public swimming pools under the local authority swimming pool programme.

My Department is currently completing a value-for-money and policy review report of the local authority swimming pool programme. It is examining, among other issues, how the programme has worked to date and what changes, if any, are required to ensure its effective and efficient delivery. The report is currently being finalised and it is intended to publish it as soon as possible. Following consideration of the recommendations in the report, it is my intention to launch a new round of the local authority swimming pool programme. When the programme is re-opened, it will be open to all local authorities, including Cork City Council in

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respect of the Douglas swimming pool, to submit applications under the terms that will apply.

Since 2001, through responses to representations, parliamentary questions and meetings with council officials, it was made clear the Douglas pool could not be grant-aided under the current round of the local authority swimming pool programme as no application was submitted before the deadline. In April 2005, the then Minister for Arts, Sport and Tourism advised a delegation from Cork City Council, including the then Mayor of Cork, this was the position. However, the then Minister, Deputy O'Donoghue, added that an application for grant aid would be considered under the next round of the programme.

In summary, no application was received by the Department from Cork City Council in respect of the Douglas swimming pool before the closing date of the current round of the local authority swimming pool programme. When the programme is re-opened, it will be open to Cork City Council to submit an application in respect of the Douglas swimming pool under the terms that will apply.

I thank the Senator for raising this issue and assure him that this Government will continue to improve our record of achievement in upgrading the stock of local public swimming pools.

Senator Jerry Buttimer: I thank the Minister of State for his reply. Is the local authority swimming pool programme open currently?

Deputy John Browne: It is not open at present. A review is being carried out and when it is complete, the Minister intends to publish it. Under the national development plan, €184 million is in place for the programme and it is up to Cork City Council to apply as soon as the scheme is open.

Senator Jerry Buttimer: I hope the Minister will prioritise the pool for Douglas in the new programme.

Sea Fishing.

Senator Cecilia Keaveney: I thank the Chair for allowing me to raise the issue of the need for the Minister for Agriculture, Fisheries and Food to seek at the forthcoming European fisheries meeting a solution to the unacceptable situation whereby dead fish that exceed the quota for the species are dumped at sea.

Just more than ten years ago the fishermen of Greencastle, among others, were hopeful the Government would listen and introduce a white fish renewal scheme. At the time, the Fianna Fáil spokesman on the marine was the former Deputy Michael Smith. When we entered Government we introduced such a scheme, the point of which

was to encourage people to invest in new boats. It was an important step at the time because the age profile of the fleet was old and there were safety implications for those fishermen who had to go further and further out to sea, risking their own lives and those of their crews. New boats came into the scheme and it was a success.

Almost immediately, however, the quotas were reduced while the new boats still had to be paid for. The catch capacity was constrained, which had an economic impact on fishermen and has caused difficulties since. Various Ministers and Ministers of State have attended the annual meetings on this subject in the run-up to Christmas each year.

There was also a reduction in fish numbers, with fishermen often catching fish that were too small. People realise now they were catching the future of the industry. As the situation evolved, the annual meetings in Brussels became more challenging to the ability of fishermen to earn a living, with smaller and smaller quotas allowed. There is always a discrepancy between the fishermen and the scientific evidence. The scientists said there is no cod but fishermen are catching cod above their quota and most throw the dead fish into the sea. Fishermen are legally bound not to bring exceeded quota ashore, a crazy situation.

A decommissioning scheme to help fishermen to leave the industry is now in place and many will leave. When the white fish fleet renewal scheme was first announced, there were 28 boats more than 15 metres in length in Greencastle but now there are only nine. These fishermen regret that their families will not follow them into the profession. Hopefully reductions in the size of the fleet will result in a viable, modern fleet for the existing quota.

There is a crazy situation, however, that we must stop. Whether one supports the fishermen or supports conservation, it does not make sense to throw dead fish overboard to avoid prosecution for overfishing. It is wrong that fish are dumped because a quota was reached and the fish did not keep away from the nets.

A number of solutions exist, such as rolling quotas or a fish mountain similar to the old beef mountain. What can we do with the fish? They are dead and cannot be conserved and they should be of some value. We should also minimise opportunities for such stray fish being caught, or put in place a mechanism to have them recorded without penalty but also without financial reward for those who are deemed to have overfished.

If we are to invest €36 million in the harbour in Greencastle, we want a future for fishing. I understand the decommissioning package and welcome the renewal package and the total review of the common fisheries policy, because we gave away our fishing rights. A wrong that

cannot continue is the waste of good food when many people still go hungry. It makes no sense and I ask for this to be central to discussions at the marine and conservation meetings in the run-up to Christmas. Food should not go to waste at a time when food production is increasing in price. There must be an answer, with perhaps the fish being sold and the excess being donated to charity. If the public realised that fish is being caught and dumped at sea, it would cause a scandal.

Deputy John Browne: The high level of discards in commercial sea fisheries is a global problem and is on the agenda of all major international organisations that deal with the development of sustainable sea fisheries and the protection of marine ecosystems. Fish discarding is a complex problem and is a feature of most fisheries, but particularly mixed fisheries such as those that prevail in waters around Ireland.

Discarding means the deliberate jettisoning of all or some of a catch by a fishing vessel and there can be a number of reasons for discarding, including where a catch takes the vessel over its quota for that species; the vessel has no quota allocation for a particular species taken in a mixed fishery; the catch taken contains fish below minimum landing sizes; the practice of high grading, which happens when some of the catch is of varying size or quality — only the best will be retained and the rest discarded; and the species caught has low or no market demand or the price is too low.

Fish discarded do not usually survive but they are not recorded in the vessel's logbook as part of the catch and the true amount of fish taken out of a stock cannot be determined accurately. This has implications for appropriate and sustainable fisheries management. It also particularly impacts on young fish. The specification of minimum landing sizes is intended to provide protection, in particular for young fish, to provide for the continuation of the stock, and sustainability of the fishery.

A 2005 study published by the Food and Agriculture Organisation estimated the amount of discards in the north Atlantic at 1,332,000 tonnes per year, 13% of the catches. The estimated discards for the North Sea ranged from 500,000 to 880,000 tonnes. To the west of Ireland and Scotland, discards ranged from 31% to 90% of catches, depending on the fleets, target species and depth. In the Mediterranean and Black Seas, discards amounted to 18,000 tonnes, or 4.9% of the catches. In the Baltic, this rate was estimated to be low at an average of 1.4%.

There is general agreement among fishermen, managers and scientists alike that such practices are wasteful and destructive and must be reduced, although it is doubtful that they can be eliminated completely, particularly in mixed fisheries. The focus must be, therefore, on minimising them.

Ireland has been to the forefront in pressing for action on this issue at European level. During the Irish Presidency in 2004, we chose the theme of fast-tracking the development of environmentally-friendly fishing methods as a key focus. A major international conference was held in Dúnalk involving EU member states, Norway and Iceland with the key focus on how to reduce discards in commercial fisheries.

Measures proposed to tackle discarding and supported by various stakeholders include improvements in fishing gears and gear selectivity, improvements in fishing methods and fishing practices, the recording of catches rather than landings and onboard observer schemes. A voluntary observer programme with quota incentives for vessels participating has been proposed by the industry to the European Commission. There is also a joint Irish-British pilot project in the Irish Sea aimed at the reduction of discarding.

The Irish Sea enhanced data collection project has been developed collaboratively between fishing industry representatives, scientists, the North Western Waters Regional Advisory Committee and the national administrations from Ireland, England and Northern Ireland.

This study is a very important step in the collection of data on discards with the aim of introducing a scheme whereby discards will be minimised and ultimately eliminated. The European Commission has made the elimination of discarding one of the four main fisheries priorities for its directorate general for fisheries and maritime affairs.

The Commission adopted a communication on the issue of discards in fisheries on 28 March 2007. Following further work, a communication on a policy to reduce unwanted by-catches and discards in European fisheries was presented to the Council in June 2007. The Council adopted a range of conclusions on the Commission proposal and these will determine the agenda at European level on this issue for the immediate future.

The current programme for Government commits to increasing supports to assist fishermen make the change-over to more environmentally-friendly fishing gear and I am confident this also will assist in reducing the incidence of discarding in key fisheries. I will continue to press for progress on this issue at national, EU and international levels and am confident that, with the cooperation, collaboration and commitment of all the stakeholders, significant improvements can be achieved in this most sensitive area for the long-term sustainability of our industry.

Acting Chairman (Senator Kieran Phelan): The Senator must be very happy with that reply. She may respond briefly.

Senator Cecilia Keaveney: While I am happy with the reply, I am unhappy that 31% to 90% of certain catches are being thrown back into the water. The Minister of State has put much of the focus on the fishermen to reduce the quantity of fish being caught. Does he agree that, if the 31% to 90% of fish that are being thrown overboard are already dead, in addition to trying to find solutions to address this issue we should put such fish to good use? There is no such thing as a species that is less commercially viable to land because everything has a potential use. For example, while spider crabs in Ireland are considered to be a form of by-product, they are considered to be a valuable commodity in Spain. When my sister-in-law, who is Spanish, sees them lying discarded around Irish harbours, she has a

canary. While we should focus on reducing the quantity of discarded fish, we should also deal with reality and ensure that, for want of a better term, this material goes to a good home rather than back to the sea where it encourages the seal population.

Deputy John Browne: I assure the Senator that given the UK-Ireland project and the ongoing discussions in Brussels, we will deal with the issues she has raised. It is certainly my intention and that of the Minister for Agriculture, Fisheries and Food, Deputy Mary Coughlan, to keep the issue of discards at the top of the agenda at local, national and EU level.

The Seanad adjourned at 7.55 p.m. until 10.30 a.m. on Wednesday, 21 November 2007.