



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

SEANAD ÉIREANN

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

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SEANAD ÉIREANN

Dé Máirt, 04 Samhain 2014

Tuesday, 04 November 2014

Chuaigh an Cathaoirleach i gceannas ar 2.30 p.m.

*Machnamh agus Paidir.
Reflection and Prayer.*

Business of Seanad

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

The need for the Minister for Health to have the medical device called the i-port Advance extended to become covered under the long-term illness scheme for people with diabetes.

I have also received notice from Senator Martin Conway of the following matter:

The need for the Minister for Health to intervene in a medical card application (details supplied) as the primary care reimbursement service is making unrealistic and unclear demands for information and the process is causing a great deal of stress and anxiety among the applicants.

I have also received notice from Senator Katherine Zappone of the following matter:

The need for the Minister for the Environment, Community and Local Government to outline what the Government is doing to raise awareness and encourage citizens to register to vote ahead of 25 November, which is the voter registration deadline for the proposed marriage referendum in 2015.

I have also received notice from Senator Fidelma Healy Eames of the following matter:

The need for the Minister for Jobs, Enterprise and Innovation to consider how the poor prospects for agency workers on week-to-week contracts can be improved.

I have also received notice from Senator John Whelan of the following matter:

The need for the Minister for Health to confirm the commitment of his Department and that of the HSE to the future investment of €13.5 million in St. Vincent's community hospital in Mountmellick, County Laois, to underpin and enhance its facilities and services and to ready it for HIQA compliance on a phased basis to secure it as a 100-plus bed unit in

elderly care.

I have also received notice from Senator David Cullinane of the following matter:

The need for the Minister for Education and Skills to make a statement on the programme for Government commitment to deliver a technological university for the south east, on the process involved, on the costs associated with the process to date and the formal withdrawing of WIT from the process, and on the steps he will take to break the logjam and continue the delivery of a multi-campus university for the region.

I regard the matters raised by the Senators as suitable for discussion on the Adjournment. I have selected the matters raised by Senators Moloney, Conway, Zappone and Healy Eames, and they will be taken at the conclusion of business. Senators Whelan and Cullinane may give notice on another day of the matters they wish to raise.

Order of Business

Senator Maurice Cummins: The Order of Business is No. 1, statements on health, to be taken on the conclusion of the Order of Business, with the contributions of group spokespersons not to exceed eight minutes, those of all other Senators not to exceed five minutes, and the Minister to be called on to reply to the debate not later than 5.40 p.m.

An Cathaoirleach: I welcome Mr. Seán Boylan and his wife to the Visitors Gallery.

Senator Darragh O'Brien: As a Dub, I would also like to extend my welcome to Mr. Boylan. He has ruined many Septembers for me over the years, and many Junes, too.

Tomorrow the Minister for the Environment, Community and Local Government, Deputy Alan Kelly, will come to the House to discuss the situation with Irish Water, so I do not propose to go into it in great detail today. However, people will note that there is a motion on the Order Paper, which I intend to move tomorrow and I assume the Government will accept it. This will deal with one facet of the problem, in that people are as concerned as I am that this utility could and will be privatised further down the road. I thank the Leader for arranging that and I will deal with the issues directly with the Minister tomorrow. Suffice to say the whole situation is a complete mess and the Government must get a handle on it, but I will wait until tomorrow to discuss that.

Has the Leader any indication of when the social welfare Bill will come to this House? I assume it will be some time in November. Could he give a commitment in advance, as he did last year, that this Bill will not in any way be rushed through this House and will not be guillotined, as has been done previous occasions? The Leader's track record on this is good but I put the House and particularly the Government Members on notice that my party and others intend to table a series of amendments on a number of issues, particularly on the area of pensions. I have mentioned time and again the plight of the Irish aviation superannuation scheme members, especially the deferred members. I wish to put on the record of the House in respect of the retired members of the scheme that if people in any other job had proposals to reduce their pensions

by up to 60% - pensions that were promised to them - it would be of concern to any group of people. There is a group of 15,000 people here who are going to have their pension benefits and those promises ripped asunder.

The pension levy introduced by the Government took €2 billion out of private pension funds of people in the State. The irony is not lost on the members of the retired aviation staff association, RASA, that only two weeks ago the Aer Lingus Irish aviation superannuation scheme, which is in such difficulty, had to pay in excess of €11 million to the Government by way of a pension levy. That brings the total paid out of this scheme, which is in a very difficult position, to €28 million. The people who are carrying the burden of this €28 million are the retired members. The proposals put forward by the so-called expert panel that reports to Government on the restructuring of this scheme mean these retired members will have carry a levy of 2.53% on their pension fund into the future. That is on top of a proposed reduction of six weeks' pay, whereby from 1 January, people in their 70s, 80s and 90s who have worked their whole lives in the airport will have six weeks' pay taken from them as well as carrying the full burden of the pension levy brought in by the Government. They will be paying an additional levy of 2.53% on top a reduction of six weeks' pay.

An Cathaoirleach: Is the Senator looking for a debate on this issue?

Senator Darragh O'Brien: I am asking the Leader to give an indication of when the Social Welfare Bill will come to the House. Will it be this month? Could he give a commitment that it will not be required to pass all Stages in the one day and that, as has previously been done, this House will be allowed the time to debate it on each Stage?

Senator Ivana Bacik: I also thank the Leader for arranging the debate tomorrow on Irish Water with the Minister for Environment, Community and Local Government, Deputy Kelly. Everyone will welcome the Government decision to provide more clarity next week about the pricing structure for Irish Water.

Senator Thomas Byrne: Senator Bacik must be joking.

Senator Ivana Bacik: It is long overdue to give people greater clarity-----

Senator Thomas Byrne: They have not given any clarity; they have made it more confusing.

Senator Ivana Bacik: ----on affordability. The issue of adult dependent children is particularly pressing, but in regard to the ongoing debate in the media on Irish Water, it is important for us as Senators to state we did not guillotine the Bill in this House. We had an extensive debate on the Water Services Bill.

Senator David Cullinane: The Government side ignored the amendment.

Senator Ivana Bacik: It is fair for Government and Opposition Deputies to criticise the way the Bill was rushed through the Dáil. I think it was wrong to rush it through the Dáil in that way.

Senator Thomas Byrne: Deputy Martin had a walk-out at the time.

Senator Ivana Bacik: We did not do that in the Seanad, and that is an important point to make. I hope others will also make that point in tomorrow's debate and elsewhere.

I welcome that we are seeing such a successful Web Summit under way in the RDS in Dublin. There are 22,000 delegates attending. I congratulate all involved. It is an immense achievement to have brought together so many people. It is the biggest summit of its kind in the world and brings about €100 million to the capital city in terms of the direct proceeds and spin-off from the conference. There are clearly many other spin-offs and I suggest to the Leader we might at some point have a debate on the developments arising from a succession of successful web summits over the years in Dublin.

I welcome the fact President Higgins is on a visit to Ethiopia. When we next have a debate with the Minister for Foreign Affairs and Trade or the Minister of State at that Department, Deputy Sherlock, we might include issues around trade links and other links with African countries. The Minister of State signed a double taxation agreement with Ethiopia yesterday which will benefit Irish companies. When we are debating issues concerning the African continent, it is important that we look in particular at the development of trade and cultural links with countries with which we have had long links over many years and where we are now seeing really important developments. I think President Higgins's visit will strengthen those links.

Senator Jillian van Turnhout: I would also like to welcome the opportunity we will have tomorrow to debate Irish Water. I acknowledge in particular the role of my colleague, Senator Marie-Louise O'Donnell, who called strongly for such a debate.

As the Leader and the other Members of the House will be aware, an ISPC Childline coffee morning fund-raiser was held in Leinster House last month. I thank everybody who contributed towards the €860 we raised, which will go to Childline. For the first time ever, Childline sadly had to issue an emergency appeal recently to look for funds to ensure it will not have to cut its night service. Childline answers approximately 1,800 calls a day. Some 11% of them are answered during the night. Those who were present at the coffee morning will have heard from one of Childline's volunteers about the type of listening service that is provided, for example when a silent call is received from a child who is cowering under the bed, afraid that his or her abuser will hear the call being made. It is wrong for any call to go unanswered. Most of the funding received by Childline comes from the generosity of the public. This House played a critical role when it came together to agree an all-party motion on the missing children hotline. I ask Senators to do whatever they can to encourage people to raise funds for Childline and the many other amazing charities in this country. They have had a very severe blow this year. We need to pick up confidence. As Senators, we need to show leadership by having confidence in the invaluable work that the charity sector does. I am particularly highlighting the important role being played by the Childline listening service.

I will conclude by calling on the Leader to ask the Ministers, Deputies Fitzgerald and Reilly, to explain why the Irish Youth Justice Service has not published an annual report since 2010. I would be interested to know why this has not happened. Perhaps they can also explain the delay in publication of the Garda youth diversion project report for 2013. We will have a debate on penal reform tomorrow. I would like to know where these reports are. It is significant that there has been no report from the Irish Youth Justice Service since 2010.

Senator Feargal Quinn: I would like to move an amendment to the Order of Business proposing that No. 13 be taken before No. 1. It is very pertinent that this topic should be taken, particularly in view of the debate we will have tomorrow.

According to an article in today's *The Irish Times*, the Minister of State, Deputy Deenihan,

is investigating the possibility of giving the diaspora a vote in future presidential elections. It seems the Minister of State has suggested that a referendum will be necessary to facilitate this. I suggest that an alternative is already contained in a Bill that Senator Zappone and I introduced earlier this year. The Bill in question would enable the diaspora to have a vote in Seanad elections. A referendum would not be needed for this because Article 18.10.1° of the Constitution provides that “elections of the elected members of Seanad Éireann shall be regulated by law”. In fact, the Minister of State, Deputy Deenihan, can give the members of the diaspora something much more powerful than a vote in the Presidential election every five or seven years. He can give them a vote in the Seanad election without needing to have a referendum. It is possible to do this. I believe it is worthy of consideration. I urge the Minister of State, Deputy Deenihan, to examine the matter. I am fully in support of his efforts to give a vote to the diaspora. I believe it would be much more useful and beneficial to the diaspora if they were to have a vote in this House, rather than once every five or seven years in the other House.

I would like to refer briefly to the pension problem that was mentioned by Senator Darragh O’Brien. People in north County Dublin are very concerned about this serious issue. It would be worthwhile to make sure we have that debate shortly.

Senator David Norris: Hear, hear.

Senator Hildegarde Naughton: I wish to call for a debate on cyberbullying, an issue that was brought home to us again this weekend when it was reported that a controversial website, Ask.fm, is planning to relocate to Ireland. I cannot begin to imagine the upset of the parents whose children committed suicide due to being bullied. All of this pain is being revisited by these families due to the proposed relocation. I understand that the Minister for Foreign Affairs intends to raise the issue with the Government. It is critical we have a debate on cyberbullying. It is very important we highlight this issue repeatedly. Perhaps it would be suitable to have a special session where we would bring in experts on this issue. I think many Members would be supportive of that as cyberbullying is a very important issue to discuss.

Senator Katherine Zappone: A new site has been set up on Facebook demanding a general election. As of 7 a.m. today, there were 7,000 followers.

Senator Terry Leyden: I must join it.

Senator Katherine Zappone: Undoubtedly, this has a lot to do with the public anger about the “lot of mistakes made in relation to the set up of Irish Water”, as acknowledged by the Minister for the Environment, Community and Local Government, Deputy Kelly, yesterday. I marched with the people in Tallaght on Saturday last. There were a mixture of reasons, they said, as to why they came out in their thousands there and in their tens of thousands throughout the country. It is the water issue but it is not just that issue.

As I stressed in my response to budget 2015, the Government pursued a policy of massive social disinvestment during the austere period. Many women and children were hit particularly hard by the cuts. Reports last week unequivocally demonstrate that the Government is failing many in both groups. I have several questions I wish to raise with the Tánaiste, Deputy Burton, in a Seanad debate on these reports. My overarching question, however, would be how we will ensure our future legislation reinvests in women and children.

The first report, the World Economic Forum gender gap report, examined 142 countries. Overall, Ireland’s gender gap ranking slipped from fifth in the world in 2011 to eighth in 2014.

It grew over the past year. Why are women becoming increasingly worse off relative to their male counterparts in a recovering economy? In Tallaght and neighbouring communities where I have worked over many years, 55% of women leave education by secondary school. What progressive policies are being implemented by the Government to combat gender inequities such as this?

The second report is the UNICEF report on the impact of the economic crisis on children. It also presents equally disturbing figures on the disproportionate effects of social disinvestment on many Irish children. The rate of child poverty in Ireland has increased by almost 11%, from 2008 to 2012. In 2012, 130,000 children were poor. Childhood poverty rates dropped over the same period of time in 18 countries and in many EU countries that also struggled with economic crises. Will the Leader invite the Tánaiste and Minister for Social Protection to the House to debate these reports soon? Policies must be designed in the future in light of their impact on gender dynamics and their effect on children.

Senator John Kelly: My colleagues, Senators Landy and Whelan, and I have been fighting with EirGrid over recent years regarding the Grid25 project. As a result, we have brought about an independent group which was set up to investigate the possibility of putting cables underground. Alongside that, we always said there was a need to debate whether this project was necessary. Colm McCarthy has agreed and said it is not necessary. The Irish chartered institute of engineers has said the wind energy and pylon projects are not necessary. It is fascinating that as of last week we have the ESB - the predecessors to EirGrid - questioning whether this expensive and expensive project is necessary. It claims it is not. It is very important we have a debate in the House at the earliest opportunity on the need for this project to go ahead at all. I call on the Leader to invite the Minister for Communications, Energy and Natural Resources, Deputy Alex White, at the earliest convenience to the House in order that we can have a broad debate on this. There is a great deal of expertise in the House on this project. Serious economists are on our side. We would be foolish to ignore them.

Senator Denis O'Donovan: I would like to ask the Leader for an urgent debate on the crisis facing farmers, in the beef industry in particular. It is mind-boggling to see our counterpart farmers in the UK getting a substantially greater price than that being obtained in this country. I raised this in the House several months ago. At that stage, I made the accusation that there is a cosy cartel giving the two fingers to the Minister and to farmers in this country. I applaud the IFA and other farming organisations, which are protesting publicly about this issue. It is an extremely serious issue. The goal-posts keep changing. There was a huge push less than two years ago to produce bully beef at 20 months old but that has now been reduced to 16 months and even 14 months. The huge multinational supermarkets are driving that and are dictating the pace. Our massive cattle slaughtering set-up controls the situation. The real losers here are the farmers, whether suckler cow farmers or people dedicated to beef. It even has a knock-on effect on the dairy industry and it is doing huge damage.

I will not propose an amendment to the Order of Business today but I promise the Leader that if the Minister for Agriculture, Food and the Marine does not come to the House soon to discuss this issue, which I have raised previously, then I will come in here with all guns blazing and, from tomorrow on, will call votes every day.

Senator Michael Mullins: I support the call by my colleague, Senator Naughten, for a special debate on cyber-bullying. Many people are beginning to feel the effects of it and we are hearing many prominent people highlighting the impact cyber-bullying is having on them and

on the population generally. It is unthinkable that two families have lost loved ones in recent times and that the company, Ask.fm, is considering relocating its business to Dublin. We need to consider the ethics of that and whether we want to welcome that company to our shores.

I very much applaud and congratulate the gardaí and the customs officers on the raid on the fuel laundering plant in Monaghan this morning. They seized three tankers, a mobile oil launders and 50,000 litres of laundered fuel. The plant had the capacity to launder 20 million litres per annum which equates to the loss of €10 million to our Exchequer. This plant had been operating for more than one year.

Organised criminal gangs are setting up front companies to source and launder fuel which is then sold in petrol stations throughout the country. It is estimated that there are 150 petrol stations in the North operating in this particular manner. It is an average of six illegal operations per county. These stations must be identified and named publicly. In the past, I have called for some type of Q mark to be issued to legitimate fuel operators in this country because in my county and in other counties, we have seen serious damage being done to vehicles. People have had to carry huge costs which they cannot recoup as insurance companies will not cover them.

I call on the Minister for Justice and Equality to redouble her efforts and make additional resources available to the customs officers and the gardaí to stamp out this practice and to join forces with her colleagues in the North to put an end once and for all to this scourge of fuel laundering which is costing the economy in the South a fortune and which is also causing huge financial hardship to many citizens as a result of damage to their vehicles.

Senator David Norris: I second the amendment to the Order of Business put forward by my colleague, Senator Quinn.

I draw the attention of the House to a debate on Radio 1 at lunchtime on Saturday about gay marriage. There were three people opposing gay marriage and two, including Senator Zappone, supporting it. This seems to be odd. Even as an interpretation of the McKenna judgment, if one considers that 66% of the people are in favour of gay marriage, it was three to two. That is supposed to be balance on Radio 1. The Seanad was also represented by Senator Rónán Mullen who did his usual thing of saying, "Let us treat everybody with respect" but then invaded against what was described as "the Government's twisted legislation", which did not seem to me to display all that much respect.

There is also the question of allowing the diaspora to vote in presidential elections.

3 o'clock

That is an excellent idea but we did not attack the central problem of the Presidency, which was addressed at my instigation by the Constitutional Convention. A total of 97% voted in favour of extending the method of nomination and the Government ignored it.

Senator David Cullinane: Hear, hear.

Senator David Norris: A total of 97% of the people of Ireland said the presidential nomination process should be broadened. Let us hear something about that instead of this tinkering away at the edges of situation. Let the Government for once fully address the central issues involved instead of endlessly tinkering around the edges.

Could we have a debate on the Middle East? We had a very good one recently. I am very

grateful to the Leader and you, a Chathaoirligh, for bringing the Seanad back in July for that reason. The situation there is ghastly. I received an e-mail today that says Gaza has run out of petrol. A maximum of six hours of electricity remains. I am sorry to say that at the same time my old university, Trinity College, whose graduates I represent, is collaborating with the Israeli arms industry in defence systems and drone technology. That is shameful. I am all in favour of the exchange of ideas and I do not agree with a total block on academic exchange but I do not think we should be involved in that kind of military technology.

Senator Mary Moran: I congratulate Dundalk FC, its manager Stephen Kenny, and the excellent team of players on their fantastic success this year in winning the League of Ireland trophy for the first time in 19 years, and the EA Sports Cup Final.

Senator Mary M. White: Hear, hear.

Senator Mary Moran: It has been a very barren time for Dundalk in terms of winning trophies and I am delighted that this year it came to the fore. Dundalk has always been a very sporting town, in particular a soccer town. The wins have given a boost to the town both in terms of sport and economically, which I hope will be an attraction to the town in the coming year.

Senator David Norris: Does the Senator have a point to make?

An Cathaoirleach: Senator Moran should be allowed to speak without interruption.

Senator Mary Moran: I wish to raise the ongoing issue surrounding Sinn Féin, the kangaroo courts and the Máiría Cahill controversy. I still believe we are waiting for answers to the important and crucial questions that have been asked publicly of Sinn Féin and of Deputy Adams. Since Máiría Cahill's story broke, other people have come forward to confirm that they were also sexually abused as minors. The lady's story has never faltered and answers are required. I am particularly concerned at the recent admission that known child abusers were sent across the Border by the IRA. I live in one of those Border towns and I believe that the Leader of Sinn Féin should answer the questions directly about information on the whereabouts of such people. Are any of them in the county Deputy Adams represents? I call on him to categorically give us the information. Have the Garda and Tusla been made aware of the whereabouts of such people? Those questions must be put to Deputy Adams and he must answer them directly.

Senator David Cullinane: Senator Zappone hit the nail on the head when she referred to the myriad reasons people protested on Saturday. It is clear that the vast majority were protesting against water charges, Irish Water and the privatisation or potential privatisation of water services, as people see it. However, they also protested at seven years of austerity and all of the cuts that have been foisted on them. The reason we have seen so many people on the streets is that they have had enough. There is a message in that for the entire political system, not just for the Government parties, but for all of us. People want fairness and equality. The vast majority of people understand that the public finances were not in a good place and needed to be corrected but they wanted them corrected in a fair way. They view what happened in the past seven years as anything but fair. For the vast majority, the straw that broke the camel's back was water charges.

Senator Bacik was correct to say we spent 17 hours in the Seanad debating the Water Services Bill. We commended the Government at the time on giving the appropriate time, but hundreds of amendments were tabled by Sinn Féin, Fianna Fáil and Independent Senators dealing

with all the concerns about which we are now hearing from the former Minister of State who set up Irish Water, and the current Minister who now says the entire process was a bit of a mess. Not one amendment from the Opposition, which dealt with bonuses, the pricing structure and charges, the use of consultants and many of the issues that manifested themselves, was accepted by the Government. We will have two hours and 15 minutes tomorrow to discuss water charges and many other issues within that. That is not enough time because people have many questions on those issues and we must ensure every Senator who wants to speak has the opportunity to do so. This is the time for us to have a frank, constructive debate on this issue, but two hours and 15 minutes is not sufficient and I respectfully ask that an extra hour would be given tomorrow. If the Leader is not in a position to agree to that today, we will propose an amendment to the Order of Business tomorrow but I ask in good faith that the Leader would acknowledge and accede to this request.

Senator Terry Brennan: Dublin is hosting the Web Summit from today until 6 November. Dublin hotels and guest houses are hiking room rates, in some instances by up to 600%, in an effort to cash in on the Web Summit. Someone mentioned 20,000 visitors to our capital city, and they are most welcome. Someone else said it was the biggest such summit in the world, but prior to the summit starting, some hotels in Dublin were quoting room rates of €60 and €90 per night. This week they are charging €320 per night, an increase of 350%. Those charging a normal rate of €160 per night are charging €463 per night, which is an increase of 280%. Those charging €160 per night last week and next week are charging €270 per night this week. Those charging €100 per night last week are charging €250 per night this week. It is immoral, wrong and it cannot be justified. I know that supply and demand dictates in this case but it gives the wrong impression to tourists coming to this country. Tourists will not return here with such prices being charged. Hotels and restaurants lobbied every one of us----

An Cathaoirleach: Is the Senator calling for a debate on the issue?

Senator Terry Brennan: I am. They lobbied every one of us to retain the 9% VAT rate, and what is happening now is outrageous. This country is killing the goose that laid the golden egg. Such rates cannot be justified. I spoke to the owner of a hotel in the capital of the south of France. It charges €189 per night.

An Cathaoirleach: The Senator is way over time. I call Senator Leyden.

Senator Terry Leyden: I agree with Senator Brennan because all the Oireachtas Members have been literally thrown out of their hotels, but it is a bit late at this stage to have a debate on the issue. The bird will have flown and their customers will have returned home.

Senator Terry Brennan: There will be others, although there might not be.

Senator Terry Leyden: That is a good point. It is exploitation. Senators and Deputies have been thrown out of their hotel rooms, so to speak, to accommodate those people, which is fair enough.

Senator Trevor Ó Clochartaigh: The homeless list has increased.

Senator Terry Leyden: I join the Cathaoirleach in welcoming Seán Boylan and his wife, Tina, because he played a major contribution to GAA and sport generally, and to health issues on which he gave great leadership. I also welcome Mr. Frank McGlynn and Mr. Joe Leddin to the House today. It is nice to see visitors coming here to the House. I thank the staff for giving

all visitors such a good conducted tour of the Dáil and the Seanad, which is a good service to have.

I commend An Garda Síochána and the Revenue Commissioners on the seizure of fuel-laundering facilities at Inniskeen, County Monaghan, which were capable of processing 20 million litres of fuel. A total of 50,000 litres were found on the premises, which represents a loss of at least €10 million to the Revenue Commissioners. It is alleged that at present, 150 stations throughout the country are being run by front people for paramilitary organisations, whose members are ex-IRA and others who are exploiting this situation. I call for a debate and ask the Leader, through the Cathaoirleach, to have the Revenue Commissioners, the Minister for Justice and Equality in particular or the Minister for Finance come into the House to outline exactly what action is being taken to eliminate this situation. We need an Eliot Ness, who took out Al Capone in the 1930s. There appears to be a lack of a real, dynamic approach to this situation. Surely, it is evident to people in County Monaghan that this had been going on for 12 months in Inniskeen, the home of Patrick Kavanagh? Surely, there should be surveillance on the ground, as there are facilities for aerial surveillance at present and it is not rocket science to root them out? I commend Texaco, which took up a line I took in this House two weeks ago, which was that each legitimate station should post a guarantee stating the fuel on that premises was legitimate and had not been tampered with, interfered with or stretched. People are concerned because there are allegations that some legitimate stations are taking in this supply. This should be rooted out once and for all. The Leader is interested in this as a man who is very much in favour of law and order, as I have heard him state in this Chamber previously on many issues. He should bring the Minister to the House to explain what action has been taken to eliminate this scourge once and for all.

Senator John Whelan: Members of the Seanad pride themselves on being legislators and I put it to the House today that Ireland's bail laws are a disgrace and are in dire need of an overhaul and a review. I ask the Leader to arrange at the earliest opportunity a discourse with the Minister for Justice and Equality. All Members are aware that people make errors or mistakes and deserve a second chance. The criminal justice system should have education and rehabilitation at its core and foundation, as well as an opportunity for people to get back on the right track in life. However, what this country has at present is that the criminal gangs and criminal elements are driving a coach and four through the bail laws. They are putting what one might see on-screen in an episode of "Love/Hate" in the penny-ha'penny place. It is clear to the Garda and to everyone familiar with the issue that it has got the stage at which there no longer is any deterrent. Gardaí do their job and apprehend people with multiple convictions, who are released out on bail within hours only to set about again with serious criminal activities, including robberies and other serious offences. They are driving up and down the country in high-powered cars while out on bail and are putting families under duress and holding them hostage, robbing shops and raiding old people's homes. The winter evenings are now approaching and the only thing to protect people in the countryside is the community alert text alerts system.

While the Garda is doing its best, what is the point when it apprehends people who already have a string of convictions to their name and are out on bail in respect of other serious charges? I am not talking about petty criminality but about serious matters. What happens is such people are aware that were they commit other crimes, the court would sentence them to concurrent sentences. Therefore, there is no deterrent. indeed it pays them to commit crime while out on bail. I make the point that if the law is an ass, it is making a fool of us all. Members must review radically and overhaul the bail laws because criminals are making fun of them. They are mak-

ing a laugh of the laws and are conducting a reign of terror while out on bail. It is unacceptable.

Senator Sean D. Barrett: I thank the Leader for inviting the Minister, Deputy Varadkar, for the health debate. Mr. Seán Boylan is here because he has an interest in that aspect of our wider health and medical services. Last Saturday week, Mr. Jeff Dudgeon of the Ulster Unionist Party, at a meeting of the Irish Association, called for the retention of the long wave 252 service, as Senator Mooney has done. Councillor Dudgeon said it is a way this State talks to people in Northern Ireland. A member of the Unionist community has asked RTE not to shut down a service. I compliment the Minister, Deputy White, on delaying the shutting down of transmission and hope we might debate it in view of the wider context in which the service operates.

On 29 October, I received a note from the Minister for Finance, Deputy Noonan, that he has incorporated into the memorandum of association of the Strategic Banking Corporation of Ireland proposals from this House that the bank should operate in a counter-cyclical manner. It is important that the House notes the Minister's decision. The biography of T.K. Whitaker states that he came to appreciate the important political and constitutional role played in public life by this democratic forum, where he was elected political speaker of the year in 1978 by the press correspondents. He said the Seanad gives a platform to independent voices and does important, though unglamorous, work as the second Chamber in scrutinising, initiating and revising legislation. He reiterated those views last year during the referendum. The fact that the Minister for Finance has incorporated into an article of association proposals made here and that our senior and most eminent public servant endorses the House challenges us to live up to the hopes of those who sent us here and to realise those high expectations.

Senator David Norris: Hear, hear. Well said.

Senator Paul Coghlan: I welcome the fact that we will have a debate tomorrow on Irish Water and I thank the Leader for arranging it, and in particular for arranging to have the Minister for the Environment, Community and Local Government, Deputy Kelly, with us.

Senator Ned O'Sullivan: Hear, hear.

Senator Paul Coghlan: He will be informative and will get rid of much of the needless speculation. While I will not call it idle gossip, people are far-fetched in some of the suggestions being put forward. As Senator Darragh O'Brien said, we will leave it until tomorrow.

I welcome the preliminary announcement by the Minister for Arts, Heritage and the Gaeltacht, Deputy Heather Humphreys, on Killarney House. I look forward to her making a detailed statement in this House when she returns from her duties abroad. In particular, I look forward to hearing from her the plans for its opening, management, staffing and what it will showcase, some of which we already know. There are 35 acres of wonderful gardens there. Senators O'Sullivan, Daly and Moloney will appreciate as much as I do the beautiful layout of Kerry marble there. It is beautiful.

Senator Ned O'Sullivan: I compliment Senator Paul Coghlan.

Senator Paul Coghlan: I had a preliminary tour recently, and we will say more about it in a week's time, which I look forward to. It is a most welcome addition and a jewel in the crown of our foremost national park.

Senator Mary Ann O'Brien: I support my colleague, Senator Whelan, in his request for a debate with the Minister for Justice and Equality to review the bail laws.

Senator John Whelan: Hear, hear.

Senator Mary Ann O'Brien: Ten days ago there was a fatal crash on exit 13 of the M7 northbound when five young men, the youngest of whom was 12, were in a car being chased by gardaí. A 30 year old lady, who was coming from doing her supermarket shopping on her way home from work, was killed stone dead. The man driving the car had 20 convictions. What sort of justice system do we have if a man, who has a 12 year old child in the back of his car, is committing robberies in north Tipperary and driving recklessly with gardaí chasing him all day? The whole thing is a joke.

I also support Senator Whelan's comments on the wonder of what members of the Garda are doing in certain parts of the county. I was in Kilkenny, one of my favourite cities in the country and a beautiful tourist attraction, last weekend. A 238 year old bridge in the middle of this medieval city is about to be replaced by a new construction. Normal people like ourselves have been out protesting about it. Some have even taken a week off work to do so in the hope of preventing this happening. In a context where the heritage budget has been reduced from €22 million to €7 million, it is no wonder these people cannot get support. Twenty gardaí arrived at the bridge last week to remove one protestor who was taking turns with others to protest through the night. Will the Minister for the Environment, Community and Local Government come to the House to talk about what is happening in Kilkenny city? I am loath to say it but the fact is that corruption and brown envelopes are destroying one of the most beautiful cities in Europe.

Senator David Norris: Hear, hear.

Senator Martin Conway: I agree with Senators Terry Brennan and Terry Leyden that it is great to see 20,000 people coming to Dublin to attend the Web Summit in the RDS today. This venture, with its extensive programme of events, is a credit to the organisers and city management. Unfortunately, however, our hotel industry has let us down yet again by imposing exorbitant prices to coincide with the summit. There is a hotel diagonally opposite this House which is quoting €185 for a room that would normally cost €50. I am aware of several other hotels which are quoting €500 or €600 for rooms that would usually be charged at €150. It is not good enough, but I am not sure what we can do about it. Would it be possible, for example, to introduce some type of price control mechanism? The same thing used to happen in Galway during the Galway Races, but the problem seems to have rectified itself in the wake of the bad publicity to which hotels in that city were subjected. Will the Leader invite the Dublin-based Minister for Transport, Tourism and Sport, Deputy Paschal Donohoe, to the House to give his view on what might be done? Perhaps the Government needs to engage with the Irish Hotels Federation to ensure this type of practice does not recur in the future. It is simply not acceptable.

I agree with the sentiments expressed here today regarding the Ask.fm website, which has apparently been responsible for the deaths of several individuals as a consequence of cyberbullying. The Government should raise a flag in favour of young people experiencing cyberbullying by telling the company which operates this website that it is not wanted in this country. The majority of decent people do not want anything to do with it because of its appalling track record. Will the Leader bring the sentiments of the House in this matter to the attention of the Minister for Jobs, Enterprise and Innovation?

Senator Thomas Byrne: While welcoming the great Meath hero, Seán Boylan, and his wife to the Visitors Gallery, I am saddened to inform the House of the death today of another great Meath man, former Senator Jack Fitzsimons. He will be remembered by people in this House and throughout the country as a person who was highly influential in many spheres of life.

I agree with Senator David Cullinane's call for a longer debate on the issue of water supply and water charges. In this regard, I welcome the motion put forward by my colleague, Senator Darragh O'Brien, and signed by all Fianna Fáil Senators calling for a referendum on the privatisation of Irish Water. I understand the Taoiseach ruled out such a referendum in an interview at the Web Summit earlier today. That is a dangerous move to make. What we are being told will happen - I am sure it has not been thought through properly - is that some type of legislation will be introduced providing that Irish Water may only be sold where a two thirds majority of the Oireachtas supports such a sale. Unfortunately, any legislation can be amended in subsequent years by a simple majority of the Oireachtas.

I am setting out my stall today that I will not accept any such legislative proposal. It is only a half measure and a sticking plaster. Any such provision would have no effect whatsoever. We simply must have a referendum. As I understand it, however, we in this House cannot initiate legislation to hold a referendum. The Seanad must make its voice heard with a motion which will be tabled tomorrow which will call for the Dáil to initiate that legislation. When that legislation for a referendum comes before the Seanad, we must support it and say to the people this will be tied down. Any legislation that purports to say that a two thirds majority in the future will be needed to reverse the decision is complete and utter nonsense and will have no effect. We want a referendum. There are so many other issues associated with Irish Water which must be addressed. I was shocked to be reminded on "Prime Time" last night that a former Fine Gael PR officer is the lobbyist, the public affairs person, for Irish Water. He is leaving his position because his contract is ending now. The public is sick of so much of what is associated with Irish Water.

I was proud to stand with the people in Duleek and Kells on Saturday and to listen to what they were saying. They are not happy with any of the political parties but we have to listen to them and hear what they say. The legislation should be brought back to the House and we should try to make changes to it.

Senator Paul Coghlan: The Senator was protesting.

Senator Thomas Byrne: I was listening to what the people were saying and it is a pity the Government has not done so.

Senator Trevor Ó Clochartaigh: I agree with much of what has been said by Senator Byrne and I hope he and his party will support the Sinn Féin Private Members' motion and the Bill we are putting forward today which proposes exactly what he has asked for which is a constitutional referendum on the issue.

Senator Darragh O'Brien: If it stacks up.

Senator Trevor Ó Clochartaigh: I assure Senator O'Brien that it stacks up.

Senator John Gilroy: It is unlikely so.

Senator Trevor Ó Clochartaigh: I attended a very interesting conference on Friday in Dublin on the subject of the global diaspora and development. It dealt with issues relating to our own diaspora. I note the reference today to voting rights for the diaspora but many other issues were also raised at the conference, including the way we treat members of other diasporas who have come to Ireland and their representatives. We have a Minister of State with responsibility for the diaspora and it might be useful to have a debate on the Irish diaspora and in particular ways to engage with the second generation of the diaspora.

Tá an-iontas orm inniu nár thapa an Seandóir Ó Cochláin an deis labhairt faoin ócáid iontach a bhí i gCill Áirne an tseachtain seo caite, Oireachtas na Gaeilge, a bhí thar barr ar fad. Ba mhaith liom tréaslú le gach duine a raibh baint acu le agus a bhí páirteach in Oireachtas na Gaeilge. Féile bliantúil é agus fuair daoine an-fháilte ar fad i gCill Áirne. Is féile iontach é. Bhí beocht, bríomhaireacht, cultúr, teanga agus gach rud eile ann. Bhí an tAire Stáit, an Teachta McHugh, i láthair chomh maith céanna agus bhí míle fáilte roimhe. An rud atá iontach soiléir ná tá an teanga agus an pobal faoi bhrú agus tá géarghá le tacaíocht. Sílim os rud é go bhfuil an tAire Stáit socraithe isteach ina ról nua ag an bpointe seo, go mbeadh sé an-mhaith, in áit muid a bheith ag caint faoi cé mhéad Gaeilge atá nó nach bhfuil ag an Teachta McHugh, go mbeadh muid ag caint faoi céard atáimid ag déanamh ó thaobh an Stráitéis 20 Bliain don Ghaeilge 2010-2030, cén fis atá ag an Aire Stáit ó thaobh Fhoras na Gaeilge, cá bhfuilimid ag dul ó thaobh chúrsaí Gaeilge agus Gaeltachta, agus go labhradh muid faoi polasaí Gaeilge an Rialtais, seachas cumas Ghaeilge an Aire Stáit amháin. Sílim go bhfuil an díospóireacht sin thar a bheith tábhachtach agus bheadh fáilte roimhe.

Senator Paschal Mooney: I commend our colleague, Senator Barrett, on his article on Irish Water in *The Irish Times*. Along with Senator Cullinane's earlier comments, I believe it should be required reading for the Government in light of the apology announced yesterday by the current Minister, Deputy Alan Kelly. As has been pointed out, this House debated the Irish Water Bill without a guillotine and it seems the Government is crying crocodile tears over what should have been done in a legislative framework when in fact it had the opportunity to do it in this House over 17 hours when many amendments were tabled but it chose not to do so. Now they are reaping the whirlwind and it is shame on them.

I echo the comments made about the possibility of the Government agreeing at last to give the vote to the Irish diaspora. This initiative has arisen out of remarks made by the Minister of State, Deputy Deenihan, to *The Irish Times* when he arrived in New York yesterday for a three-day visit during which he will meet the Irish diaspora in various cities in the United States. I read that he may bring a memo to Government in this regard. Notwithstanding what Senator Norris has said about half-term measures, I believe the Irish diaspora would embrace this decision enthusiastically if it were to be taken by the Government, belatedly, and that the vote would be extended to the diaspora for presidential elections. This would be a watershed decision which would lead to a wider debate on how we should address the legitimacy of the Irish diaspora. I welcome Senator Ó Clochartaigh's comments in this regard. The Leader should allocate time in the coming weeks for a debate on the diaspora and the Minister of State at the Department of the Taoiseach, Deputy Deenihan, should be invited to attend. I do not believe that the Minister of State has come before the Seanad since his appointment.

Senator David Norris: He has been here.

Senator Paschal Mooney: I apologise if I am wrong in that regard.

Senator Paul Coughlan: The Minister of State would welcome the opportunity to return.

Senator Paschal Mooney: Now that he has outlined specific areas of policy that are affecting the diaspora, it would be opportune if the Minister of State were to come before us in order that we might have an opportunity to discuss matters with him. If we had a debate of even one hour's duration, it would be very welcome.

I echo the comments made by Senator Barrett in respect of RTE's long wave 252 service. This issue has not gone away and RTE has been receiving a voluminous amount of correspondence from members of diaspora, particularly those in the UK, in the two to three weeks since it was first raised. I call on RTE to reverse its decision in respect of the service. A new RTE authority is due to be appointed in the coming months. Two thirds of the members of this authority will be appointed between now and Christmas. I call on these as yet unnamed members - the Government will inform us of their identities in due course - to reverse the decision to which I refer. Even the members of the outgoing authority could seek to reverse it in the coming weeks. There is no doubt that it should be reversed without any further delay.

Senator Mark Daly: I agree with Senator Mooney in respect of RTE's long wave 252 service and his request for a debate on the issue. I also agree with the comments made in respect of the right to vote being extended to members of the diaspora. I attended the meeting of the Constitutional Convention when the majority of those present agreed that the right to vote in presidential elections should be extended to these people. However, this is not enough. Granting Irish citizens abroad the right to vote in presidential elections would merely extend to them the lowest form of democratic expression. Of the 196 countries in the world, only nine which grant votes to the members of their diasporas confine the right to vote to presidential elections. All nine states in question have executive presidents who have powers similar to those enjoyed by the President of the United States. We must engage in more than tokenism and extend to the members of our diaspora the right to vote in Seanad elections. I welcome the legislation that has been brought forward by colleagues in this regard.

In the context of the diaspora and emigration reform, elections are being held in the United States and I wish all those running well. I refer, in particular, to the Boyle brothers, whose father is from Glencolumbkille in County Donegal. The older brother is running for Congress in today's elections. The two men, Kevin and Brendan, served simultaneously in Pennsylvania's House of Representatives, something which had never happened previously. I hope they will be elected to represent their district but that they will also represent the interests of Donegal and Ireland in the United States.

I hope emigration reform will be at the top of the agenda in the forthcoming period in the US. The President of the United States is supposed to bring forward an executive order regarding emigration because Congress has not acted in respect of this matter to date. I hope the order will facilitate humanitarian visas for the estimated 12 million undocumented citizens - of whom 50,000 are Irish - living in the United States. These people should be given the right to return to the US if they are obliged to travel home to be with family members in times of distress, illness or death.

Will the Leader consider organising a debate on crystal methamphetamine, which is also known as crystal meth? This cheap, nasty and highly-addictive drug has been available in the United States for many years and it is now coming our way. Crystal meth is going to replace heroin, cocaine and all the other illegal drugs available here.

Senator Paul Coghlan: Has the Senator tried it?

Senator Mark Daly: It is one of the worst drugs because most people who take it become instantly addicted and highly violent. In some instances, up to seven gardaí have been required to restrain individuals who have taken crystal meth and who have presented at accident and emergency departments.

Senator Fidelma Healy Eames: I thank the Leader for making time available for this afternoon's debate with the Minister for Health, Deputy Varadkar, and for that in respect of Irish Water which is due to take place tomorrow. Will he confirm the amount of time that will be allocated in respect of each of these important debates? The debate relating to Irish Water is particularly relevant. I attended the protest in Galway city at the weekend and listened to what some of the people there had to say.

An Cathaoirleach: We will have a debate on the issue tomorrow.

Senator Fidelma Healy Eames: We will have a debate tomorrow on this. It is about water, but it is about more than this. It is about the effect of the recession on the people. They are saying enough is enough and this is the tipping point.

I would be grateful for silence from my fellow Senators.

Senator David Norris: Hear, hear.

Senator Fidelma Healy Eames: If we needed proof of this, I was struck by the report issued last week by UNICEF on the effect of the recession on children, which showed that 170,000 Irish children, our citizens, live in poverty. One must question the Government's priorities in this case.

I take my hat off to Fr. Tony O'Riordan in Moyross who put out a plea to Catholic churches throughout the country to sell any unused gold or chalices they have to fund a teacher in his school. Moyross is one of the most severely disadvantaged places in Ireland. I have supervised teaching practice in the area. I take my hat off to him because he is showing real leadership. This man knows the value of education and has his priorities right. I believe that around the corner is the Minister for Education and Skills, Deputy Jan O'Sullivan. None of this hangs together, but what it does state is that the Government is not listening and does not have its priorities right. I am very disappointed with this because I backed the Government.

Will the Leader bear in mind what I am asking, that we have adequate time for the debate tomorrow on water, because it is about the recession and its impact on the people? Will the Leader also ask the Minister for Education and Skills, Deputy Jan O'Sullivan, why she cannot provide the extra teacher for the school in a severely disadvantaged area in Moyross, County Limerick, which has more than 30 children in junior infants? It is not good education.

Senator Maurice Cummins: To answer Senator Darragh O'Brien, we will have a debate tomorrow on Irish Water and two and a quarter hours have been allocated for it. I will ask the Minister whether he can be here for longer. The times are dictated by the Minister's diary but I will certainly endeavour to have him here for longer if it is at all possible. I assure Senator O'Brien there is no question of the privatisation of the water supply in Ireland. The Government will take steps in this regard.

Senator Paul Coghlan: Hear, hear.

Senator Maurice Cummins: Senator O'Brien also asked about the Social Welfare Bill. I understand Second Stage will be taken in the House on 2 December. I assure him we will deal with Committee and Report Stages on different days and they certainly will be split.

Senator Darragh O'Brien: I thank the Leader.

Senator Maurice Cummins: I have no intention of guillotining the Bill, provided we have fairness and no attempt to filibuster the Bill which, I am sure, would never happen.

Senator Paul Coghlan: Not when Senator O'Brien is in charge on the other side.

Senator Maurice Cummins: Senators Bacik and Brennan and several others spoke about the 22,000 delegates at the Web Summit and we welcome each and every one of them to Dublin. Senators Brennan and Conway in particular raised the rates being charged by hotels, which are five or six times the normal rates. This is certainly exorbitant and the relevant committee should bring before it the Irish Hotels Federation and ask it to comment on this. It lobbied very strongly for the retention of the 9% VAT rate, which the Government retained, but charging such rates for hotels, as Senator Brennan stated, is like killing the goose that laid the golden egg. Let us hope this type of action will not continue.

Senator Bacik called for the Minister of State, Deputy Sherlock, to come to the House to debate developing trade links with Africa. The Minister of State is overdue a visit to the House, so I will invite him.

Senator van Turnhout praised Childline's services and asked about the Irish youth justice service not reporting since 2010. I will raise the latter matter with the Minister for Justice and Equality.

Senator Quinn proposed an amendment to the Order of Business, seconded by Senator Norris, to the effect that No. 13 be taken before No. 1. I will accede to the amendment. Like several other Senators, Senator Quinn raised the question of votes for the diaspora in Seanad elections as well as in presidential elections. I will invite the Minister of State, Deputy Deenihan, to attend the House in early course to expand on the ideas he has mentioned in the past day or two.

Senators Naughton and Conway referred to the need for a debate on the issue of cyberbullying. Senator Conway referred to Ask.fm. In many cases, there is undoubtedly a lack of responsibility on social media. People, particularly young people, believe that they can say whatever they want and hurt others. This matter must be addressed. I will invite the Minister to the House, but we will hold a debate on the issues of mental health and suicide next week, as requested by a number of Senators in recent weeks. We may hold a separate debate on the issue of cyberbullying before the end of the term.

Senator Zappone addressed a number of questions to the Tánaiste. The Tánaiste will attend the House for Second Stage of the Social Welfare Bill on 2 December. As the Senator rightly pointed out, we are witnessing a recovering economy, but it has not fully recovered yet. We are still spending a great deal more than we are taking in as a country. This situation needs to be borne in mind.

On wind energy, Senator Kelly asked whether there was a need for pylon projects. While this question has been debated by the committee, I realise that new points have been made by several Members, so I will ask the Minister for Communications, Energy and Natural Resources

es, Deputy White, to attend the House.

Senator O'Donovan discussed the beef crisis. We will try to get the Minister for Agriculture, Food and the Marine, Deputy Coveney, to attend the House on the matter. The Minister is in China trying to open markets for our beef producers. We can expect good news in that regard, namely, that Irish beef will be sold to China, thereby increasing the size of the market and the prices achieved by farmers. Last week, the Minister chaired the third meeting of the beef roundtable discussion between processors, farm bodies and all of the main stakeholders in the sector, including the farming bodies, meat processors and Government agencies as well as Tesco and McDonald's. At the Minister's request, farming groups and processors have agreed to engage in intensive discussions on the commercial issues that are in dispute during the next two weeks under an independent chair. He also secured a strong endorsement from all stakeholders for the establishment of farmer-owned producer organisations in the beef sector to help rebalance negotiating power. The Minister is doing everything possible to solve this problem.

Senator O'Donovan also requested a debate on the fisheries. The Minister, Deputy Coveney, will attend the House to discuss that matter in the coming weeks.

Senators Mullins and Leyden referred to fuel laundering. We would all like to join in complimenting the Garda Síochána and Customs and Excise officials on their find in Monaghan. Fuel laundering is a reprehensible business, funded in many cases by former republicans involved in criminal activities. It will have to be stopped. It was requested that the Minister for Finance come to the House to outline the steps that have been taken in this regard. There has been great co-operation between the Irish and UK customs and excise officials and scientists in combating this problem. I am sure the Minister will come to the House and address the matter in early course.

I noted Senator Norris's points on the proposals of the Convention on the Constitution on the presidential election and his points on the diaspora. Senator Moran complimented Dundalk FC on its successes and rightly pointed out that the matter of Sinn Féin and Máiría Cahill has not gone away. Sinn Féin certainly needs to name the abusers that it banished to this jurisdiction. The protection of our children is-----

Senator Trevor Ó Clochartaigh: On a point of order, I do not believe there is any evidence that Sinn Féin has banished anybody.

Senator Maurice Cummins: That is what the party said itself.

An Cathaoirleach: That is not a point of order.

Senator Maurice Cummins: The party is on record as having said it banished people to this jurisdiction.

Senator Trevor Ó Clochartaigh: The Leader is mistaken.

An Cathaoirleach: That is not a point of order. I ask the Senator to resume his seat.

Senator Trevor Ó Clochartaigh: Can I clarify?

An Cathaoirleach: The record of the House will speak for itself. I ask the Senator to resume his seat.

Senator Trevor Ó Clochartaigh: The point I believe the Leader is making is that the IRA may have banished people.

An Cathaoirleach: I ask the Senator to resume his seat as he is completely out of order. The record of the House will speak for itself.

Senator Trevor Ó Clochartaigh: Certainly, Sinn Féin has banished nobody.

Senator Maurice Cummins: The protection of our children is paramount and should certainly transcend all politics and party leaders.

Senator Trevor Ó Clochartaigh: If the Leader's own party leader-----

An Cathaoirleach: The Leader, without interruption.

Senator Maurice Cummins: Senator Cullinane called for extra time to debate water charges. As I stated, I will try to arrange it but it depends on the Minister's diary.

I have alluded to the fact that Senator Brennan mentioned increases in hotel rates.

Senator Whelan referred to bail laws. I agree totally with him in this regard. We had a referendum on bail laws in 1996, to the best of my knowledge. The number of crimes committed by people out on bail is totally unacceptable. I agree with the Senator on concurrent sentences. I will try to arrange a debate on these issues with the Minister for Justice and Equality. The Minister will be here for three separate debates tomorrow. Perhaps the Senator's issues could be raised with him when discussing penal reform, in particular, which subject is covered in the Private Members' motion tabled for tomorrow.

Senator Barrett raised the retention of Longwave 252, as has Senator Mooney on a number of occasions. I certainly support the Senators' remarks in that regard. Senator Barrett pointed out that the Minister for Finance is taking on board a number of proposals made by him in this House. Scrutinising, initiating and amending legislation comprise the main purpose of this House and we do it quite well.

Senator Paul Coghlan mentioned Muckross House.

Senator Paul Coghlan: Killarney House.

Senator Maurice Cummins: Killarney House in Muckross Park.

Senator Paul Coghlan: Killarney National Park.

Senator Maurice Cummins: I note his points in that regard.

Senator Mary Ann O'Brien agreed with Senator Whelan that there should be a debate on law and order and the bail laws. Recently the Director of Public Prosecutions made a speech asking people to refrain from commenting on cases that might be coming before the courts. It is very important we bear that in mind when commenting in the House.

Senator Mary Ann O'Brien mentioned something about the Kilkenny bridge and I know there are other points in regard to that, but she also mentioned something about corruption and brown envelopes. If the Senator has any information in that regard, I urge her to go immediately to the Garda and report it.

4 November 2014

I agree with Senator Conway's comments on Ask.fm.

Senator Byrne told us of the sad news of the death of former Senator Jack Fitzsimons, and I am sure we all wish to express our sympathies to Mr. Fitzsimons's family.

Senator Ó Clochartaigh called on the Minister of State with responsibility for the diaspora, Deputy Jimmy Deenihan, to come to the House for a debate on the diaspora and also called for a debate on the Irish language. We will certainly ask the Minister of State with responsibility for Gaeltacht affairs and natural resources, Deputy McHugh, to come to the House to discuss that matter.

Senator Mooney also spoke about the Irish diaspora and long wave 252, and on the fact that we had 17 hours of debate on Irish Water in this House.

Senator Fidelma Healy Eames: It did not make a difference.

Senator Maurice Cummins: Senator Daly spoke on immigration reform in the USA and the dangers of the use of crystal meth, which is a highly addictive substance. I am sure we can discuss that matter with the Minister of Health, who is waiting to come into the House.

Senator Healy Eames spoke on the UNICEF report regarding children. I am sure she will raise that matter with the Minister for Social Protection when we are dealing with the social welfare bill. She might submit her issue relating to education as an Adjournment matter to the Minister for Education and Skills.

An Cathaoirleach: I would also like to be associated with the expression of sympathy to the late Mr. Jack Fitzsimons, a former Member of this House, and I am sure the Leader will provide time for expressions of sympathy at a later date.

Senator Feargal Quinn has proposed an amendment to the Order of Business: "That No. 13 be taken before No. 1." The Leader has indicated that he is prepared to accept the amendment. Is that agreed? Agreed.

Order of Business, as amended, agreed to.

Social Welfare and Pensions (Amendment) Bill 2014: First Stage

Senator Feargal Quinn: I move:

That leave be granted to introduce a Bill entitled an Act to remove the power of Irish Water to request persons to provide Irish Water with their Personal Public Service Numbers and for that purpose to amend the Social Welfare Consolidation Act 2005 and to provide for related matters.

We hope, if it is accepted, to be able to introduce it next Tuesday.

Senator Sean D. Barrett: I second that.

Question put and agreed to.

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

Senator Feargal Quinn: Next Tuesday.

An Cathaoirleach: Is that agreed? Agreed.

Health Services: Statements

An Cathaoirleach: I welcome the Minister for Health, Deputy Leo Varadkar to the House.

Minister for Health (Deputy Leo Varadkar): I very much welcome the opportunity to address Members of this House on the 2015 Department of Health budget and my priorities for the health sector next year.

Since my appointment as Minister for Health, I have said on more than one occasion that it is my first priority to achieve a realistic budget for the health service. I firmly believe we have achieved that in budget 2015, with an increase in the Exchequer allocation of €305 million when compared to the 2014 allocation. We have also identified one-off increased projected revenues of some €330 million and savings and efficiencies of €130 million. Taken together, this means that the HSE will have over €750 million more to fund services in 2015 than it did when we were preparing the service plan for 2014 this time last year. We are now entering a two-year process which stabilises the budget and allows for existing levels of service to continue, along with some targeted enhancements. Arising out of this, the spending ceiling for the Department of Health in 2016 has already been increased upwards by a further €174 million. This does not mean that all areas of concern across the health sector can be addressed immediately but it does make the funding situation more manageable. It also means that the cycle of cuts in health has come to an end.

Despite our additional spending power, next year remains a real challenge. There are enormous cost pressures. Drivers of demand and cost include our rising and ageing population and the increase in chronic conditions, and advances in medical technology come at a high price. Our progress in diagnosis and screening for cancers and chronic diseases means more people require treatments. Health services all around the world are struggling with the issue of rising costs and Ireland is by no means exempt. We must recognise the additional resource demands that come as a result of these new pressures. In overall terms, therefore, while next year's health budget remains challenging, its targets are achievable. This challenge will be reflected in the HSE's 2015 national service plan which will operate strictly within the resources available, deliver existing levels of service and provide for some targeted improvements. The service plan will also continue the programme of health service reform.

In 2015, we will have more control of our resources in the health service. I already mentioned that specific savings and efficiencies of €130 million have been identified. These are in the areas of procurement, drug costs, agency costs and clinical audit and special investigation. However, a significant change for 2015 is that where further savings or efficiencies are achieved over and above this minimum level, these will be retained and reinvested back into the health service rather than being used to reduce the deficit or reduce the debt. I hope that this new

development can positively contribute to the reform and development of our health services.

The HSE will also have more autonomy on staffing and human resources in 2015. The end of the moratorium on recruitment provides greater room for the Department and its agencies to manage their own staffing levels. This decision was recently announced by the Minister for Public Expenditure and Reform, Deputy Brendan Howlin. It provides a basis for the health sector to take on more temporary and permanent staff in order to achieve savings on agency costs, subject to compliance with the overall pay allocation. This, in turn, provides the HSE with an opportunity to reduce pay costs where less expensive alternatives to agency personnel are available. I believe this will facilitate a more sustainable workforce and greater continuity of care for patients. The HSE has issued a memorandum to management on measures to reduce agency usage and costs across the HSE and HSE funded acute hospital services. It provides for the replacement of non-consultant hospital doctor and consultant agency posts with fixed-term purpose contracts, and limits reliance on doctors employed on an agency basis to two months. It also provides for the identification of nursing posts currently filled by agency staff which could be directly replaced by two year contracts of employment. These contracts will be offered to nurses currently participating in the nursing and midwifery graduate programme.

With greater autonomy and capacity to reuse such savings for services comes an even greater responsibility for cost containment and cost avoidance.

4 o'clock

Greater autonomy and capacity to reuse savings for services must be accompanied by an even greater responsibility for cost containment and avoidance on the part of everybody working in health care. With this in mind, the HSE will continue to develop and strengthen its accountability framework when it is preparing its 2015 service plan. The management of health spending within available resources next year will require an exceptional management focus, with strict adherence by all services and budget holders to their allocations. The HSE's accountability framework will set out the responsibilities of managers and will detail the means by which the health service, particularly hospital groups and community health care organisations, will be held to account in 2015 for their spending, their efficiency and their control over service provision, patient safety, finance and human resources. It is important that budgets are put in place without delay across the HSE and its funded agencies so that monitoring of monthly expenditure against profile can commence from the start of 2015. This will help to ensure spending remains within budget and appropriate and immediate action can be taken where emerging trends give cause for concern. The return of the HSE Vote to the Department of Health from 2015 as part of this improved accountability framework will assist the HSE and the Department in monitoring health spending throughout next year.

We are continuing to make progress with the health reform programme. Next year is an important year in demonstrating the benefits of key reforms in this sector. We must work collectively to improve safety, quality and the patient experience for those who depend on our services. It is vital that qualitative aspects, such as the personal care and attention that patients receive, are the subject of focused efforts so that people's experience of the health service is safe, caring and pleasant. This can matter greatly to patients and their families. I want the HSE to take an integrated approach across acute, community and residential care settings to ensure patients are supported at all stages in the care setting that is most appropriate to their needs. This is most important in the context of the establishment and further development of the hospital groups and community health care organisations. The reorganisation of public hospitals into

hospital groups is designed to deliver improved outcomes for patients. Each group of hospitals will work together to provide acute care for patients in their area integrating with community and primary care. The objective is to maximise the amount of care delivered locally, while ensuring highly specialised and complex care is safely provided in larger hospitals. The next phase of the implementation of the hospital groups will involve each group developing a strategic plan in 2015 for implementation in the years thereafter.

The Government remains committed to the introduction of activity-based funding. Under this model, hospitals are paid for the work they do in terms of case loads and quality outcomes. This funding model will drive efficiency and increase transparency in the provision of high-quality hospital services. The HSE intends to further implement this new funding model on a phased basis in 2015. The recent establishment of community health care organisations by the HSE represents an important step in improving how care in the community is delivered. The new structures will improve services for the public by providing better and easier access to services, closer to where people live, in which people can have confidence. I have been very impressed with the work of the national clinical programmes, which have greatly improved services in specialised areas like stroke and cardiology. It is planned to organise these national clinical programmes into five integrated care programmes. I hope to see the new integrated clinical programmes embedded into the HSE service directorates. It is important that they are at the centre of operational delivery and reform. While structural reform is never an end in itself, it is a valuable tool that can help us do more and better with the additional resources we now have. Better structures empower people to deliver better care.

In terms of services, my aim is to ensure that in 2015, the existing level of service is maintained and delivered and some targeted enhancements are introduced. I have signalled that the commitments in the programme for Government with regard to the extension of BreastCheck and the investment in mental health will be honoured. Additional funding of €25 million will be provided to tackle the issue of delayed discharges, which is having a detrimental knock-on effect on waiting times and emergency department overcrowding. We will deliver on the first phase of universal health care in 2015. Some 240,000 children aged six years and under will be able to access a GP service without fees. This accounts for 57% of the total population in this age group, some 43% of whom are already covered by a medical card or GP visit card. Approximately 10,000 seniors over the age of 70, who currently have neither a medical card nor a GP visit card, will be provided with GP services without fees. By the end of next year, almost half of the population - 49% - will have access to GP services without charges.

That is a major step on the way to universal health care.

Budget 2015 provides for an additional €35 million which is being ring-fenced for mental health services under the direction of the Minister of State, Deputy Kathleen Lynch. This will bring to €125 million the total investment by the Government in mental health services since 2012. The additional funding will enable the HSE to continue to develop and modernise our mental health services in line with A Vision for Change. This includes the ongoing development and re-configuration of adult and child and adolescent mental health teams, alongside other specialist mental health services.

Breast cancer survival rates in Ireland have improved significantly in recent years through a combined approach of screening, symptomatic detection and improved treatment. Additional funding is being provided to commence the extension of the BreastCheck screening programme next year to women aged 65 to 69 years of age. Screening of the extended cohort will com-

mence towards the end of 2015 and will be expanded on an incremental basis. The additional eligible population is approximately 10,000 people and when fully implemented just over 500,000 women will be included.

Senators will be aware that there has been a continuing upward trend in delayed discharges since the beginning of the year, with 788 delayed discharges reported nationally as of last week. These are people who are well enough to leave hospital but do not have a nursing home or home care package in place for them to do so. They are often elderly people and should not be left in hospital where they are at a higher risk of falls, infections and medication errors by doctors and other staff. While there will always be delayed discharges, current levels are resulting in more people on trollies and more people having their elective admissions or surgery cancelled. In response to these concerns, the Government has provided additional funding of €25 million in 2015 to address delayed discharges. The funding will be targeted not just at nursing homes but also at community services and hospital services which can demonstrate initiatives to address the specific needs of delayed-discharge patients most positively and, therefore, improve timelines for admissions from emergency departments and waiting lists. These will include measures to place patients in more appropriate settings through the use of enhanced home care packages and intermediate and long-term care.

We are all very aware of the statistics on the rates of obesity, diabetes and other chronic conditions in Ireland. That is why improving the health of the Irish population must be our first priority in the medium to long term. My Department recently commenced the Healthy Ireland Survey. This will be a major nationwide survey to find out how healthy Irish people actually are. We have not had a comprehensive survey of Ireland's health since 2007 and there have been huge changes since then. Today, more people are aware of the importance of diet, lifestyle, health, well-being and mental fitness. However, as a nation we now face even bigger challenges when it comes to obesity, physical inactivity, diet and many other issues. This new survey will give us an up-to-date picture of the nation's health and will provide us with a baseline set of data telling us how healthy or unhealthy the Irish population is. The survey will provide us with a snapshot of key indicators which influence our health right across the population. These include nutrition, alcohol consumption, smoking, physical activity, weight management and general well-being. Participating in the survey is entirely voluntary. Nobody will be asked for their PPS number, by the way. I want to thank in advance everyone who agrees to take part as their participation is of enormous value. We can also then use future surveys to assess whether or not our policies are working.

It is of the utmost importance that patient safety remains an overriding priority across the health service in 2015 and this will also be reflected in the HSE's service plan. All health service staff, individually and collectively, will continue to have a responsibility for the quality of services they deliver to patients and service users in their care. It is important that they integrate a commitment to quality and safety into their core work and practice. Priority areas that were identified in last year's service plan will continue to be the focus of attention and include medication safety, healthcare associated infections and the implementation of the national early warning score.

The Health Identifiers Act 2014 provides the legislative framework for a national system of unique identifier for patients and health service providers for use across the health service, both public and private. Individual health identifiers are designed to make sure that the right information is associated with the right patient at the right point of care. In addition, identifiers will help make our health service more efficient and will support health reform initiatives, including

money follows the patient. Health identifiers are a fundamental building block in support of the eHealth agenda. The HSE is working to establish the necessary health identifier registers and will manage the operation of the identifiers system. The provision of identifiers will commence as soon as possible in 2015.

Patients benefit most from safe and cost-effective care. Therefore, we need suitable and appropriate facilities to support health care delivery. It is important to recognise and acknowledge that we have managed to deliver significant projects, both large and small, since March 2011 and that more have commenced. Investment in high quality health care infrastructure also has an important role in supporting communities. It sustains local employment because of the health care presence throughout the country. Progress to date and future planning demonstrate this Government's commitment to infrastructure developments in health care as set out in the programme for Government. The priority in 2015 will be to ensure that all projects remain on schedule and are delivered on time.

I take this opportunity to update Members on the capital developments which are ongoing and which will continue in 2015. Since the change of Government in March 2011, 42 primary care centres have been delivered, which is almost one each month. There are approximately 30 underway, including the 14 locations to be delivered by the PPP project and a further 50 locations where projects are at earlier stages of development.

The relocation of the National Maternity Hospital from Holles Street to St Vincent's hospital is on schedule. The design team has recently been appointed for the new children's hospital and is working to a demanding schedule. Planning permission will be lodged by the summer and I have asked that consideration be given to applying for outlying planning permission for a maternity hospital, thus achieving tri-location on the site. The strategic infrastructure development planning application was lodged with An Bord Pleanála in September last for the new mental hospital at Portrane. It is expected that a planning decision will be made in the first half of 2015, after which the enabling construction works and contractor procurement process shall commence, thus, at long last, putting us in a position by the end of the year to have work well underway on both the new mental hospital and the new children's hospital.

There has been considerable investment to date in the community nursing home programme when it comes to new build and refurbishment and this investment is much-needed and ongoing. Earlier this year, the HSE purchased the Mount Carmel campus and we hope to have it opened as a refurbished facility, providing much-needed capacity for the Dublin area and essentially providing what has been missing for a very long time in Dublin but present in all other parts of the country, namely, a place for transitional, step-down and long-term care for elderly people who can be admitted from hospital much more easily. Our objective will always be to provide high quality, safe and supportive settings across the nation.

I have recently written to the HSE outlining its funding allocation for 2015 and highlighting the key areas to be prioritised in the 2015 service plan. As Members will appreciate, it is not possible to prioritise everything and I am sure some people will be disappointed by what is in it and what is not in it. The next step in the process is for the HSE to approve and submit its 2015 service plan for my consideration. The plan will set out in detail the volume and type of health services to be provided next year within the agreed allocation. Considerable work has already been undertaken by the executive on the preparation of next year's plan. Once the service planning process has been concluded, the HSE will publish the plan and will immediately set to work on ensuring its full implementation.

I take this opportunity to pay tribute to health care staff who have taken us through some very difficult years. It is due to their hard work, commitment and dedication that the Irish health service has survived the most challenging period in its history. We still face many difficulties but there is every reason for optimism and believing that things can become more manageable next year.

Senator Mark Daly: I welcome the Minister and thank him for outlining the situation with the health budget. The choices made in regard to cuts in the health budget are the thin edge of the wedge. It took six months to get the facts and figures on ambulance cover throughout the country, including my county. It is a stark example of where we are at in terms of being in need of an ambulance today in Kerry. Three people a day who are in a life-threatening situation, be it due to a car accident, a heart attack or stroke, might find they will have to wait for up to an hour. In some instances people must wait for twice as long as HIQA's standard of 18.5 minutes for an ambulance to arrive.

Apart from the issue of geography, the resources do not exist. Two years ago, four ambulances covered the area. The Millstreet ambulance, which covered north-west Cork and the east Kerry and Killarney area, was withdrawn and then Killarney's second emergency ambulance was taken away, which meant that instead of four ambulances covering the area, there were two. Twelve months ago the second emergency ambulance disappeared and now two ambulances cover an area previously covered by four ambulances. If one has a heart attack, a stroke or one is involved in an accident in Kerry, one could wait for up to an hour. The situation is that three people every day do not get an ambulance to hospital within the critical time.

As the Minister is aware, when a person who has a heart attack does not get to hospital on time, the recovery period is longer and sometimes the outcome is fatal. Instead of leaving hospital early, such a person must stay longer in a high-dependency bed, and instead of going home, he or she is sent to a nursing home before eventually going home. The associated cost might have been alleviated had the person got to hospital on time. I am just talking about a small area in one county. If one takes the number of ambulances that have been withdrawn from the system, the knock-on effect is enormous.

I accept the Minister will examine the matter but I am aware the ambulance service has been told to cut costs. The long-term cost in terms of ongoing care for those who did not get to hospital on time is exponentially greater. I refer to the worst 10% to 20% of calls, the ECHOs and DELTAs, the critical emergencies, yet ambulances continue to be withdrawn. The Department should provide the Minister with the number of ambulances currently compared with three years ago. The figures are frightening and the outcomes are tragic.

In his address the Minister referred to service delivery. Another issue he could examine is a systems failure of monumental proportions. When one arrives at an accident and emergency department, one would imagine the ambulance crew would simply hand over the patient with data analysis and charts, but that is not the case. Paramedics tell me they must stay with the patient until someone takes the patient from them. Sometimes they must wait for between one hour and three hours, during which time the ambulance is not available to the community. That does not cost anything, it is just a systems failure, but if it were addressed by the HSE, more ambulance hours would be available and paramedics could deal with more emergency calls.

I am aware the Minister has been trying to address waiting lists but there has been an increase of 1,764 in the inpatient waiting list between January and August, bringing the total to

8,692. The question is how to address the problem. We have seen a 333% increase - 9,000 - in the number of people waiting for outpatient appointments, bringing the total number to 41,604. Not dealing with such patients early has disastrous consequences not only for the individual involved but for the health service in terms of how it can better deliver services and care. If that patient is dealt with quickly it will not cost the service as much in the long term.

On the fair deal scheme, all of us have experienced situations where we were told the waiting time would be 12 weeks but it has now extended to 14 and 16 weeks. That is a waiting period of four months for an elderly person to get on to the scheme. There has been a cap on budgets and money allocated elsewhere but it is another systems failure whereby high dependancy beds in our acute hospitals, Cork University Hospital and others are not being freed up. That has had a knock-on effect on the waiting lists for inpatients because the beds are not available as a result of the fair deal scheme not functioning correctly, and not enough funding is being put into it.

Another knock-on effect has been on the ambulance service. Funding to the ambulance service has been cut so much ambulances do not get to patients in time. Those patients spend longer in hospital, which ties up beds. Our waiting lists with regard to inpatients has gone from 1,700 to 8,692. That is the domino effect of one issue on another. I ask the Minister to examine the ambulance issue nationwide because not only is it a problem in Kerry and Cork but all along the west coast. There is no doubt that distance is a factor. We hear talk of deploying helicopters and dynamic deployment. Dynamic deployment is a good way of saying we are guessing where the accident will happen. If those in the national ambulance service are asked what that means, they will give one a long explanation but it is really that they are dividing resources because resources have been cut. In the long run it is costing the health service and the Minister's Department more money than it should but it is also having a major knock-on effect on other services in terms of tying up beds and ensuring poor and in some cases fatal outcomes for the patient.

Senator Colm Burke: I thank the Minister for a comprehensive statement on the programme for 2015. There are many challenges but it is important to state that both the Department and the Health Service Executive are facing up to those challenges.

It is important to note that funding of over €13 billion is being put into this budget but that funding does not belong to the Government. It belongs to the taxpayer, and that money has to be collected from the taxpayer. Currently, the health budget is costing €260 million per week in real terms, which is a substantial sum of money. The question is about making sure we are getting value for money. The programme the Government had to do in the past three and a half years was to ensure that we worked on eliminating the inefficiencies in the system.

It is easy to be negative about the hospital services but we must examine the positives. My colleague on the opposite side of the House spoke about the negatives but one positive with regard to the first eight months of 2014 was that the total number of outpatient attendances was 2.14 million, which is an increase of 25% on the previous eight months of 2013. That works out at 63,636 outpatient attendances per week. That is the demand on the health service, and that is the demand that has been delivered on up to the end of August 2014.

My colleague on the opposite side spoke about the ambulance service. The national ambulance service recorded an increase in emergency calls of approximately 1,000 per month in the first eight months of 2014. Notwithstanding that, improvement in response times continued to be made, with ECHO calls reaching the target of 75.3% and DELTA response calls improving

from 64% to 67%. I acknowledge it has not reached all the targets but progress certainly has been made in this regard over the past eight or nine months, which I welcome. As for specialist palliative care, I note that 94% of specialist palliative care inpatient beds were provided within seven days of referral, which is also a positive development. The number of home help hours provided up to the end of August was 6.8 million, while home care packages have increased by 20% above the expected levels. Again, this is an area that is being dealt with but it is obvious that the Government must make sure it continues to ring-fence the funding and to increase it, because demands are increasing in this regard. The Minister has already outlined the status of the new hospital groups, as well as the Government's appointment of the six new hospital group chief executives. This is also reform the Government had promised, on which it is working and which is being delivered.

In respect of section 38 and section 39 organisations, I have raised concerns about this area going back to October 2013. More than 2,600 organisations receive funding from the Health Service Executive, HSE, in this manner and in both 2013 and 2014, more than €3.27 billion of the budget went to the aforementioned 2,600 organisations, which provide a good delivery of service in the areas in which they are working. However, there is also the issue of governance and accountability, which has been challenged and dealt with over the past 12 months. It has involved making sure that inefficiencies are dealt with and that moneys allocated are spent in a proper manner. Again, in recent weeks there have been instances in which problems have been identified and which are being dealt with.

I refer to one area about which I have concerns, have raised consistently and which will be a major challenge in 2015. The Minister referred to the memorandum issued by the HSE to hospitals about agency doctors and two-month contracts. I have concerns about that memorandum because of the number of hospitals that are completely reliant on agency doctors. If agency doctors are not available, difficulties will arise in providing replacements for them. I am aware of hospitals that are highly reliant on this structure of agency doctors, particularly in respect of non-consultant hospital doctors and while this should not have arisen, it has occurred. I am also concerned that the number of non-Irish doctors entering this country is not going to increase and, if anything, will decrease over the next 12 months. This will cause its own problems in the sense that the Government appears to have lost a battle in respect of retaining Irish doctors. Moreover, I am not satisfied that a sufficient amount of work is being carried out in respect of the MacCraith report. In fairness to the former Minister, he set up the mechanism to examine how the service could be improved with regard to the retention of junior doctors. I do not believe the HSE or the medical training bodies are acting fast enough. I also have concerns as to how the Medical Council is dealing with matters. I recently had a discussion with a senior consultant in a Dublin hospital, who had identified two good medical practitioners as candidates to come to work in Ireland. They have now run into problems with the Medical Council as regards their registration. I also have encountered cases of people who graduated in Ireland and worked in Irish hospitals for a number of years. They went to New Zealand and within two weeks of applying for registration in that country, secured it. When they tried to return to the Irish system, it took the Medical Council eight weeks to get them registered. This is unacceptable at a time when people are badly needed.

I also have concerns about an issue with which the Government must deal. It is unfortunate that the proposal put forward regarding the employment of medical consultants has been voted down by the Irish Medical Organisation, IMO. There are major challenges in this regard and what I am disappointed about is that I had tabled a question on this matter at the last health

meeting. However, information was not provided to me on the numbers and locations of current vacancies. Well over 250 consultant positions are vacant. It is unfortunate that although the HSE released this information to the media, I still have not received it even though the HSE promised it to me on 23 October. It is a major challenge as regards how we deal with the issue. One in four consultant positions are vacant in Waterford hospital and it shows the failure of long-term planning in the HSE over many years. It is a major challenge for 2015 and we must prioritise dealing with it over the next three to four years. The Minister has comprehensively set out the programme for 2015. It is extremely well planned and I hope we will continue to see the improvements we seek in the health service and deal with new challenges that will arise. We are working on it. I thank the Minister and his predecessor, Deputy Reilly, for the long-term planning he did while he was Minister.

Senator Mary Ann O'Brien: Well done to the Minister on his statement on “The Pat Kenny Show” recently that a maternity hospital is to be co-located with the national children’s hospital and the fact that he has asked the national children’s hospital board to consider applying for planning permission for it. It is very much welcomed by us all. After 20 years of wasted time, nobody knows better than the Minister that many of those who were children at the start of this project are now adults, and we still have no hospital. The Minister is entirely focused on getting the job done for us. I am here because we are heading into a site that is crippled with flaws. Most of my questions come from the medical community, particularly someone who has been very helpful to me and who wrote a long letter to the Minister in September, paediatric oncologist, Dr. Finn Breathnach, formerly of Crumlin hospital, who is extremely concerned about the site.

The national children’s hospital board will have a very difficult job regarding planning permission. With the advent of the fact that the maternity hospital will be co-located with the national children’s hospital, we are going from 108,000 sq. ft. to 165,000 sq. ft. Justine McCarthy’s excellent article in *The Sunday Times* last Sunday mentioned that An Bord Pleanála considered a planning permission application for a private hospital in St. James’s Hospital a few years ago and the neighbouring Rialto association vehemently objected to a 29,000 sq. ft. hospital. There are no prizes for guessing that the local residents will be up in arms about the prospect of a 165,000 sq. ft. children’s hospital.

By whom and how was it decided that 165,000 sq. ft. was the appropriate size for the national paediatric hospital, the maternity hospital and their expansion space? The new Colorado children’s hospital is 134,000 sq. m for only 284 beds compared with the proposed national children’s hospital, which will have only approximately 100,000 sq. ft. for 469 beds. What strategy is in place for future expansion? A Texas hospital has twice doubled in size in the ten years since it was built. A Toronto hospital has doubled in size every decade since it was built.

Can the Minister assure us that everything in the project is in compliance with the public spending code of the Department of Public Expenditure and Reform? As part of the assessment and decision making process into the alternative sites on offer, as required by An Bord Pleanála, in particular the site at the Coombe and the greenfield site contiguous with Connolly Hospital Blanchardstown, such an evaluation should have compared alternative site options in relation to acquisition, decanting, planning, building and future running costs. Millions of euro of public money was wasted due to non-adherence to this evaluation process in the case of the Mater site. In 2012, we were talking in terms of spending €485 million and now the figure has increased to €650 million. Expenditure of €485 million to €650 million is in the realm of telephone numbers. The cost of siting the children’s hospital at Connolly hospital was estimated to come in

at €500 million because of it being a greenfield site and close to the M50. The Minister knows the details as they have been stated time and again.

My third question is how can the Minister stand over his assertion that St. James's Hospital will offer the best adult hospital co-location and clinical outcomes for children given that major priority adult specialties identified by both the task group on location and the McKinsey report are not in St. James's Hospital? The local task group in 2006 found there was no evidence in the medical literature to support a claim of improved outcomes associated with adult co-location - that was stated by Dr. Finn Breathnach.

Some 44 of the most senior paediatricians in Ireland wrote to the Minister's predecessor, Deputy Reilly, in October 2012 stating that if we wish to improve the clinical outcomes for sick children, the most critical adjacency for the national children's hospital is with a maternity hospital. The Minister's Department admits in its press release of 2014 that these infants are often delicate and corridor transfer minimises the risk of destabilisation during an external transfer. In view of the clinical importance of maternity co-location, I greatly welcome the Minister's decision, as I said earlier. However, sadly, I note in an article on page 8 of today's edition of *The Irish Times* that a baby died following transfer between hospitals. The baby was transferred from Limerick to Crumlin, then to the Coombe and back to Crumlin again, but, unfortunately, that baby did not make it because ambulances are incredibly stressful for little babies.

I will move on to my fourth question. Numerous concerns regarding the feasibility of building the national children's hospital on the St. James's Hospital site have been brought to the Minister's attention. He will be aware that the plans for this site include a major national cancer centre in addition to the national children's hospital and a new radiotherapy unit and co-located maternity hospital. I understand that neither the Minister nor his officials have seen an up-to-date master plan incorporating these facilities for the St. James's Hospital site. For the sake of financial governance, accountability, transparency and public confidence, will the Minister and his Department absolutely reassure us and the public that the St. James's Hospital campus has been shown on a master plan to adequately accommodate all of these major developments and capacity for their future expansion? I note advice in the public spending code of the Department of Public Expenditure and Reform which states that where necessary, Departments and public bodies should be prepared at any stage, despite costs having been occurred in appraising, planning and developing a project, to abandon it on balance that its continuation would not represent value for money. I know for a fact that the Minister is a brave man. I know he does not do minute management but for the sake of the children of this country it is not too late to turn around.

I need to ask the Minister about three Jack and Jill Foundation babies who have come of age. He knows that we let them go at four years of age to the care of the HSE. These babies, Freya Doyle, Cillian Fottrell and Tom O'Leary, need 24-hour care; they are tube-fed and are prone to having epileptic fits. He has heard about them before. It is impossible for their parents to cope. On reaching their fourth birthday, our nurses try to negotiate with the HSE and it is proving impossible to get a home care package for them. I will write to the Minister and set out the details for him. Those in the Jack and Jill Foundation get very attached, naturally, to the children they care for and they are very distressed about this and they will issue a press release on this later this week.

Senator Marie Moloney: I welcome the Minister to the House and I thank him for his detailed report. I admire that he is straight, honest and tells it as it is. That is a good trait. He does

not flower it up, rather he tells it as it is and says things are not in a good state at times. I am delighted to hear the Minister give a commitment for an extension of BreastCheck to women between the ages of 65 and 69. I have been campaigning for this extension for some time and I raised it on the Adjournment some time ago. Even though the figures provided by the Minister were disputed at the time by the Irish Cancer Society, I think the society will be very pleased to hear that this extension of the programme will be rolled out.

Senator Daly referred to the ambulance service in County Kerry. The Senator tends to be over-dramatic at times but there are problems with the ambulance service. We have had several meetings with the ambulance service in Kerry and in fairness the chief ambulance officers have always attended the meetings and given us detailed information on the service. However, I was told recently that a person collapsed in a nursing home and needed to be resuscitated. The ambulance service was telephoned and the information was given a few times that the ambulance was ten minutes away but it was 40 minutes before it arrived. At least people should be told the situation as it is - just like the Minister does - rather than fooling people by saying that the ambulance is only ten minutes away when it is nowhere near.

I cannot let the opportunity go without mentioning medical cards. I will not speak about the office dealing with medical cards because that issue is a broken record in so far as I am concerned. I welcome the Minister's statement during the week that terminally-ill patients will not be required to renew their medical cards. That is great news because it was devastating for families to have to provide information time and again and to ask a doctor to state that a mother, husband or wife was going to die. It is not nice. I am delighted that the Minister has addressed that issue.

However, in my view, we have to move away from the current model whereby a medical card entitles a person to a lot of supplementary items such as school transport. Why must a person with a medical card be given free school transport? Why is entitlement to school transport not decided by the Department of Education and Skills? I suggest that the Department could means test people to see whether they have an entitlement to free school transport as is the case for the back to school clothing and footwear allowance. Why must a person with a medical card be exempt from PRSI? The loss of a medical card entails losing so much more than medication or doctor visits, such as home help, a wheelchair and hoist equipment.

I know of a young man with muscular dystrophy who was refused a medical card but it was reinstated on appeal. However, the minute he lost the medical card the HSE contacted him to ask if he wanted to rent or buy a wheelchair and a hoist and the track for the hoist. That is a hard blow to anyone who has just lost the medical card. Thankfully, the young man's medical card was restored on appeal. We need to move away from the current model. These services as I have outlined should be provided independently of a medical card and these facilities should be available without the guarantee of a medical card. For example, the free fuel allowance or a grant for house insulation should be separated from the Department of Health and they should be administered by the appropriate Departments.

Last May I got together with a number of interested stakeholders to put a submission to the national framework for suicide prevention. We made a detailed submission including a call for the development of a national suicide prevention authority to consolidate and co-ordinate the objectives of the existing voluntary suicide prevention organisations with Government funding and sustainable leadership. We carried out research which showed that Australia was one of the first countries to develop a national strategic approach to suicide prevention and these efforts

have contributed to a decrease in the rate of suicide. A key element of the success of this programme has been the commitment from the Australian Government to fund suicide prevention programmes. We propose that the national framework for suicide prevention be modelled on the Australian programme, Living is for Everyone - a framework for prevention of suicide and self-harm. Will the Minister advise the House as to when the results relating to these submissions will be published and indicate the outcome in respect of them?

I welcome the additional €35 million in ring-fenced funding that is being made available in respect of mental health services. We must ensure this money gets through to service users. It is great that people are being moved back into the community. I agree with this policy but I am not in favour of service users being moved outside their own localities. There have been instances where people have been obliged to move many miles away from their homes, families and friends. That is not ideal, particularly in the context of receiving visitors, etc. We should debate mental health issues in the House but I accept this might be work for another day. I am sure the Minister of State with responsibility in this area, Deputy Kathleen Lynch, would come before the House for such a debate.

At a recent meeting, representatives from the HSE and Oireachtas Members discussed the lack of consultants in hospitals. We were informed that it is not the latter which increases the numbers of waiting lists but rather a lack of administrative staff to support consultants. It was also stated at the meeting in question that if given a choice between being allocated an additional nurse or extra administrative staff, consultants would opt for the latter. Consultants have not been able to replace administrative staff who have left their employ and this means there is no one to set up appointments, send out letters, carry out follow-up actions and keep records. This is giving rise to many delays in the context of granting people appointments.

I would appreciate it if the Minister could comment on some of the issues I have raised.

Senator John Crown: I welcome the Minister. I wish him the best in his efforts to try to reform the health service. The Minister does not need my advice in this regard but I urge him to remain firm and steadfast in respect of the national children's hospital. The decision has been made and the hospital should be built. As I have written and stated on multiple occasions - and I mean no disrespect to anyone involved when I say this - one cannot obtain an opinion from any professional commentator on this issue which is not tainted by institutional prejudice. I am not referring here to self-interest and I am not saying that people want to line their pockets. Rather, I am referring to the fact that people love and have loyalty to the institutions in which they work and they naturally have a desire to see these institutions being built up. At the time the relevant decision was taken, I believed that the right thing to do was just to rebuild Our Lady's Children's Hospital, Crumlin, on the existing site. When it was then decided to locate the new hospital on the site of the Mater, I also voiced my support. Through gritted teeth I indicated my opposition to the delay caused by what seemed to be an utterly irrelevant intervention on the part of An Bord Pleanála, which seemed to be offended by the fact that the view northward up O'Connell Street would be destroyed by the sight of a wonderful monument to our desire to care for our children being built near the site of what were some of the worst slums in the history of the State. Of course, the mortality rate among the children who lived in those slums was among the highest in the world at the time. Now that the decision has been made to build the new facility on the site of St. James's Hospital, I support it 100%. The Minister should go ahead and deflect it and should not allow anyone to deflect him in that regard.

At some quiet moment, the Minister should ask the people who made various statements at

the time of the controversy surrounding Roscommon hospital to give him the relevant telephone numbers in order that he might issue quick and gentle apologies to Dr. Paddy McHugh and the staff of that institution. During the most recent general election campaign, Fine Gael pledged that Roscommon's accident and emergency department would remain fully open. When the decision in this regard was changed shortly after the general election, it was suggested that this was done on the basis of a report which showed an unconscionably high mortality rate among heart attack patients at Roscommon hospital. The then Minister, Deputy Reilly, to whom I gave great support, stated at the time that he felt he had no alternative other than to close the 24-hour accident and emergency service at Roscommon hospital and that patients who suffered heart attacks would be transferred to Galway, where they would be safer. It subsequently emerged that the figures with which the then Minister had been presented were entirely incorrect. I am not stating that the current Minister should revisit the issue of restoring the full accident and emergency service at Roscommon hospital. However, Dr. Patrick McHugh and the staff at the hospital, who built up the cardiac unit which it was suggested had an unbelievably high mortality rate among heart attack patients, are owed an apology. Roscommon hospital was completely neglected by successive Governments over many decades. The staff there went to great lengths to ensure decent care was available to those who suffered heart attacks. The record in respect of Roscommon must be put straight. It was not the Minister's doing, but I have grave concerns about the graduate nursing programme. I note the Minister will try to plug some of the gaps which, ludicrously, are being plugged at present by more expensive agency nurses. Parenthetically, I have often attended going away parties of nursing staff in my hospital, only to return to work the following day to find them back working at their old job at a higher rate for an agency. It is one of the many dysfunctions I believe the Minister will attempt to address. The Minister is, perhaps, the straightest-talking politician I have ever encountered in Ireland. We need very firm assurance the graduate nursing programme has not, is not and will not be used as a means of replacing fully-paid experienced nursing staff with cheap labour.

Will the Minister philosophically address the issue of corporatism in the health service? The health service is the people's health service and not a separate corporation for which the people are some type of external threat. It sometimes seems this is the case. I understand there can be legal complexities in specific cases in the Department, but recently there have been multiple examples where it is very apparent people were badly treated by the health service. Even a good health service will occasionally get it wrong and there will be legal challenges and people will need redress. Something needs to be done about a corporatism which allows individuals to be kept dangling five, ten or 15 years, with multiple legal denials of wrongs which the health service and its lawyers know occurred. There must be a better, more efficient and more humane way to deal with this.

I would like the Minister's assurance that the recent disclosure of data about the spending policies of some aspects of Positive Action, which represented a group of women who were very shabbily treated by the State, was truly coincidental. The women it represented are hepatitis C sufferers, infected with the potentially lethal virus by the incompetence of actors of the State which, in some cases I believe, was covered up in a malfeasant manner by the actions of the State. I find the level of coincidence troubling, as it happened when agitation was being launched on spending money on drugs which could cure these women of an illness which, in many cases, the State gave them.

I have received multiple representations on medical cards for people with specific disorders. I was troubled when we heard some weeks ago that members of the expert group threw their

hands up in the air, stated it was too difficult and they could not do it. Will the Minister tell them to go back and try harder? Recently I spoke to a mother of three children with muscular dystrophy, and the Minister knows as well as I do the inevitable decline of those who suffer diseases such as muscular dystrophy and Friedreich's ataxia. They will never be able to work normally or return to work. They will need maximum support. In the presence of some of these conditions people should automatically qualify for the full assistance of our health service.

Recently I spoke to a neurosurgeon who works exclusively in private practice in Dublin. He told me the combination of the elevation to €11,000 per month of the malpractice premium he must pay, with the fact the VHI has reduced its reimbursement structure for one of the bread and butter procedures he does, means the arithmetic no longer adds up. He has tendered his resignation and is moving to another country. One can argue this is the private sector, but all of the patients I send to him in the private sector will now go to the public sector. Stereotactic radiosurgery, an increasingly used treatment modality for patients with primary and secondary brain tumours, is available on a national level in Beaumont Hospital. I believe the system will go under when this particular private outlet is removed. I desperately ask the Minister to examine the circumstances. He is the sole shareholder of the VHI, which has partly contributed to this situation.

The Minister must examine the question of waiting lists. He is an impressive young man and I am an older dog. I believe very firmly that waiting lists are the business plan of the HSE. It is built into the structure. When people are on the waiting list they are free. When they come off the waiting list they cost money. This is the fundamental arithmetic of how a system such as ours is budgeted and financed. I ask the Minister to please remember he came into power with a Government which, more forthrightly than any before, put on page 1 of its election material the intention to reform the health service. It was specific about the type of reform it would follow. We were going to get a Bismarck-style, insurance-based mixture of social democratic and private health insurance to replace the current State-funded scheme. That was one of the reasons that I and others so enthusiastically supported the Government.

I cannot begin to tell the Minister how crushingly disappointed and cynical it makes me about the process of politics when one views the trajectory of this issue's handling throughout the course of this Government, from an early statement following the election that, while the Government would do it, it would happen after the next election, to the recent disclosure of documents from the actual civil servants and bureaucrats whose job it would be to implement this popularly mandated and democratically authored policy with which the Government went to the people and for which the people supported the Government to implement showing that they did not believe it could be done. There were also recent disclosures to the effect that the Minister did not believe it could be done.

The Minister bears a greater responsibility than just fixing the health service. I am sorry if I sound like I am inflating the issue but, as a democrat, the Minister bears a responsibility for preserving the integrity of our democratic process, which has recently been shown to be under great threat. There is a tendency of people leaking their loyalty to democratic parties to organisations that have a thin veneer of adherence to democracy. The only argument that we can advance against people who do so is that truly democratic parties are better, more honest and more reliable and will do what they say. This is a part of the mantle that has been passed on to the Minister. I hope that he understands the seriousness of that responsibility.

Senator Hildegard Naughton: I welcome the Minister to the House. I wish to raise the

issue of the size and condition of the accident and emergency unit at University College Hospital, Galway. The unit was not built all that long ago in the grand scheme of things, but it is now unsuitable. Several matters are involved, one of which is the perennial shortage of beds in the main hospital ensuring that patients are backed up in the accident and emergency unit. While the situation is on the Minister's agenda, having been raised with him previously, I wish to refer to the building's physical size and layout. It is unsuitable for a modern accident and emergency unit. Even if there were dozens of beds available-----

Senator John Crown: I apologise, but Senator Naughton has mistaken this for a matter on the Adjournment. Could the Leas-Chathaoirleach check the schedule, please?

An Leas-Chathaoirleach: She is entitled to make a five-minute contribution.

Senator Hildegard Naughton: These are statements on health. Even if dozens of beds were available in the hospital, which there never will be, the unit would still be unsuitable. To illustrate my point, the resuscitation unit is located immediately on the right-hand side as one walks through the unit's inner doors. There is a small room beyond that point. It is not a clinical space, but a family waiting room where those who lose a loved one suddenly are brought to view the person's remains after efforts to revive him or her in the room next door have failed. It is also the room where someone whom I know was brought to get an ECG on presenting to the accident and emergency unit, as there was no other space available. It is the same room where that person's loved one was laid out several years previously.

No one is blaming the hospital's staff. They do a wonderful job under considerable pressure. They simply have no other space in which to perform ECGs. Surely our hospitals should have suitable clinical facilities in which to carry out simple ECGs instead of having to use what are effectively mini-mortuaries. This is not caused by a lack of beds in the main hospital, but by the unsuitability of the building.

Since the accident and emergency unit of UCHG was remodelled, major changes have occurred in Galway. In terms of demographics, it is one of the fastest growing cities in Europe. The hospital's unit is also the trauma centre for the region's seriously ill patients. In recent years, smaller units in the region have closed due to safety concerns, leading to Galway being the first port of call. All of these patients are funnelled through a unit that is not designed to cope with such numbers.

UCHG is the designated centre of excellence for the western seaboard from Galway to Donegal. However, any cancer patient who becomes ill post treatment must present through the accident and emergency unit in the normal manner. This is not only traumatic for the patients, but places even more pressure on the unit. The Minister is familiar with the situation. The hospital needs investment. It is not designed to cope with the numbers being expected of it. I urge the Minister to prioritise capital spending for a new unit in Galway.

An Leas-Chathaoirleach: I call Senator Leyden.

Senator John Gilroy: I imagine this will be about Roscommon hospital.

5 o'clock

Senator Terry Leyden: I wish to share time with Senator Healy Eames.

An Leas-Chathaoirleach: Is that agreed? Agreed.

Senator Terry Leyden: I welcome the Minister, Deputy Varadkar, to the House. I served in Hawkins House some time ago and I recognise it is a very difficult task in the Department of Health and I do not intend to make the Minister's task any more difficult.

I could have spent all of my time today talking about Roscommon County Hospital. I express thanks to Senator Crown. I welcome his genuine support for justice for one of the finest medical consultants this country has ever produced, Dr. Pat McHugh, and the staff of the medical section of Roscommon County Hospital. I want the Minister and his officials to check the file and avoid a prolonged legal case that would not really be feasible at this stage. The former Minister, Deputy Reilly, made allegations about the mortality rate at Roscommon County Hospital which proved to be totally inaccurate and Senator Crown has made a very persuasive case on this. I have not spoken to Dr. Pat McHugh, the retired chief physician at Roscommon County Hospital who had worked there since 1977. However, I met him during the election campaign and he was very hurt by the comments made by the then Minister for Health, Deputy Reilly.

As someone who was in that Department, I suggest that the Minister, Deputy Varadkar, should ask his legal department and his advisers to look at the file. I cannot speak for Dr. McHugh, but I know he does not want compensation or anything like that; he just wants to clear his name. The Minister is a doctor and he knows the feeling if somebody made allegations against him. The Minister was not in practice that much. As far as I know he qualified as a general practitioner, but I do not think he had much opportunity between politics and his medical career. However, the allegations were very hurtful and very unfair. I suggest to the Minister that after reading the file he should clear Dr. McHugh's name under privilege in the Dáil. He should point out that certain things were said during that debate and that now, as Minister for Health, he wishes to clear the decks.

I could spend a lot of time talking about Roscommon County Hospital. I ask the Minister to look at the situation. He was at the hospital during the campaign. He met the staff. He knows the feeling regarding the accident and emergency unit. The major ambition in Roscommon is to have that reopened. I welcome the endoscopy unit that is being built at the moment. I welcome any developments in the hospital. I want the retention of the acute psychiatric unit. When I was Minister of State in 1987 it was agreed that the psychiatric units would be part and parcel of the acute general hospital in Roscommon. That made it viable at the time to retain it as an acute general hospital. That worked then and it is working now. I am asking the Minister to ensure that is retained.

Regarding the urgent care centre, during the local election campaign a woman collapsed on a street in Lisnamult in Roscommon town and she hurt her leg. The ambulance came but the paramedics refused to bring her to the urgent care centre in Roscommon. I ask the Minister and his officials to check why she was not taken there. I asked the driver if he would bring her to Roscommon and he said, "Oh no. We've been instructed to bring her to Ballinasloe." They passed Roscommon County Hospital. To provide treatment for an injured leg on a normal day between 8 a.m. and 8 p.m. is quite within the scope of the urgent care centre. I ask the Minister to communicate through his officials with the HSE that where a person collapses in those conditions in Roscommon town or anywhere in the county during the day, the ambulance should be directed to Roscommon County Hospital in the first instance and not to Portlincera or Galway.

I could have a lot to say but my main contribution was as a result of Senator Crown's intervention today.

An Leas-Chathaoirleach: The Senator has left one minute for his colleague.

Senator Terry Leyden: We might give her two.

Senator Fidelma Healy Eames: The Minister is very welcome. I wish to raise policy issues around the emergency unit in Galway University Hospital. The level of overcrowding is dangerous. I have received the following comments:

If this was any other workplace, it would be closed due to health and safety. It was like a scene from a film of a catastrophe or a warzone.

The previous Senator from Galway who spoke also mentioned the stress on the unit there. I believe the Minister mentioned that there are 46 primary health care centres around the country. What is he doing to incentivise attendance and reorientation towards the primary health care centres instead of the emergency room? That is a valid question to ask. Where is the promised primary health care centre for Oranmore? The former Minister for Health, Deputy Reilly, bumped it down the list in favour of Balbriggan; so the Minister, Deputy Varadkar, might look at that.

There is a serious issue with overcrowding leading to dangerous situations for staff to work in. I will give one quote from last week.

There are patients on trolleys and chairs if they could find them. Some were standing. It was so bad that there were three ambulances parked outside. Two ambulance staff were waiting in the waiting room with their trolleys, which were also full. One managed to get through the doors of the treatment room. I tried to get a drink of water, but I had to wait for staff to finish working in the small space between the chairs and the trolleys. The staff were fantastic. They apologised continuously and smiled through it all. They have nothing to apologise for.

The danger of infection in that environment is high - particularly cross-infection. In this case this was a cancer patient who asked me very simply why such patients when coming back for care are not admitted straight to the oncology ward? Surely that is a guideline from the Minister for Health.

An Leas-Chathaoirleach: The Senator's time is up.

Senator Fidelma Healy Eames: In the event of a fire in an accident and emergency room how would people be evacuated safely?

How can the issue of isolation be addressed?

An Leas-Chathaoirleach: The Senator is way over time. I call Senator Kelly.

Senator Fidelma Healy Eames: I ask the Minister to give us his thoughts on ways to improve the accident and emergency situation in Galway University Hospital.

Senator John Kelly: I welcome the Minister to the House. I agree with Senator Crown's contribution on Roscommon County Hospital and the good name of Dr. Pat McHugh. I agree with his words on the Naughton family from Roscommon who have three children with multiple dystrophy. It appears that the Department of Health is doing nothing to assist them. The

family are out fund-raising to save the lives of their three children. Not enough is being done for them.

As other speakers have mentioned, I wish to raise the frustration people feel dealing with the PCRS when trying to acquire a medical card. I was a community welfare officer for 28 years dealing with medical cards at a local level on Roscommon. There were no issues when they were being dealt with at local level. I was a county councillor when it was proposed to centralise it and I said it would not work. I was right; it has not worked. People are frustrated trying to get a medical card. In many cases they are frustrated when they are entitled to a medical card. I am not even sure if the Minister is aware of this. When a person applies for a medical card in eight out of ten cases either the PCRS will lose some of the documentation sent into it or will claim it never got it. It will write back to the applicant stating that he or she has 21 days to send it in again. When it is sent in again, it will not look at the file for 21 days. Then if something else is missing, it is a similar issue. So issues drag on and on when people are looking for medical cards.

I know of a mature student who has been trying to get a medical card for the past 12 months. There is correspondence going from my office to the PCRS and to him for 12 months and he still does not have a medical card. He has absolutely no income. He is not getting a grant. He is being supported by his elderly parents and is also being supported by the Society of St. Vincent de Paul. I have on file a letter from the Society of St. Vincent de Paul here in Dublin verifying that it is supporting him while he is studying law. With absolutely no income, he still has not got a medical card after 12 months. This is the kind of thing that is going on and nobody is addressing it. When I raised those issues with the HSE, I was asked if I would be prepared to go out to the PCRS and discuss these issues with officials there. I said I would, but I never got the invitation to go.

I wish to speak about those aged over 70. I recently met a 75-year old lady who exceeds the medical card guidelines by €9. She has many medical issues and is on a considerable amount of medication. She has frequent doctor and consultant appointments. As she is over the threshold by €9, she is not entitled to a medical card. If she was over by €1, she would not be entitled to a medical card. For her to be assessed on health grounds and financial grounds, a different guideline is applied to her, which is a guideline for a person aged under 70. This makes no sense; she is 75 years of age. There should be a mechanism that if she is over by €9, in the same way as if she is under 70, and if she has medical expenses, that they should be added on to the €500 guideline to give her a chance of getting a medical card. I ask the Minister to respond to the issues raised.

Senator Jillian van Turnhout: I welcome the Minister to the House. I have a number of issues I would like to raise, particularly in the area of children's health. I apologise in advance because I will have to leave early as there is a meeting of the Committee on Health and Children at 5.30 p.m. on child protection which I need to attend.

The first issue I would like to raise is the issue of mental health. I know the Minister of State, Deputy Kathleen Lynch has responsibility for this area. However, it is the effect on the whole of the health brief that is very important. I would like to get comfort from the fact the money is secured. However, we heard this in 2011, 2012, 2013 and 2014. Money is ring-fenced for mental health but we are not seeing the delivery of the services. We have no proof of how this money is being spent. In fact, if anything, I am hearing from professionals - certainly in the children and adolescent mental health services - of it getting progressively worse

to access services. I am very concerned - as the Minister knows and I know and everyone in the House knows - that the likelihood is that it is going to be during the teenage years when a mental health difficulty will first present. The majority are at that time. That first experience is critical. Yet, we are seeing children having to wait four months, nine months, a year. This has an effect on their education, their community and their social environment - all those other aspects. However, it also has a huge effect on their whole lives, every time they experience a mental health difficulty.

We particularly see it in children in adult psychiatric wards. I have yet to meet somebody who agrees they should be there. However, we have seen an increase during the past year of the number of children in adult wards. I tried myself to understand why this is happening. My understanding is that some children and adolescent units are self-selecting the issues with which they will deal. They are saying - I can give an example, but I will not name the unit - they will deal with eating disorders but that is it. When there is a child with a complex or behavioural issue, they will not deal with that child. The child is moved on and pushed around the country. Can the Minister imagine that experience, without even having a mental health difficulty? Being pushed on because the person does not quite fit into the type of issue with which they want to deal. It is unacceptable.

We need clear national co-ordination, which is not happening. It needs to be considered unacceptable for a child to be in an adult psychiatric ward. Concerns are being raised by the Royal College of Surgeons in Ireland, RCSI. There are increasing waiting lists for child and adolescent mental health services. We can see the impact of this. We have seen it in recent HIQA reports into child welfare. Social workers cannot get children to access the mental health services. Where do these children go with all these complex cases? We see it also in the recent report of Carol Coulter from the Child Care Law Reporting Project, which provides details of the mental health issues of children who are ending up in the courts. It also deals with the issue of their parents with mental health difficulties. Children are going into care because their parents cannot access services. On that report, I was interested to see that the reason for almost 40% of children going into care is either addiction or physical or mental health issues. These are issues with which the health services are dealing. We very much need to clearly link and see the impact on services.

I welcome the Minister's statement on the GP services for children under six years of age and his recommitment to that and for people over 70 years of age. I note the Minister says this is to be without fees. Reports in newspapers today that fees will be charged are erroneous and misinformed. I have clearly heard the Minister say this and I read it in his statement.

The other issues I wish to raise concerns cardiac rehabilitation services and stroke issues.

An Cathaoirleach: The Senator has one minute remaining.

Senator Jillian van Turnhout: They are fragmented and poor. In particular, on the issue of strokes, there was a report compiled for the Irish Heart Foundation by the ESRI and the RCSI entitled Towards Earlier Discharge, Better Outcomes, Lower Cost: Stroke Rehabilitation in Ireland. It clearly shows that the savings from reduced hospital costs would outstrip the cost of early supported discharge. The difficulty, that the research clearly showed, is that community rehabilitation services in Ireland are appalling, with one in three discharged stroke survivors having no access to physiotherapy, half getting no speech and language therapy or occupational therapy and just one in ten having any psychological service despite the huge mental health

impact a stroke can have on a person. This is something that is backed up by the Neurological Association of Ireland on many of the neurological conditions. I ask the Minister if he accepts the findings of this report and what plans are being developed to implement a national supported early discharge programme for stroke survivors in Ireland.

I wished to raise the issue of obesity as well, but I will have to do that another day.

Senator Martin Conway: Go raibh maith agat, a Chathaoirligh, and I too welcome the Minister to the House.

Listening to the contributions here today, he would probably need to be a magician in order to keep everybody happy. It is probably a unique ministry in the sense that it has such a big budget and there is such a varied level of responsibility from health prevention to dealing with crisis management, not just on a daily basis but on an hourly basis. I do not think anyone can envy the Minister for the task ahead of him. All we can do is wish him well and express how impressed we are with him in his initial few months as Minister for Health. The Minister's straight-talking nature has certainly given the public confidence that the health portfolio is in competent hands. That is to his credit, particularly during a period that is very difficult for the Government.

We are all going to talk about our own areas, to a large extent. The Minister has attend the House previously to deal with a Private Members' motion on the issue of a strategy for vision. It was a useful and worthwhile engagement. I would like to think that we are going to see a strategy for vision properly developed, with the Department as the core participant and the people who are going to construct it. Everybody has a right to retain their eyesight. If that can be achieved by a comprehensive strategy for vision encompassing all the stakeholders it would be a very worthwhile endeavour. We have spoken at length on that in the House before.

Today I wish to raise the conditions in the accident and emergency unit in University Hospital Limerick and how unacceptable they are. The Minister gets a bulletin on the number of people waiting on trollies three times a day. I know that he is on top of this issue. However, I invite the Minister to visit the Mid-Western Regional Hospital in Dooradoyle in Limerick unannounced some time. It is one thing to get figures printed on paper or on an iPad and it is important that the Minister does so. I know he takes them very seriously. However, it is another thing to see the consequences, in action, on a Saturday night when it is at its peak, and to see the heroic efforts that staff make to try to ensure that everybody is seen and the appalling conditions in which they are working. Seeing is believing. It would be a very useful exercise for the Minister to call unannounced as Minister for Health, the person ultimately responsible at political level for the delivery of health services in this country. It is something the Minister should do, and he should do it sooner rather than later.

I believe that the accident and emergency department in Dooradoyle is probably the worst in the country. There is a capital investment taking place and there will be a new accident and emergency unit, probably in 2016. That is very welcome and every effort is being made to accelerate it to ensure there is no undue delay and that it will be fast-tracked as much as humanly possible. That is acceptable. However, there are interim measures that can be taken. We need to think outside the box in terms of identifying ways of doing things in the meantime - for the next two years - for the thousands of patients who are going to need to use the service over the next two years. When I speak of thinking outside the box, I speak of looking at the possibility of extending the opening hours of the accident and emergency unit in Ennis Hospital to allevi-

ate some of the pressure. Reconfiguration, we were told, is a good thing. Unfortunately, the capital infrastructure should have been there before reconfiguration became a reality. It was not and the Minister must take a fresh look at both extending the opening hours and upgrading the service at Ennis Hospital's accident and emergency unit between now and the coming on-stream of the new building in Limerick.

Senator Sean D. Barrett: I welcome the Minister and like other Senators, I heard his interview with Pat Kenny. One of the many good things in it was when he stated the sickness absentee rate among health service staff was now down to 4%, because that had been a scandal and I am glad it has been tackled. My metaphor for the health service, however, is that if I arrive in Heuston Station, I see a hospital across the road that is now inhabited entirely by bureaucracy. Between the mid-1980s and 2008, we doubled the number of staff in the health service from 55,000 to 110,000. It has fallen somewhat since then. Some staff have been transferred and there have been genuine productivity increases. I do not know what we were doing at that time but as for the appetite for more spending, more staff and staff in hospitals getting on to their politicians to claim the service is seriously underfunded and so on, we have had such a diet for quite long enough. According to the Department of Health's annual report for 2010, *Health in Ireland: Key Trends 2010*, the facts are that Ireland is a major spender on health services with expenditure of €3,793 per head of population. This is more than Australia, Belgium, Denmark, Finland, France, Germany, Sweden, Japan and Spain. I believe the Minister has real resource allocation issues in respect of how the system is operated.

I recall from the Milliman report that considered high VHI costs that we were keeping people who were insured by the VHI in bed for 11.6 days, against an average length of stay internationally of 3.7 days. That is a massive waste of expenditure and as the Minister noted in his speech, it is a danger to patients if they stay longer in that environment.

I support strongly the comments of my colleague, Senator Colm Burke, about the organisations that were funded by the Department of Health but which seem to have had a lifestyle most of us thought were reserved for the executives in Irish Water. I refer to the amount of alcohol consumption at a seminar to discuss liver disease and how the Department of Health has allowed these bodies to get away with it for so long, with people earning more than the Taoiseach while parading around as deeply concerned about the illness in question. It is necessary to get to grips with this budget because it is not a service that is starved of funds by the standards of any of the aforementioned countries. It is pretty good at making cases, putting patients upfront and saying these patients are dying because the Minister, Deputy Varadkar, or the Minister, Deputy Reilly, or whatever is the name of the Minister, is some kind of monetarist.

Members should simply look at the newspaper headlines stating pharmacists make huge profits from the State drugs scheme or Ireland has 50% more nurses than the OECD average. We passed the Health (Pricing and Supply of Medical Goods) Act 2013, which was to introduce a system of generic substitution and reference pricing, but what are the savings? While Members seek them now, as the end of 2014 approaches, that legislation was passed earlier. Members also passed legislation in order that the medical card list would be open to newly qualified doctors. However, Members asked the former Minister of State at the Department of Health, Deputy White, and I think probably less than a score of new doctors have been added. The local medical card doctor is a local monopolist and new people are not being allowed in. Banning new people from any activity is not a way to proceed.

Recent research by Paul Redmond that appeared on *publicpolicy.ie* suggests again that Ire-

land is among the major spenders on health services. As for some of the Minister's own figures, the expenditure on health per head of the population in 1999 was €2,000, whereas by 2008 it was €3,500. I do not believe the ageing explanation, as there is evidence it could be a red herring. People live longer and are healthier when they so do. One only dies once and the big health expenditure is in the last six months of life. However, I do not want that to be used as a cliché by the Department to have laxity in the way in which it considers budgets.

I hope we will not have yet another year of derogation for the VHI from normal health insurance. The briefing provided to Senators in this regard states that the European Union's third non-life directive forced competition in private health insurance on a reluctant Department of Health. It spent years postponing this and I believe health insurance should be regulated by the Central Bank as a financial service and there should be a level playing field. Competing health insurers should be able to tell the Minister and me that they charge cheaper premiums because they get a better deal. The cliché in the Department of Health, supported by the VHI and by additional levies on the rest of us, is that the VHI's problem is its members are too old. That is not the case. If someone can tell the Minister and me that they will insure both old people and young people more cheaply than VHI, that should be allowed to happen.

An Cathaoirleach: I call Senator Gilroy. The Senator is way over time.

Senator Sean D. Barrett: I welcome Mr. Boylan to the House and there are all sorts of developments in respect of pharmacy and herbalism. Let us extend-----

An Cathaoirleach: Senator, I must call Senator Gilroy.

Senator Sean D. Barrett: There are many ways to become healthier. Let us not stick with this current model, because it is not working and is too expensive.

Senator John Gilroy: I thank the Cathaoirleach and welcome the Minister to the Chamber. It is sometimes not easy being a Minister for Health. I seem to remember a previous Minister for Health was criticised when he was accused of trying to put some primary care centres into his constituency. If one is to believe the Sunday newspapers published last week, the current Minister for Health is attracting some comment for doing precisely the opposite, that is, for not siting the children's hospital in his own constituency. I suspect the Minister for Health's lot is not always a happy one. While I have a considerable amount to say, I will go through the points quickly before reaching the main substance of what I wish to say. I wish to raise with the Minister part of his own opening address, in which he stated it is his wish and desire to see the level of agency staff being reduced. While I believe everyone shares that view, he also stated that where possible, nursing graduates would replace agency staff on a two-year contract. Is this the same two-year contract that was condemned roundly by nursing representative bodies last year and which has a starting pay rate of €22,000 per year or is this a different two-year contract? I seek clarity in this regard. I also wish to mention briefly an impending crisis in the nursing profession on foot of the recent announcement by An Bord Altranais agus Cnáimhseachais, The Nursing and Midwifery Board, of an increase of 50% in registration fees. I note the representative bodies are encouraging their members not to pay this fee and by January, several thousand pupils will find themselves unregistered. Is a contingency plan in place in this regard and does the Minister have an opinion on it?

As for the main point about which I wish to speak to the Minister, he may be aware that I have a particular interest in mental health. A debate has been scheduled here next week with

the Minister's colleague, the Minister of State, and I am not always uncritical of those services. I wish to make two points with regard to the Mental Health Act 2001. They are not in any way locally focused and many might suggest they are a little obscure, but I have spoken about them several times. Section 59 of the Mental Health Act pertains to the administration of electroconvulsive therapy, ECT, to patients who are unable or unwilling to give consent. I believe this part of the Mental Health Act must be amended urgently. The Minister of State has given some indication that she is open to or at least predisposed towards amending this part of the Act but does not appear to have moved on it in any way. The benefits of ECT are contested and while there is some evidence of efficacy, it is not uncontested. Surely, the agreement of two consultant psychiatrists should not be sufficient to give an invasive procedure to any patient? I do not suggest that ECT should not be used - I do not agree with it myself - but there is a case that it should be a requirement for any involuntary administration of ECT to be argued before the Circuit Court or perhaps the High Court.

Section 58 is another obscure part of the Mental Health Act, so obscure that I have never seen or heard of it during my 30 years as a psychiatric nurse or even during the 20 years before I entered the service. Section 58 of the Mental Health Act pertains to psychosurgery, which "means any surgical operation that destroys brain tissue or the functioning of brain tissue and which is performed for the purposes of ameliorating a mental disorder". I do not know what this provision is doing in a modern Mental Health Act, as psychosurgery has been discredited since the 1950s. I seek the Minister's opinion as to whether Members should attempt to delete it altogether. They should not simply amend it but should absolutely delete it, as I consider it to be barbaric in a modern mental health service that one would find oneself being comfortable in speaking about psychosurgery as an intervention in the treatment of mental health. As I noted, the Minister's colleague, the Minister of State, will come to the House next week and I will have some points to make, not all of which will be complimentary. Indeed, I will have a great number of very harsh things to say about mental health services, some of which have been addressed by Senator van Turnhout. I will raise some more next week but in the meantime, I look forward to the Minister's comments.

Senator David Cullinane: I welcome the Minister. It will be interesting to see how he will be judged at the end of his term of office. His predecessors have not been judged very kindly because they did not make the correct policy decisions.

It has been continually stated that the Department of Health is a poison chalice. That will only prove to be the case if the Minister makes the wrong policy choices. If, however, he is bold, courageous and radical during his tenure, he will be successful and he could potentially be the most successful holder of the position the State has had in a long period. Everything we have heard from him up to now can be characterised in two ways, namely, he has almost been apologising for the mistakes made in the past and he seems to be seeking to undo the big vision of his predecessor without setting out his own position and vision. That is a matter of concern.

I wish to paint a picture for the Minister with regard to the situation on in the south east because this provides a good reflection of the state of the health service nationally. Since 2007, University Hospital Waterford has lost 300 staff. Of these, 130 were nurses. There are fewer nurses, junior doctors and consultants at the hospital. As a previous speaker noted, we cannot fill many of the vacant consultant posts. Perhaps the Minister might be in a position to shed light on why there is a difficulty in filling such posts in the south east and Waterford, in particular. There are fewer beds open at University Hospital Waterford. In fact, we lost an entire ward there. Perhaps the Minister might do me the courtesy of listening to what I am saying.

The hospital also lost two surgical theatres and overall capacity has been significantly reduced. What are the consequences of this? A number of departments at the hospital - including ophthalmology and orthopaedics - are a disaster. Sinn Féin's health spokesperson in the Dáil tabled several parliamentary questions relating to waiting times in University Hospital Waterford on my behalf. The position with regard to the orthopaedic department is an absolute disgrace, with people obliged to wait for up to four years in order to see a consultant. That should not be the case. An arrangement was reached with Cappagh Hospital and we were informed that people would be seen and receive the full complement of care. However, this arrangement was scrapped. I raised the matter on the Adjournment - the Minister was present to reply - but we still have not received a satisfactory response as to why the arrangement in question was ended. People were sent to Cappagh Hospital, some of them were seen but others were not and a number did not receive the treatment they require. I raise these various points because they provide a good flavour with regard to the problems that exist in the health service generally. As is the case elsewhere, services at University Hospital Waterford are stretched and front-line staff are under fierce pressure.

Another matter I wish to raise relates to the closing of the geriatric care facility at St. Patrick's Hospital, Waterford, resulting in the removal of 25 beds from the system. We were promised a new 50-bed unit but this has still not materialised and has given rise to a further capacity problem in the south east.

To return to the Minister's big vision and that of his party, Fine Gael has rowed back on promises in respect of primary care and free GP care for all. The latter no longer appears to be on the cards in the context of the Government's current term of office or, potentially, its next term. Despite the fact that he made a comprehensive opening contribution, the Minister failed to set out what is his vision. I will conclude by reiterating that he will be judged on the basis of what he does. His predecessor said a great deal but he was judged on what he failed to do and on the mistakes he made. I sincerely hope the Minister, Deputy Varadkar, will not follow in his footsteps. I also hope he will not be another failed Minister for Health who talked tough but who did not follow through with policies, reform the system properly, deal with the real issues or break - once and for all - the unequal two-tier health system that exists in this State.

Senator Michael Mullins: I welcome the Minister and congratulate him on both his appointment and the steady and businesslike start he has made. I also wish to congratulate him on his budget negotiation skills in achieving an increase in Exchequer funding of €300 million and a once-off saving of €460 million. This means the Minister will have an additional €760 million available to him this year.

Despite the extremely difficult budgetary position in which the Government has been obliged to operate in recent years, significant progress is being made. The fact that 6.8 million home-help hours were provided up to the end of August and that the number of home-care packages has risen by 20% is significant. It is simply incredible that 2.4 million people attended outpatient clinics in the first eight months of the year. Despite the improvements in ambulance response times to which the Minister referred, I am of the view that a number of issues remain to be addressed and that some significant black spots remain in existence throughout the country.

One of the greatest challenges facing the health service is that of staffing in acute hospitals. Our dependence on locums and expensive agency staff and the difficulties relating to the recruitment of consultants is placing services at serious risk. I will provide one example in this regard. The decision of a consultant geriatrician not to take up a post at Portiuncula Hospital is

a matter of serious concern. Stroke services have not been available at the hospital since 2013, following the resignation of a consultant. Patients must now be taken by ambulance to University Hospital Galway in order that they might receive lifesaving treatment. Why is it taking so long to fill the position at Portiuncula Hospital to which I refer? The authorities at the hospital have been obliged to suspend their thrombolysis service as a result of the resignation of the consultant geriatrician who led the stroke service. A locum consultant undertook to re-establish the service and organised training sessions for medical registrars and senior house officers for this purpose. The training in question was provided but, as a result of issues relating to continuity and agency doctors, the service was never reinstated. I have been informed that if a telemedicine stroke machine were installed in Portiuncula Hospital, it would allow consultants at other hospitals to make diagnoses in respect of the patients there. As a result, those patients could be treated on a 24-7 basis. It has been noted - the Minister can check this out - that seven such machines are sitting in boxes in Cork having never been installed. These machines constitute a significant resource and it seems incredible that they have never been put into use. Will the Minister investigate this matter or comment on it when replying?

I would also welcome it if the Minister could put an end to damaging speculation about the possible downgrading of the accident and emergency at Portiuncula Hospital. The Department of Health recently confirmed that it will not be downgraded and I would like the Minister to underline that confirmation. A great deal of damage is being done to the reputation of the hospital as a result of inaccurate speculation. The fact that it is handling much higher volumes of accident and emergency admissions in the aftermath of the closure of the accident and emergency department at Roscommon hospital highlights the need for the its own department to remain fully operational. I would welcome clarity in respect of this matter.

Senator Darragh O'Brien: I welcome the Minister for Health. I have not yet had the opportunity to congratulate him on his appointment. I hope he has more fortune than his predecessor, a colleague of ours in the county of Fingal.

I concur completely with Senator Gilroy in respect of the matters he raised with regard to mental health services. The House will engage in a debate on that matter shortly. I do not have time to go into detail but I have raised various issues relating to mental health services on numerous occasions in the House.

I have been awaiting the opportunity to raise two matters with the Minister directly. The first of these relates to the multiple sclerosis, MS, drug Fampyra. There are 1,500 MS sufferers in this country and the HSE has been assessing the use of this drug - which costs only €270 per month - in respect of them. Fampyra gives certain people afflicted with MS greater mobility. The HSE has been assessing it since 25 July. There are women I know who are no longer at work as a result of the fact that they cannot access this drug. I ask the Minister to use his good offices by talking to the HSE and getting it to approve both the use of this drug and its inclusion on the drug payment scheme.

The second matter to which I wish to refer is the plight of home help workers. These people are entitled to four and a half weeks gratuity per year of service on foot of two Labour Court recommendations. I wrote to the Minister's predecessor, Deputy James Reilly, on 12 separate occasions in that regard. I refer to low paid workers whom the Minister will agree provide a very important front-line service in the health service. They are so important to the system but they are unsung heroes. They work in groups, the majority of which are funded by the HSE. The Labour Court recognised their entitlement to the same pension entitlements and in lieu

of that, they were twice in the Labour Court. Two Labour Court recommendations granted them four and a half weeks per year of service as a gratuity. Many of the workers are on the minimum wage. I ask the Minister to urgently address the matter. I have written to the Minister twice but I do not know whether he has seen the letters. This is not a hill of beans in the scheme of things. The Minister is seeking an extra €500 million this year. On a countrywide basis it would probably cost approximately €8 million to address matters. The workers are due the money and should be paid it forthwith. If possible, I would welcome an update from the Minister this evening. The workers were promised they would be paid the moneys in 2012 but that did not come to pass. They should at least be given a timeframe for when the entitlements will be paid to them.

I would also appreciate an update on the situation with Fampyra or Fampridine, as it might be known in the Department, which has been a successful drug for MS sufferers. There are many other issues I could raise with the Minister but it is not possible to do so in the allocated three minutes. I raise issues on a daily basis in the House and I am sure the Minister is aware of them, but they are the two specific points I wish him to address this evening.

Minister for Health (Deputy Leo Varadkar): How much time do I have?

An Cathaoirleach: There is no limit to the time the Minister may take.

Deputy Leo Varadkar: I will respond to two Adjournment debate matters following the conclusion of this business. I will try to cover as much as I can. A number of questions were asked about national policy issues and many others about individual persons or facilities, which could perhaps be better dealt with by correspondence or by means of an Adjournment debate than a debate on health policy and budgets. I am pleased to hear the Minister of State, Deputy Kathleen Lynch, is due to speak in more detail in the coming weeks in the Seanad on mental health.

One of the first issues raised related to ambulance cover and ambulance services. In recent decades ambulance services have improved immensely. Previously, all an ambulance did was drive one to a local hospital but now we have many paramedics in the system who can assist a person from the moment he or she is picked up by an ambulance until such time as the person is brought to hospital. One of the big improvements introduced by the Government is that we now have an air ambulance. It has been particularly valuable in the midlands and the west in getting people not to the nearest hospital but to the most appropriate hospital, for example, to provide cardiac catheterisation in the event of a heart attack or various other interventions in the case of major trauma. In many cases, the nearest hospital is not the best place to go and a specialist centre is required where one can be provided with the necessary care. An air ambulance is particularly important for non-urban areas.

That said, ambulance services in this country fall short of what is expected from a modern ambulance service. By and large, what still happens in this country, as Senators outlined, is that an ambulance is called out and the person in need of treatment is picked up and taken to the nearest emergency department. That is not what happens in other countries, where a person is triaged over the telephone and sometimes it is decided that an ambulance is not required at all. Protocols are in place to allow an ambulance service to appropriately decide not to send an ambulance. What happens in other countries is that while people are waiting for an ambulance they are given good advice over the phone as to what they should do while waiting for an ambulance to arrive. In some countries up to 40% of people are treated by paramedics who

can be trained and many are already trained to deal with minor injuries or complaints and to discharge a person from an ambulance. Up to 40% of cases are dealt with in that way in other countries, and when people are taken in an ambulance they are brought to the right place, which might well be the local minor injury unit. A collapse can be caused by many different reasons but a minor injury, laceration or broken bone can and should be dealt with in a minor injury unit. However, that is not what happens in this country where one gets inappropriately taken to an emergency department and sometimes we take people to the wrong emergency department. If people have had major trauma, been in a major accident or perhaps has major head trauma, they should be looked after in an ambulance and taken to the right hospital not to the nearest emergency department where they are theoretically stabilised and then transferred with great difficulty, often many days later, following lots of phone calls between the two hospitals.

We have a significant distance to go in terms of improving the ambulance service in the coming years. What bothers me is that to a certain extent the debate in this Chamber is all about capacity; that we must have more capacity in the existing system and that we must have more ambulances and more resources. The fundamental problem with our ambulances is that they are not designed properly so just adding capacity to a system that is not set up in the right way would be wasteful and would not get us the results we need. That is true of many aspects of the health service where, time and time again, putting in more resources and capacity does not result in better outcomes because the system is not designed correctly in the first place. Modernising the system and bringing it up to the required standard will not happen quickly. When it comes to reconfiguring hospitals and moving centres from one hospital to the next we will have to make sure that ambulances are well organised and can get people to where they need to be.

Senator Moloney inquired about terminally-ill patients with medical cards. The system has changed somewhat. Initially, when emergency medical cards for terminally-ill patients in palliative care were introduced about two years ago, a six-month expiry date was put on the card. The definition at the time was that a terminally-ill person was not expected to live after six months, which obviously caused all sorts of difficulties when the person had the good fortune to live longer than his or her doctors thought he or she would. The system was changed some time ago to a review of 12 months and we are now going beyond that to a position where there will be no formal review any more if someone has a medical card on the basis of a terminal illness. There will not be a periodic review but there will be check-backs because there have to be. A serious issue would result if the system did not have to provide for audit or check-backs but there will no longer be a formal review or expiration of the card in the sense that there was in the past.

I strongly agree with Senator Moloney's view on the fact that medical cards are connected to all sorts of other benefits which creates all sorts of anomalies and problems. In other health services the health service is blind to people's income and everyone pays co-payments, for example, in some of the Nordic countries, and the equivalent of the Department of Social Protection covers the difference. We have a different system where we almost mix our health service with the welfare system. Once one tags people in a certain way based on eligibility they automatically get treated differently even if that should not be the case.

Senator Moloney made the valid point that if one has a medical card all sorts of other benefits are included such as school transport, an exemption from exam fees and, believe it or not, a lower rate of fee for freedom of information applications, and of course a lower universal service charge rate and therefore lower taxes. If we start giving out medical cards to more people based on medical need as opposed to income, a serious question of equity would arise. I

can understand the reason a person should get a medical card in order to access certain medical services but one could ask whether he or she should pay lower taxes than someone who earns the same income. I do not think so. There is much work to be done to ensure medical cards are about medical services and do not have ten or 15 ancillary benefits attached, which is the case at present. The situation developed over time, as it was a very easy way of means testing; if one passed the means test for a medical card then one would pass the means test for anything else such as school transport or other benefit. However, if we decide to have more discretionary medical cards, and more medical cards based on medical hardship, we will create a whole new set of anomalies that must be addressed. A very valid point which was well made during debate is that often those who apply for a medical card are actually seeking access to appliances or particular forms of therapy. We are hoping, in the course of the review, to be able to allow the HSE to provide these to people. In other words, the HSE, having determined that an individual is not entitled to a GP-visit card or a medical card could provide a particular therapy or appliance to that individual who either cannot afford or cannot access it.

I am aware of the case of a young child who had a GP-visit card and a long-term illness card. In order to help out, the HSE provided the rest of the family with a GP-visit card, even though they did not need it. What they did need was the one thing they could not get, namely, access to physiotherapy. There is a big gap there that we must address and I think we can do so. Problems arise when we run into a requirement for primary legislation which means that things cannot be done as quickly as we would like. We may need to take two or three steps in doing what I think we are all trying to do.

The issue of recruiting and retaining doctors was also referred to during the debate. Agency and locum work can be very attractive for doctors and other health service staff because the rates of pay are better, one can work whenever one wants to and one can take long periods of time off. However, it is not good for patients because they do not get continuity of care and not good for the taxpayer because it costs more. I was disappointed last week when the Irish Medical Organisation voted against the new payscale which would have provided a starting salary of €127,000, rising to €175,000 with incremental progression. That defeat was heavy which makes it very difficult to come up with a new solution. That said, I would point out that over 200 doctors have accepted contracts on the low salary and another 100 have provisionally accepted. It is not the case, therefore, that all vacancies are not being filled. An interesting pattern is emerging whereby posts can be filled in certain specialties but not in others. That is often linked to expectations about what one would be paid in the private sector or in other countries for the same work. Sometimes it is not just about money either. Applications for posts are also made on the basis of quality of services provided, the clinical environment and so forth.

I was a little confused to hear Senator Cullinane's remarks about bold and radical decisions and making the right decisions because as I understand it, it remains the policy of Sinn Féin that there should be a public sector pay cap of €100,000 or at least that there should be a very heavy burden of taxation on those earning in excess of €100,000.

Senator David Cullinane: That policy excluded consultants.

Senator Terry Leyden: How very convenient.

Deputy Leo Varadkar: Could the Senator repeat that please?

Senator David Cullinane: It excludes consultants.

(Interruptions).

Deputy Leo Varadkar: I was going to point to the obvious flaw in that policy which is that if Sinn Féin were to pursue it, we would probably have no consultants in the country at all.

Senator David Cullinane: I have been helpful in not allowing the Minister to fall into that trap.

Deputy Leo Varadkar: I did miss that detail although I had a good look at the policy.

Senator David Cullinane: The Minister should have another look.

Deputy Leo Varadkar: If the Senator asserts that is the policy then I believe him but ---

Senator David Cullinane: Attention to detail is not the Minister's strong point.

Deputy Leo Varadkar: --- if one believes in a good public service, one must pay people well across the entire public service. If the Senator thinks that it would only be for hospital consultant posts that we would have problems recruiting the highest quality staff, in the context of a salary cap of €100,000 or a tax rate of 68%, then he is quite wrong. We would struggle to find ---

Senator David Cullinane: That is not our policy.

Deputy Leo Varadkar: We would struggle to find good IT managers, accountants, financial services personnel and so forth. That is already happening across the public sector now. We are struggling to fill the top posts because of the caps on ----

Senator David Cullinane: I will send the Minister a note on our policy so that he will have a clearer understanding of it.

An Leas-Chathaoirleach: Please allow the Minister to speak without interruption.

Deputy Leo Varadkar: Another Sinn Féin policy which I am absolutely certain exists is ---

Senator David Cullinane: The Minister should stop talking about Sinn Féin policy. I asked him about his policies but he is avoiding the questions put to him in that regard.

(Interruptions).

An Leas-Chathaoirleach: Allow the Minister to speak, please.

Senator David Cullinane: I asked the Minister about his vision but he is talking about Sinn Féin.

Deputy Leo Varadkar: Senator Cullinane also asked me to pay attention to him when he was speaking but now he will not let me speak.

An Leas-Chathaoirleach: Allow the Minister to speak without interruption, Senator Cullinane, please.

Deputy Leo Varadkar: It is certainly Sinn Féin policy to transfer €90 million in costs to private health insurers which would essentially drive more people out of private health insurance, increase the demands on the public system and make the two-tier system even worse. That is very much Sinn Féin policy.

The health service is very difficult to reform and change. If it was like a ship, one could close it down, put it into dry dock and fix it but one cannot do that with the health service. One must rebuild the ship while it is still sailing. As we deliver reforms in the health service we need to make sure that we can keep the show running at the same time. That is what makes reforms very tricky. Like a lot of things in Ireland, we would not set it up the way it is currently were we starting from scratch now. However, we have the health service that we have now and we need to reform it in ways that do not make it worse. Unfortunately, some reforms have done exactly that.

The graduate nursing programme which also came up in the discussion is currently under-subscribed. I had hoped, in consultation with the nursing unions, to make it more attractive for nurses. It is proposed to offer nurses on the graduate nursing programme temporary contracts to work as nurses within the system.

There was a comment on Positive Action but I do not want to get into that too much because the matter has been referred to the Garda Síochána. However, I do not believe there is anything sinister in the timing of the release of information and believe it was entirely coincidental. I have no reason to believe otherwise.

Senator Crown mentioned muscular dystrophy and Friedreich's ataxia. I cannot imagine a reformed system which would refuse a medical card to someone suffering from either condition unless that individual was at a very early stage of diagnosis or had a very high income. When the expert group grappled with this issue, it was not the barn-door cases with which they had a problem but those in the middle. That is where it gets very difficult - deciding where to draw the line. That said, any set of clinical guidelines that takes cognisance or account of medical hardship and the burden of disease will not struggle to make the right decision when it comes to something like muscular dystrophy or Friedreich's ataxia. We will have to wait and see how the revised system works and potentially refine it as we go along.

Senator O'Brien had a lot of questions about the new children's hospital and in that context, Senator Crown made a very valid point. We are never going to have 100% consensus on the site and are always going to find members of the public, doctors and other interest groups who do not agree with the decision, no matter what that decision is. What we have now, at long last, is broad acceptance of the St. James' campus among political parties, the three existing hospitals in Dublin - all of which want to move as soon as possible - the universities, the staff of the hospitals, most of the unions, the parents' groups and the National Children's Advisory Council. Even groups that are ambivalent about the site are very keen to ensure that there will not be an additional set of delays. Such delays would be inevitable if the decision on the site was revisited. A lot of the questions posed were very detailed and would be better directed to the development board of the hospital. I will ask that the board provide answers to the Senator's questions. Obviously any of the planning and logistical issues will have to be considered by An Bord Pleanála in a few months' time. Part of the planning application will require the submission of a master plan.

I am uncomfortable talking about individual cases in public or in Parliament. As parliamen-

tarians, we should consider whether we want to raise individual cases in the Houses. That said, I understand that with regard to the four individual cases mentioned by the Senator, a debate is being taken by the Minister of State at the Department of Health, Deputy Lynch, in the Dáil later today. I did not have time to look at it myself because I have three debates to take in this House today. The Minister of State will take that debate later and I know that she is also examining the suicide prevention strategy.

Administrative staff were also mentioned during the debate and both administrative and managerial staff in the HSE get beaten up very badly, in a verbal sense. If one looks at the figures, however, the number of administrative and managerial-grade staff in the HSE is actually at its lowest since the executive was established while the number of doctors and dentists working in the HSE is actually at its highest ever level.

6 o'clock

If one spent too much time getting information from the media one really would not think that. Instead, one would think that there was a massive explosion in administrative staff with fewer doctors than before but that is not the case. We have fewer nurses than before but that is a separate issue.

Senator Darragh O'Brien: There is one fewer doctor as Deputy Reilly is gone.

Deputy Leo Varadkar: We need administrative staff. As somebody who has worked in hospitals for the best part of six years and in general practice for four, I know one needs somebody to answer the telephone, book appointments and look after medical records. Administrative staff may not be front line but one cannot function as a front-line staff member without administrative staff. They should not be dismissed in the way that they are. We also need a lot more IT and IT in the health service is way behind where it should be.

On the issue of universal health care and the bigger plan and vision, as referred to by Senator Cullinane, I want to be clear that I believe it can be done. Universal health care is achievable and it has been achieved in pretty much every other western country in different ways. I fundamentally believe it can be done. Some of the steps we are taking now are steps that do exactly that, such as hospital groups and community health organisations. It is a fact that we will, next year, take the first tangible step towards universal health care by extending GP services without fees to those under six years and over 70 years. The latter will be quite easy because we can use the existing contract but the under six initiative will be quite complicated because we will need a new contract. It is important that the contract be a better contract than the existing one and takes account of aspects such as asthma checks, obesity checks and so on.

We need an individual health identifier because we cannot follow people through the Irish health system at the moment. We are told, and it may well be the case, that there are 360,000 people on waiting lists of some sort but we do not know how many of them are the same people which happens all the time. I did it myself, as a general practitioner, where one dispatches a letter to three or four consultants in the hope of getting one who will see them first. There are people who are on waiting lists multiple times and because we do not have an individual health identifier we cannot track them through the system. Also, we do not know if they have already had investigations done perhaps somewhere else or only a few days ago. A big job needs to be done which is not straightforward but it can be done next year. However, it is important that we do things properly and do them well. We have learned from the Irish Water debacle that it

is better to do things slowly, to do them well and to plan them.

Senator Mary M. White: Hear, hear.

Deputy Leo Varadkar: Metering for water is pretty straightforward as one puts in the meters and then make charges.

Senator David Cullinane: It is not about that, Minister.

Deputy Leo Varadkar: Health insurance and health care is very complicated.

Senator Fidelma Healy Eames: Look how complicated water is.

Deputy Leo Varadkar: What would arise, for example, if there was universal health insurance with competing insurers and people refused to give their insurer their PPS number? What would happen if one brought in compulsory health insurance and people refused to pay the health insurance contribution? Would we then refuse them treatment?

Senator John Crown: No, we would encourage people to join different parties.

Deputy Leo Varadkar: There are a lot of things that need to be thought through, which is why we had a public consultation process. I will publish the results of the public consultation process soon. The ESRI and the Health Insurance Authority are doing their work on the costings and that will be published. I expect to be in a position towards the middle of next year to set out a revised roadmap as to how we might achieve universal health care in Ireland. If it takes a bit of time to do so then so be it. Better that it be done well than be done in a hurry.

Senator Darragh O'Brien: Put it back in the revised five-point plan

Deputy Leo Varadkar: I was asked about primary care centres and the incentives for people to use them over their emergency departments. Incentives do exist because the charge is lower for primary care centres than for an emergency department. If one attends one's own GP or primary care centre then one does not have to pay an ED charge at all. A big job must be done around educating people on where is the right place to go and when because they do not know. That is not their fault and we need to educate them.

We also need more investment in minor injury and local injury units. I have had the pleasure of visiting the hospital in Roscommon and noticed that it is possible for people in Roscommon to attend the minor injury unit and be seen very quickly in an hour or so. That is the same in Nenagh and Ennis. The units may not be open all night but they are open most of the day. People in Dublin do not have such an option unless one is willing to go to VHI SwiftCare and pay quite a lot to do so. We need some more investment in these injury units and also in the ambulance services.

A Senator mentioned the application process for medical cards. Yes, it is highly imperfect. There are different applications, as Members will know, for the doctor visit card, for the over 70s and the under 70s. It is proposed, under the revised system, to have one application for all types of medical cards, including for long-term illness. The first test, which remains the main test, is the means test. If a person does not qualify under the means test then immediately a secondary assessment can be done as to whether a person qualifies, based on medical need or medical hardship. That assessment will have the input of the local health office which is crucially important. Part of what was lost in centralisation was local input. None of this has gone

to Cabinet yet so I probably should not say anything more about it.

Senator van Turnhout mentioned the ESRI-RCSI report for the Irish Heart Foundation on early supported discharge for stroke patients. It is a very good report and I would like to try it out in one region if the money can be found in the HSE's budget. It makes intuitive sense to me that if a patient is discharged early from hospital after suffering a stroke and rehab is done in the community or at home that he or she will do better. Like so many things in the health service when people present savings, on examination they turn out not to be savings at all. What is positive in that report is that it is cheaper for somebody to be given their rehab and so on in the community rather than in hospital. That is true but the saving only arises if one closes the hospital bed and lets the staff in the hospital go. If one keeps the hospital bed open and keep the staff in the hospital one still has to pay for them so one then gets two sets of costs. One often gets this argument as well with lay discharges - that it would be much cheaper for the person to be in a nursing home rather than, as they say, blocking a bed in the hospital. That is only true if one closes the bed in the hospital. If one does as one should do, which is use the bed for somebody on a waiting list then that means one gets an extra person into hospital and one is then met with both costs. In reality, that is often why savings do not arise when people posit them because what happens when one frees up hospital capacity is it gets used by other people who need it and people on waiting lists. If we do the right thing then let us do the right thing because it is the right thing to do and not because we think there will be savings that do not add up on scrutiny and detailed financial analysis.

Senator Barrett quoted my Department's annual report for 2010. I am not sure if those international comparisons are in the report because I looked at the World Bank's figures the other day on health spending *per capita* and Ireland was way behind countries like Australia and so on. For Australia it is US \$8,000 per head but we have US \$3,500 per head.

Often when one does make comparisons we do not compare like with like. For example, in Ireland, as we all know, the social care budget for home helps, and all the rest of it, comes out of the HSE but that is not the case in the United Kingdom which funds such services through local authorities. Also, when taking account of how money is spent in the health service one must take account of where all the money comes from. In some countries all the money comes from the taxpayer or the exchequer. In other countries, like Ireland, funding comes from a mix so there is some from the taxpayer, some from the insurance companies and, particularly in Ireland, quite a lot out of pocket. One must take account of all the different streams of money that go into a health service. They are not readily comparable. I suspect that Ireland is probably somewhere in the middle. We are not a high or low spending country on health but we are somewhere around the middle. We probably do not spend it as well as we ought to.

I ran out of space to jot things down at this point but I will follow up the issues of stroke services and telemedicine stroke machines being left in boxes that were raised by Senator Mullins. I am not aware, in detail, of the home help issue. Is it a retirement gratuity? I will check out the matter. I have not seen any correspondence on it yet.

Senator Martin Conway: What about the university hospital in Galway?

Senator Fidelma Healy Eames: What about Galway University Hospital?

Deputy Leo Varadkar: I will do my best to get around to them all. As Members will know, there are 47 acute hospitals in the State. That is just hospitals, never mind every other

aspect of the health service. If I were to spend one day a week on visits it would take me a year to get around to the acute hospitals, never mind trying to get anywhere else. In the new year I will try to get out and about a bit more but my main job is to be here in Parliament, in my Department and with the HSE and Dr. Steevens. No amount of me travelling around hospitals, looking at them, will change health policy for the better.

Senator Fidelma Healy Eames: We are not asking the Minister to come to Galway. We just want him to talk to us about it.

Deputy Leo Varadkar: I am going to Galway in December. It is useful to do it exactly for that reason; to see the reality. There are other Ministers who spend a huge amount of their time just seeing reality and touring the country and not actually getting down to their desk and being here in Parliament.

Senator Terry Leyden: Hear, hear. The Minister is not wrong there. Good for him.

Deputy Leo Varadkar: I want to spend 80% of my time here in Parliament, in my Department and with the HSE, and maybe 20% in my constituency and elsewhere. I think that is probably the right balance, but it means that I cannot get around as much as I would like.

On the Fampyra medicine, I do not know that one in detail. The National Institute of Clinical Excellence, which did a paper on it in the United Kingdom, was quite critical of it. For any medicine, a comparison is made between the medicine itself and non-use or placebo use. That study found that the medicine only worked well in a small minority of patients and therefore was not cost effective.

Senator Darragh O'Brien: About 1,500 cases.

Deputy Leo Varadkar: I can guarantee that the decision on which drugs are reimbursed will not be a political or ministerial one. That decision will continue to be based on clinical and economic guidelines. The first question is whether the drug is effective. The second is what its side effect profile is and the third is whether the price is fair. I can understand that clinicians and interest groups will always take the view that we should reimburse every medicine that is licensed and pay whatever the drug company asks, but we cannot do that from a public policy point of view. It would not be right to do so. I know of one medicine in my time that was refused by the HSE and the national drugs committee only for the manufacturer to come back a few weeks later offering the same product at a 60% discount. I will tell the Senator which one it was afterwards if he likes.

Senator Darragh O'Brien: The issue is how long it takes them to assess it. It has taken from 24 July until now.

Deputy Leo Varadkar: There is a detailed agreement with the IPHA on the assessment times and when they can stop and start again. It is always open to pharmaceutical companies to come in with new evidence or more evidence as to why a product is effective. It is always open for them to come in with a new price. It is always possible to introduce new options, for example, cost-sharing options where the HSE only pays when the drug works, not in the 10 or 11 cases where it does not, or other agreements similar to that. They are all options that are open.

I think I have covered pretty much everything.

Senator Terry Leyden: The Senator, Professor Crown, and I mentioned the Dr. McHugh

situation. In fairness, we asked the Minister to look at the situation.

An Cathaoirleach: The Minister has given a very comprehensive report.

Deputy Leo Varadkar: I have no proposals to close any emergency departments in Ireland.

Senator Terry Leyden: No, I am talking about Dr. McHugh.

Deputy Leo Varadkar: I will look into that. I do not know the details.

An Cathaoirleach: The Minister has given a very comprehensive reply to the questions raised on the floor of the House. That concludes Statements. When is it proposed to sit again?

Senator Colm Burke: At 10.30 a.m. on Wednesday, 5 November 2014.

Adjournment Matters

Long-Term Illness Scheme

Senator Marie Moloney: I thank the Minister for staying on. He has had a very long afternoon here and has given comprehensive replies to all our questions. I felt it was more appropriate to raise this matter with him through an Adjournment debate rather than to bring it up during the statements. I refer to the i-port Advance medical device. There is no need for me to tell the Minister what it is with his background in medicine, but for the record of the House I should explain that this is a cannula device that is attached to a child. It administers the insulin shots for them via this port. The port is replaced every three days. Its use results in injections and skin piercings being reduced from 120 per month to just ten. It is revolutionary and has been in use in America for years. It was introduced in Ireland on 1 June but it is not covered under the general medical services, GMS, scheme or the long-term illness scheme. It is very expensive to buy, costing about €200.

Just a few moments ago, the Minister referred to health insurance covering the cost of items. Health insurance in Ireland does not cover pump training, insulin pumps or i-ports. There is a device called a continuous glucose monitor, CGM, which can be attached to the body. It takes a reading every five minutes and transmits that information to an external device. This is excellent for keeping a close eye on blood glucose levels. In the United States, insurance companies cover the cost of these, but in Ireland they can only be obtained through a hospital and they are expensive, so the HSE only gives them out on a loan basis, for a week, to check blood glucose patterns. I understand there is a petition going around by parents, especially for children with type 1 diabetes, for this i-port to be included in the GMS or the long-term illness scheme as are other diabetic services. It would reduce the discomfort and pain that children get from injecting their skin up to four times a day or 120 times a month.

Minister for Health (Deputy Leo Varadkar): I wish to thank the Senator for raising this important matter. At the outset I think it is important to state that decisions on which medicines and appliances are reimbursed by the taxpayer, are not political or ministerial decisions. They are made on objective scientific and economic grounds by the HSE. The HSE has statu-

tory responsibility for decisions on pricing and reimbursement of medical appliances under the community drug scheme in accordance with the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013. The HSE received an application for the inclusion of the i-port Advance injection port to its non-drugs reimbursable lists on 1 July 2014. This application is now being considered in line with the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013.

I understand that the i-port device is an injection port through which injectable medication can be given. It can be worn for up to 72 hours thereby reducing the number of injections required for those on multiple daily injections. The device should lessen the burden of daily injections and improve quality of life for patients which would be particularly beneficial for people with type 1 diabetes. The development of such innovative products and the obvious benefits the i-port may provide are welcomed. Nonetheless, the HSE must consider a wide range of criteria when assessing an application for a new product on the reimbursable list. In addition to the health needs of the public, the HSE will consider issues such as the effectiveness of the product, the proposed cost, the benefits, side-effect profile and risks of the product as well as the resources available to the Executive.

An expert group has been convened to assist the HSE in their consideration of this product. It is being led by the clinical lead for the national clinical programme for diabetes. The group has been tasked with assessing the clinical evidence to support the use of the product, to consider if the product is appropriate for reimbursement under the community drugs schemes and to assist in determining the value that the innovation presents. Its work will aid the HSE in its decision-making process. I want to assure the Senator that both the HSE and I fully understand the concerns of patients regarding the availability of this product. However, the HSE has a responsibility to undertake rigorous assessment of all applications for reimbursement so that decisions around the funding of products are clinically appropriate, fair, consistent and sustainable.

Senator Marie Moloney: I am glad to see that the device is being considered under the Health (Pricing and Supply of Medical Goods) Act 2013. The Minister might give an indication of when he expects a decision to issue on it or when the expert group will report back. As he will appreciate, parents know this device is available. I understand that it is being used in some of the hospitals, that they are giving it out in the clinics. Parents would wish to have anything that would make it easier and less painful for their children, but it comes at a cost and a lot of parents simply cannot afford it. Again we have the “chequebook rule”, where people who have the money can purchase a device or treatment while people who do not are under pressure. No-one would want to see a child suffer just because the parents cannot afford the device. Considering that all things for diabetics do come under the long-term illness scheme, I would appreciate if the Minister might get a report back from the expert group at some stage, although I understand he does not have a say in the decision.

Deputy Leo Varadkar: I do not have a timeline for Senator Moloney but I will certainly check on it to see whether there is a timeline for it.

I conducted a quick research check before responding to the debate. Unfortunately, I have not been able to find a significant amount of research on it, although there is one paper which suggests that, while there is no statistically different improvement in HbA1c in outcomes in the sense that a port and a pump work equally well, the use of a port is less expensive. The small bit of research that I managed to find seems to suggest that it would be cost effective but, as I stated, it would be inappropriate for me to be making these decisions. What is really required is

that the National Centre for Pharmacoeconomics, NCPE, and the HSE national drugs committee, which is made up of doctors, specialists and persons with the correct economic expertise, make these determinations, and I hope they can in this case, sooner rather than later.

Senator Marie Moloney: I thank the Minister.

Adjournment Matters

Medical Card Applications

Senator Martin Conway: I also thank the Minister for staying on to take this Adjournment matter.

In the past number of months, taking a holistic view on it, our experience in dealing with the medical card primary care reimbursement service, PCRS, staff has improved. However, this case is an example of how matters were and how they should not be. I would not normally put a medical card application down as an Adjournment matter, but the applicant is suffering from considerable anxiety because of being moved from Billy to Jack and told one thing by one group and something else by another. Ultimately, the message from different staff within the PCRS system is conflicting. My office has been dealing with this application on a daily basis. My secretary would speak to one person and get one set of recommendations in terms of what is required, and having put the necessary paperwork together, then would be told that something else entirely is required.

There seems to be a breakdown in communications between the PCRS and the Revenue Commissioners, particularly when it comes to the Revenue website and for the self-employed who submit self-assessment. Apparently, when one makes a self-assessment, one is issued with a letter of acknowledgement which is considered a receipt but for some reason, the PCRS is of the view that a completely different documentation is required. Even the Revenue staff are baffled because such a document, for which we have been asked on behalf of these clients, does not exist.

Ultimately, I need somebody senior in the PCRS to take this file and resolve it for me. In my view - the financial statements are there to back it up - the person is entitled to a medical card but is being delayed because of bureaucratic non-engagement and, perhaps, through no fault of anybody, misunderstanding. It is merely one of these cases that is going on for months and it needs to be resolved.

Minister for Health (Deputy Leo Varadkar): The Senator will be aware that in accordance with the relevant health legislation, full eligibility for a medical card is awarded where a person cannot arrange GP services for himself or herself and his or her family without undue hardship, having regard to his or her financial circumstances.

It is important to clarify that, under the Health Act 1970, as amended, the determination of

an individual's eligibility for a medical card is the statutory responsibility of the HSE. Under the legislation, it is clear that there is no role for the Minister for Health in assessing an individual's medical card eligibility. Furthermore, under the Health Act 2004, as amended by the Health Service Executive (Governance) Act 2013, the Minister for Health may not give a direction to the HSE relating to a decision concerning the eligibility of an individual.

By way of assistance, Senators may be aware that there is a dedicated PCRS contact service for Members of the Oireachtas. This service deals specifically with queries about medical cards and GP visit card. The details of the contact service have been issued to all Members of the Oireachtas and I would be happy to forward the details to Senators, if they so wish.

On the case to which the Senator refers, I believe it would be inappropriate to discuss the family circumstances and their financial details in public in the Seanad. However, I can advise the Senator that medical card applications are considered by the HSE in a fair and equitable manner on the basis of an assessment of the applicants' means, by reference to the HSE's national assessment guidelines and in accordance with the health legislation.

The HSE has, however, discretion to grant a medical card in circumstances where there is undue hardship in the arranging of medical services. For example, if an applicant's means are above the financial thresholds set out in the national guidelines, the HSE examines for any indication of medical or social circumstances, which might result in undue hardship in the arranging of medical services. In order to fully take account of all the relevant circumstances that may benefit an applicant in the assessment, a range of information and documentation must be provided, as outlined on the application form.

The HSE makes every effort to provide a person with sufficient time to renew his or her eligibility. Where a review form is returned, but not fully completed by the expiry date, it is HSE policy to extend the eligibility for a reasonable period of time until the review is carried out and a final decision made. I understand from the HSE that in this case some information is outstanding.

Finally, I can advise the Senator that medical card holders who engage with the review of their medical card eligibility will not have their eligibility withdrawn before the review is complete.

Senator Martin Conway: I note the reply. Of course, one would not discuss a specific case particulars on the floor of the House. This is an example of where the system still is not working. The information requested has been provided but yet it is deemed not acceptable, although Revenue cannot understand what is acceptable because what is deemed to be acceptable by the PCRS does not exist in the eyes of Revenue. That has also been backed up by the client's accountants.

I like to deal with matters in a positive manner. I would be happy if the Minister gave a commitment that he would request a senior person in the PCRS to deal with this file - not direct him or her as to what to do - and to iron out the crinkles that exist.

Deputy Leo Varadkar: If the Senator contacts my private office later in the week I can undertake to have a senior person examine the file. As the Senator accepts, I cannot direct him or her to provide a medical card.

Seanad Éireann
Register of Electors

An Cathaoirleach: I welcome the Minister of State, Deputy Coffey, to the House for the third matter.

Senator Katherine Zappone: I welcome the Minister of State. I ask him to outline what the Government is doing to raise awareness and to encourage citizens to register to vote ahead of 25 November, which is the voter registration deadline for the marriage equality referendum in 2015. It is essential to encourage citizens to register to vote and to vote, especially in light of the alarmingly low voter turnout figures from recent by-elections, for example, with only 34% of the electorate voting in Dublin South-West. I especially hope to hear what the Government is doing to ensure that young people are fully aware that they must act now to secure their vote in the marriage equality referendum next year. One in three between the ages of 18 and 25 are not registered to vote and eight out of ten young people did not vote the last time we held a referendum.

This upcoming referendum is an opportunity to end the disconnect between politics and the younger generation caused by decades of failure to deliver real political reforms. Getting young people energised and involved in the democratic process is one of our greatest challenges and the only path towards a health vibrant society. The current citizen movement signals that people need and want to be included in public decision-making in a meaningful way so that they can use their voices to shape the type of Ireland they want to live in, and I applaud civil society for its powerful efforts to encourage people to register to vote in time.

The Gay and Lesbian Equality Network, the Irish Council for Civil Liberties and Marriage Equality Ireland have joined together to launch the Yes Equality campaign to encourage people to register to vote this November. The Union of Students in Ireland and *SpunOut.ie* have also launched their information campaigns.

The Government and political parties cannot shirk from their responsibilities so what I expect from the Government is at least to match this civil society effort. As the Minister of State is probably aware, the system to register to vote also needs to be reformed. We need to have a centralised system that is up to date, streamlined and easy to use. The procedures vary from one county council to another which leads to confusion and frustration among potential voters attempting to sign up to the electoral register. We also need to have a centralised online voter registration system. Some county councils have this but there are significant inconsistencies between councils. It is too late for this referendum but we should have this debate and I hope to hear an update from the Minister on this issue at some point. Time is running out and the Government should make every effort to get the message out to young people that there are only three weeks left in which to register to vote in the marriage equality referendum 2015. Particular emphasis should be placed on areas like Dublin South-West where, compared with the national average, a higher percentage of the population is under 25 years.

Minister of State at the Department of the Environment, Community and Local Government (Deputy Paudie Coffey): I thank Senator Zappone for raising this important issue which I am taking on behalf of the Minister, Deputy Alan Kelly.

Voter registration is an important and fundamental part of our electoral processes and the annual register is prepared at this time of year. I welcome the effort of civil society, as outlined by the Senator. It is important that all sectors in society engage with the democratic process.

I welcome the opportunity to outline to the House what measures my Department is taking in this respect.

By law, the preparation of the register of electors is a matter for each local registration authority. It is their duty to ensure, in so far as possible and with the co-operation of the public, the accuracy and comprehensiveness of the register. Local authorities have undertaken extensive voter registration campaigns over the years, with assistance from my Department, to ensure the electoral register is as up-to-date and as accurate as possible. Senators will be aware the draft register of electors is published annually on 1 November. Between that date and 25 November, the draft register is on display in local authority offices, post offices, Garda stations and the offices of county registrars. The public are encouraged to check the register during this time. Where new registrations or corrections to existing registrations need to be made, the public are encouraged to notify their registration authority. The process culminates in the publication of a new register on 1 February in the following year. That new register comes into force on 15 February and is used for all elections and referendums held during the following 12 months.

My Department supports an annual voter registration campaign during the period for displaying the draft register, which is between 1 and 25 November. The key message to members of the public each year is to value their vote and to take the necessary steps to ensure they are registered to vote and that their registration details are in order. People can do this by checking with their registration authority or online at the website, www.checktheregister.ie.

The following measures are being taken by my Department this year to promote voter registration. Ten thousand posters were printed and posted last month to registration authorities, Members of the Dáil, youth organisations, third level student bodies and multicultural groups. Registration authorities were asked to arrange to have these posters displayed in post offices, public libraries, Garda stations, courthouses, local authority offices and other suitable locations. Advertisements were placed last week in national daily newspapers and in other newspapers, including *Seachtain*. Online advertisements will be appearing on popular websites on a staggered basis during November. The home page of the Department's website will draw attention to the timelines for voter registration. The posters and the advertisements in each case encourage people to engage with the voter registration process by checking the draft register to ensure they are included if they are over 18 years of age and that their details are correctly recorded.

I hope people will respond to the registration campaign during this time. It is important that all eligible voters are enabled to vote when elections or referendums occur. To do this they must be registered. Inevitably, some will not vote or will forget to vote. These voters will still have the opportunity to apply for inclusion in the supplement to the register for a period of time in advance of the holding of any elections or referendums.

I thank Senator Zappone for raising awareness of this matter. I agree it is essential and important that anyone entitled to vote is registered to vote. In my experience over many years, the local authority registers have contained inaccuracies and omissions. I repeat that anyone entitled to vote should register and exercise his or her vote if at all possible.

Senator Katherine Zappone: I thank the Minister of State for his response. I am somewhat heartened by it. I agree with him that it is good to identify these issues now. The draft registers are on display in local authority offices and people are encouraged to inspect them. The different measures identified by the Minister of State are helpful to know. I was with members of the Union of Students in Ireland last evening to promote the issue in Galway. I know

that they will be happy to hear that the Minister of State is engaged in this process. We should encourage members of the local authorities to hold events, for example, or to reach out beyond the advertisements and other initiatives. I hope they will do so. We are all keen to have the citizens engaged in the referendum, whichever way they vote, but they cannot do so if they are not registered. I thank the Minister of State for outlining the measures in his response to the matter I have raised.

Deputy Paudie Coffey: I thank the Senator. I reiterate that, by law, the local authorities are the responsible authorities for voter registration. I am sure the Senator's experience is the same as mine in that some local authorities are better than others in this regard. I call on local authorities to use the resources available to them to ensure in so far as possible there is awareness about voter registration in their respective areas. I accept the Senator's point about the importance of political parties, those in civil society, students' unions and anyone else with an active interest engaging proactively with our democracy. To do so they must be registered to vote. The issue raised by the Senator is timely. I support her in her efforts to raise awareness. It is important that everyone entitled to vote exercises their vote. Some may wish not to exercise their vote but that is their right also. I thank the Senator for raising this important issue. I hope some members of the media are listening to this debate because they have a role to play in raising awareness.

Employment Rights

Senator Fidelma Healy Eames: I welcome the Minister, Deputy Richard Bruton, to the House. I am grateful that he is here to take this Adjournment matter as the senior Minister in the Department.

My case is the need for the Minister for Jobs, Enterprise and Innovation to consider the poor prospects of agency workers who exist on week-to-week contracts and how he can improve their lot. It is in everyone's interest that workers are happy and that people stay working. We do not want to make welfare attractive or to create a welfare trap. The Minister will know that I have a long record in supporting work and employment and in supporting multinational companies as well as small local businesses.

I was quite stunned when I heard of some of the conditions under which agency workers are employed. I will document some of them for the Minister. Agency workers are employed by an agency and not by the company directly, although they work in the company. The main kernel of the problem is that they work on week-to-week contracts and are paid on a scale ranging from the minimum wage to a little more than €10 per hour. One worker met me to describe his plight. He earns approximately €21,500 a year but his biggest problem is that he is employed on a week-to-week contract. He is not a baby; he is 39 years of age. He would like to get married but he cannot even qualify for a credit union loan. He cannot get a car loan or a mortgage because of the lack of job security in the contract. He has no benefits in terms of sick pay or a pension. Others mentioned to me that some agency workers are on a week-to-week contract for up to three years without any definite contract duration. That is quite a long time. They are the issues I would like the Minister to address in terms of legislation he is planning to bring forward and guidelines he can issue to agencies. Is he examining lengthening the week-to-week contract, even to three to six months, which would be helpful? In some cases agency workers' wages have been reduced from €10 an hour to the minimum wage.

This policy of low pay is a big issue. This individual pointed out to me that, under the budget, he will get an extra €3 a week, but that will not make any sizeable difference to his life. I reiterate that the biggest problem is the week-to-week contract because, to use that individual's words, he feels "it is messing with people's lives". He cannot get a mortgage, a car loan or a credit union loan. He said: "my head is exploding as I want out of here but where else can I go - I want to work - but into another agency job". It is desirable that the weekly contracts be extended to short-term contracts, for example, up to six months, which would give workers the ability to plan ahead. This would be good for companies too because they would be able to plan ahead. If there is better morale among the workers, it will improve spirits in the company. While it is somewhat nebulous, one can always recognise good worker morale and good spirits in a company.

The perception is that the law suits companies and the Government backs it. We all need employment and I support jobs, growth and the growth of GDP, but workers' rights and dignity matter too. If lengthening the duration of contracts is not examined, the danger is that it could make welfare attractive, and creating a welfare trap is the last thing we would wish to do.

I have many more examples. Another one is that after the deduction of PAYE tax, PRSI, the universal social charge, the property tax and with the water tax that is being introduced, there is very little left to live on and that all that is left to tax now is the air. I am not being sensational about this but my fundamental question to Minister is what he can do and, more important, what he will do to improve workers' conditions and contracts for agency workers. The attributes of the agency worker are just as important to the company as those of the permanent worker. We are very lucky to produce creative and flexible people and, above all, people who want to work on low wages. I await the Minister's reply.

Minister for Jobs, Enterprise and Innovation (Deputy Richard Bruton): I thank the Senator for raising this issue. There is no doubt that pay and conditions form a continuing issue to which my Department gives very careful attention. One of the first things we did on entering Government was to increase the minimum wage, which had been reduced under pressure in the previous negotiations with the troika. We restored that minimum wage. We have also been implementing a wide range of reforms in the wage-setting area where we have sought to re-establish the system of joint labour committees and the registered employment agreements which were struck down by the courts. Specifically, in regard to agency workers, we introduced the Protection of Employees (Temporary Agency Work) Act 2012, which provides that agency workers must receive equal treatment in regard to the pay they receive with the permanent workers in the same company. That has been a very important measure and it was backed by an EU directive but had not been implemented in Ireland. That gives protection to agency workers.

Clearly, we are concerned about what are called zero-hour contracts. In our new agreement for the second phase of the programme for Government between the Taoiseach and the Tánaiste, a study of zero-hour contracts is being undertaken. The position of zero-hour contracts is somewhat different in Ireland from the UK, where this has been a centre of very considerable concern, in that people here who are required to be on-call have some protection from the Organisation of Working Time Act, which provides that they will have to be paid for 25% of the period during which they are on call. I think that is a provision under section 18. They have to be paid for 15 hours or 25% of the time whichever is the lesser. There is a protection there.

Employment law does not seek to regulate the duration of a contract but it provides that

people who are on contracts enjoy the same access to employment rights, holiday entitlements and so on as any other worker. I do not think the State can start insisting on the duration of a contract because inevitably people set contracts depending on the scale of the projects they are working on and it is not possible to require companies to have contracts of a certain duration. Clearly, agency working, and temporary working generally, is a feature. It should never be a major part of the workforce but there are employees it suits and employers it suits who have seasonal fluctuations whereby they can arrange some of their production on this more flexible arrangement.

We have introduced a large number of changes. We are establishing a commission on low pay and the newly appointed Minister of State in my Department, Deputy Gerald Nash, will steer that legislation through. It will come to the House in due course and it is his intention to appoint an interim commission on low pay. There has been such a body in the UK and by common acclaim it has done a good deal of valuable work in understanding the process and making sure that the both the employment opportunity and the need for protection of people in low paid positions would be balanced. We have a programme of work in terms of examining the zero-hour contact and the establishment of a commission on low pay. We have implemented legislation on agency workers and are bringing in the REA legislation. We have a good suite of protections in place. I am always open to looking at amendments in our legislative framework but the emphasis in recent years has been to consolidate legislation following a number of court decisions that undermine the existing approach. I hope those comments have addressed some of the Senator's concerns.

Senator Fidelma Healy Eames: If the Minister or I were employed on one of these week-to-week contracts, we would not be able to plan our lives. What comfort can he give me to pass on to the considerable number of the workforce - 150,000 people - employed as agency workers? I look forward to the establishment of the commission on low pay. I could just as easily be talking on behalf of the employers' side or the small business sector but my job is to represent whatever concerns are put forward. How can these workers plan ahead? How can they borrow a penny? What can the Minister say that could help? Would he consider, for example, requesting companies, through legislation, to set the duration of contracts according to the length of a project?

Deputy Richard Bruton: In this area we must provide legal protections that are general in their application. Not all agency workers are low paid - some agency workers are quite highly paid and in some professions working through an agency gives higher pay. As Senator Healy Eames rightly says, some agency workers are vulnerable to being treated very badly. That is why we passed legislation in 2012, which I brought through the House, requiring equal treatment in relation to pay and basic working and employment conditions. That is in effect since 5 December 2011. It requires that people who are brought in through an agency on a temporary basis be treated identically to the full-time staff of the same company.

Senator Fidelma Healy Eames: Not in terms of pay.

Deputy Richard Bruton: Yes, in terms of pay. Pay is defined as basic pay-----

Senator Fidelma Healy Eames: I heard the Minister.

Deputy Richard Bruton: -----and pay in excess of the basic pay in respect of shiftwork, piecework, overtime, unsocial hours worked or hours worked on a Sunday. It covers the pay

element, but it does not cover pensions, and those sorts of-----

Senator Fidelma Healy Eames: Or sick pay.

Deputy Richard Bruton: Or sick pay. However, this is an arrangement whereby these people are working on a short-term agency basis. That does not suit everyone but it does suit some people and we are seeking to recognise that this is a flexible option that suits some people and some employers but one cannot demand of an employer who has a temporary assignment that it will endure. They often do not know how long demand will be such that-----

Senator Fidelma Healy Eames: I understand completely.

Deputy Richard Bruton: We can only provide a general provision, as we are doing, but we are different from the UK in that where people are required to be available they are guaranteed the 25% or 15 hours even if they do not work. We are looking again at the zero-hours contract. I will ensure that the officials in my Department who are initiating that study of zero-hours contracts will look at the sort of cases that Senator Healy Eames has raised and will factor those into that study.

By and large, however, we have put in new protections for the very type of worker that Senator Healy Eames is concerned about. We are looking at the issue of low pay, if such people are on low pay, and we are looking at zero-hours contracts. Across the spectrum of issues the Senator has raised, if we have not already implemented change we are actively looking at areas where we could improve the environment. At the same time we recognise that there is huge pressure - with 21,000 people emigrating from Ireland and 11% unemployment one must balance any measure taken on one side with the need to create employment on the other. One of the things that has been seen in the past few years is that this recovery started with largely part-time working and shorter duration contracts. In the last 12 months all of the employment growth is in full-time positions. As recovery has taken hold we have seen what were short-term opportunities becoming more established in duration and people getting into a better position to plan their future. Agency working is just one element but it is being regulated in a way that we believe is bringing greater fairness into the environment.

The Seanad adjourned at 6.55 p.m. until 10.30 a.m. on Wednesday, 5 November 2014.