

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies as received on the day from the Departments [unrevised].

Questions Nos. 1 to 9, inclusive, answered orally.

Medicinal Products Licensing

10. **Deputy Niall Collins** asked the Minister for Health the actions taken to date and his future plans to tackle counterfeit medicine; and if he will make a statement on the matter. [54535/12]

17. **Deputy Niall Collins** asked the Minister for Health the actions taken to date and the future plans the Gardaí have developed to tackle counterfeit medicine; and if he will make a statement on the matter. [55493/12]

Minister of State at the Department of Health (Deputy Alex White): I propose to take Questions Nos. 10 and 17 together.

The Irish Medicines Board (IMB) is responsible for the regulation of medicines in Ireland. It works with all stakeholders, including the industry and law enforcement agencies, to ensure as far as possible that counterfeit or falsified medicines do not reach the public.

IMB enforcement officers work in cooperation with An Garda Síochána and the Revenue Customs Service throughout the year to detect counterfeit and illegal medicines coming into the State and to investigate instances of illegal supply of medicines over the Internet from retail outlets not authorised to supply medicines, or illegal supply of medicines on the illicit market. Prosecutions have been brought by the IMB and by the DPP against persons breaching regulations under the Irish Medicines Board Acts 1995-2006 relating to the unauthorised manufacture, importation and supply of medicines, to protect public health and protect against the health risks associated with counterfeit medicines.

Falsified medicines represent a serious threat to global health and call for a comprehensive strategy both at European and international level. The IMB is part of a global rapid alert system on medicines in the authorised supply chain, which monitors and acts on reports of counterfeit medicines that are detected in the supply chain from the manufacturer through to the patient. The IMB participates in two further rapid alert systems, one EU and one global, which deal with counterfeit medicines in illegal markets and pharmaceutical crimes.

For the last five years the IMB, Revenue Customs Service and An Garda Síochána have participated in a unified interagency operational approach in Ireland called Operation PAN-GEA. This is an international initiative coordinated by Interpol, to tackle the internet supply of

counterfeit and illegal medicines. The principal focus of Operation PANGEA is the protection of public health. The IMB is represented on the global organising committee for this operation. The activity conducted during this operation is ongoing throughout the year in Ireland with the Revenue Customs Service detecting illegal supplies of medicines at ports and airports and working with Gardaí in investigations to identify criminal activity and prevent harmful internet-supplied medicines getting to unsuspecting members of the public purchasing online.

Memoranda of Understanding exist between State agencies to support this collaborative approach to combating counterfeit medicines, such as that between the IMB and Revenue Customs Service. The Irish Medicines Board (Miscellaneous Provisions) Act, 2006, provides that Revenue Customs Service officers have enforcement powers under the Act to enable them to adequately respond to instances of illegal importation of medicines, medical devices and other healthcare products. This has proven to be a very positive approach and is evidenced by the amounts of illegal medicines detained annually at the entry points to the State. Further, the Gardaí continually work to identify supply lines of controlled drugs in order to prevent them getting into the drug abuse market.

To date, no counterfeit medicines have been detected in the legitimate medicines supply chain in Ireland. However several instances of counterfeit medicines have been found in the UK and other EU countries over the last ten years even though these countries have been active in taking significant steps to deter this activity.

At an EU level, it is recognised that, as falsifications become more sophisticated, the risk to EU patients increases every year. The new Falsified Medicines Directive, Directive 2011/62/EU, will come into effect from the 2nd January 2013. The transposition of the Directive into Irish law is in progress. This new legislation will further tighten the regulatory regime to prevent the possibility of infiltration of counterfeit medicines into medicines wholesalers and pharmacies and is intended to further protect patients. It introduces tougher rules to improve the protection of public health with new harmonised, pan-European measures to ensure that medicines are safe and that the trade in medicines is rigorously controlled. These new measures include:

- An obligatory authenticity feature on the outer packaging of key medicines;
- A common, EU-wide logo to identify legal online pharmacies and make it easier to distinguish between legal and illegal online pharmacies throughout the European Union;
- Tougher rules on the controls and inspections of producers of active pharmaceutical ingredients; and
- Strengthened record-keeping requirements for wholesale distributors.

These new measures will be progressively introduced over the next few years.

The public can be assured that the area of counterfeit medicines is constantly under review. The different State agencies, in particular the IMB, An Garda Síochána and Revenue Customs Service, are working in a cooperative manner to deter, detect and investigate instances of illegality regarding medicines and will continue to do so.

Medical Card Eligibility

11. **Deputy John Browne** asked the Minister for Health the reason he narrowed eligibility for the over 70 years medical card; and if he will make a statement on the matter. [57058/12]

Minister of State at the Department of Health (Deputy Alex White): Due to the current financial climate, it is necessary to identify measures to mitigate the escalating costs of the medical card scheme for both the over 70's cohort and the under 70's cohort.

The changes to income limits for the over 70's, which were announced in Budget 2013, will affect about 5% of the entire over 70's population, which is in the region of 20,000 of the 360,000 over-70's medical card holders. Under the new arrangements, it is envisaged that 92% of the over 70's will retain their medical cards.

At present, people over 70 are entitled to a medical card if their income is less than €700 per week for a single person or €1,400 for a couple. In line with measures announced in Budget 2013, the income limits are being reduced to €600 a week for an individual and €1,200 a week for a couple. This will mean that a single person with an income under €600 per week or a couple with an income under €1,200 per week, will still qualify for a medical card. If a single person has an income of between €600 and €700 per week, or a couple has an income of between €1,200 and €1,400 per week, they will qualify for a GP visit card instead of a medical card. People who lose the medical card will be entitled to make use of the Drugs Payment Scheme (DPS) which reimburses the cost of medication that exceeds a monthly threshold.

Question No. 12 answered with Question No. 7.

Health Services Reform

13. **Deputy Timmy Dooley** asked the Minister for Health the key priorities in his new health framework document; and if he will make a statement on the matter. [57063/12]

Minister for Health (Deputy James Reilly): On 15 November last, I, together with my colleagues Minister Kathleen Lynch and Minister Alex White launched *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*. The core of the Government's health reform programme is a single-tier health service, supported by Universal Health Insurance and designed in accordance with the principles of social solidarity. *Future Health* sets out the building blocks towards the introduction of UHI and maps out 48 time defined actions that will be taken to achieve the Government's objectives.

Future Health is founded on:

- A new focus on **health and wellbeing**, moving away from simply treating ill people to a new concentration on keeping people healthy;
- Reforming our **primary, hospital and social care services** so we deliver care at the lowest level of complexity;
- Reforming our **structures** so we deliver services effectively and efficiently; and
- Reforming our **financial systems** so we can enhance financial control and create the incentive to deliver cost effective care.

I am determined to maintain access and quality during the reform process. We must address huge financial challenges while keeping services safe and of high quality. For this reason, *Future Health* proposes that change be implemented in a step by step manner on the basis of good evidence.

I recognise that effective consultation and collaboration with stakeholders will be crucial for the successful implementation of the reform programme. In the two weeks following the

launch of *Future Health*, I met with some 1,500 local clinical and administrative staff and management as well as regional health forums at fifteen different events across the four HSE regions. I was accompanied by my Department and by the HSE Director General designate of the HSE. This proved to be a very valuable and worthwhile exercise as it allowed me to outline my plans directly to frontline staff and management, and to engage in productive discussion and debate on health service reform.

The actions in *Future Health* are already being implemented as a matter of priority and I will ensure that this progress continues next year. I am confident that with the involvement and support of all of the main stakeholders in the health system, we can deliver on our objectives in the best interest of patients.

Home Help Service Provision

14. **Deputy Mary Lou McDonald** asked the Minister for Health if he will set out in precise terms how he will honour the commitment given (details supplied) in the wake of the budget to restore the core community services of home help hours and home care packages; and if he will make a statement on the matter. [57006/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): The Government remains firmly committed to supporting vulnerable older people to live in dignity and independence in their own homes and communities for as long as possible. Mainstream Home Help and enhanced Home Care Package services are core to not only supporting vulnerable older people's preferred wishes, but also to reducing pressures elsewhere in the wider care system. The demand for these services, and for additional community based supports such as Meals-on-Wheels and Day or Respite Care, will continue as the demographics, and complex needs, of older people change.

The capacity of the Health Service Executive to provide approved levels of home support services is continually reviewed in the context of overall resources available at particular times. Notwithstanding the recent reduction in HSE home support provision towards the end of this year, to address overall urgent funding pressures, investment in these services will still be significant. All measures are taken by the HSE to ensure that as many people as possible receive a prioritised service, in line with assessed individual needs.

The matters raised by the Deputy are being considered at present in the context of finalising the HSE Service Plan for next year. This is due to be published in the near future, in line with agreed procedures and time frames. However, as clearly indicated recently in relation to Social Care services under Budget 2013, the Government will next year restore to 2012 levels core provision of home help, home care packages and personal assistant hours. As is the case with all aspects of HSE Service Plans, these services will be reviewed on a regular basis, in the context of achieving agreed targets or taking account of evolving circumstances over the course of 2013. The Local Health Offices will continue to allocate and monitor services as normal. This includes, at individual recipient level, regular assessment and reviews, to ensure that prioritised resources are directed towards the most vulnerable.

HSE Expenditure

15. **Deputy Bernard J. Durkan** asked the Minister for Health the degree to which he is satisfied that frontline and or essential services can be retained within the context of the budget for his Department for the year ending 31 December 2013, with particular reference to the ex-

tent it has been found possible to identify the precise areas of the service incurring the most cost overruns in each of the past four years to date; if any particular steps have been taken to monitor expenditure on a half yearly, monthly, weekly or daily basis in such a way as to ensure that no shortfall occurs at the end of the year and that areas within the services showing a tendency to overrun budget are identified regularly and early in order to facilitate any remedial action required; and if he will make a statement on the matter. [56973/12]

192. **Deputy Bernard J. Durkan** asked the Minister for Health if he is satisfied regarding the adequacy of the budget for his Department to meet in full the projected requirements in the coming year; the extent, if any, to which any unforeseen expenditure can be provided for; and if he will make a statement on the matter. [57322/12]

196. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he has put in place procedures to monitor day to day costs in the health service with a view to prevention of budgetary overruns at year's end; and if he will make a statement on the matter. [57326/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 15, 192 and 196 together.

As we are all aware, the country still faces serious challenges in respect of the public finances, and the need to meet the targets agreed with the Troika, as part of the Memorandum of Understanding between the Government and the Troika. Notwithstanding these challenges, the Government agreed to provide the Health Group of Votes with an additional €150m over and above the expenditure ceiling set last year.

In respect of next year, Gross Expenditure under the Health Group of Votes will be €14,024 million in 2013. This will consist of €13,627 million in current expenditure and €397 million in capital expenditure. The level of health services to be delivered within the available funding will be set out in the HSE National Service Plan. The Plan will also set out the measures required to fund unavoidable pressures and commitments made under the Programme for Government. In line with the Programme for Government funding will be allocated to further develop mental health services and provide free GP care for persons with certain conditions.

As I have outlined in this House on previous occasions, I have instructed the HSE that efficiencies must be achieved in the first instance before patient services are affected, and in this regard patient safety must be paramount. During 2012 my Department undertook a number of initiatives to address concerns around financial control in the Health Service Executive. These included engaging an expert from the UK NHS to examine the financial management of the HSE and make recommendations regarding strengthening and improving the management of its finances. An assessment of this report and an action plan for the implementation of its recommendations, was also undertaken by PA Consulting. Both reports will be published shortly.

As regards regular monitoring of expenditure, there is intensive engagement between officials from my Department and the HSE each month. My Department provides detailed analysis each month on expenditure trends to the Department of Public Expenditure and Reform, and there is regular engagement between officials from that Department, my own Department and the HSE. The Executive is managed by each Regional Director, both financially and service delivery wise, within a national framework, with the information collated by the Corporate Planning & Performance Directorate of the HSE. This consolidated information forms the basis of its Performance Report, which the Deputy will be aware, is published every month. The Report provides an overall analysis of key performance data from Finance, HR, Hospital and Primary & Community Services. The activity data reported is based on Performance Activity and Key Performance Indicators outlined in the HSE National Service Plan. A Supplementary

Report is also produced each month which provides more detailed data on the metrics covered in the Performance Report. The October Performance Report is due to be published this week, and will be available on the HSE's website - www.hse.ie

My Department and the HSE is working collaboratively with PA Consulting on a Financial Improvement Programme with a view to strengthening the Executive's financial and performance management and reporting systems during 2013.

General Practitioner Services

16. **Deputy Brendan Smith** asked the Minister for Health when he will reduce general practitioner remuneration; and if he will make a statement on the matter. [57083/12]

Minister of State at the Department of Health (Deputy Alex White): On Budget Day, Dr. James Reilly T.D., Minister for Health announced that the fees/allowances payable to health professionals will be reviewed under the Financial Emergency Measures in the Public Interest Act 2009.

The professionals concerned are General Practitioners, Pharmacists, Dentists, Ophthalmologists, Optometrists and Dispensing Opticians who hold contracts with the HSE, Smartakers contracted under the CervicalCheck programme and Consultant Psychiatrists who hold contracts with the Mental Health Commission.

The Minister has determined that a consultation process shall commence on 13 December 2012 and shall be completed by 11 January 2013. A press notice was placed in national newspapers on 13 December, inviting interested parties to provide written submissions to assist in deliberations on these matters. Further details are available on the Department's website at www.doh.ie on the Public Consultations page.

The review shall encompass, but is not confined to, fees and allowances which have been reduced previously under the Financial Emergency Measures in the Public Interest Act, 2009.

When the review has been completed, the Minister for Health will make a decision on whether to reduce, or otherwise, the fees and allowances payable to the above health professionals, including General Practitioners. Where the Minister determines that fee adjustments should be applied, Regulations will be prepared to give effect to such adjustments.

Question No. 17 answered with Question No. 10.

Services for People with Disabilities

18. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health if he will set out the level of cuts to supports for disability services in 2013; if he will address the funding crisis which is affecting disability services, including day care, residential care, respite and so on; and if he will make a statement on the matter. [57002/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): The funding situation for the disability sector in 2013 is not yet available pending the finalisation of the HSE's National Service Plan for 2013. Savings required globally from the Health Budget will have an impact on all services, including disability services, and it is expected that these will be outlined when the Minister for Health approves the National Service Plan in the near future.

I have made it clear to the HSE that the frontline services should be protected to the greatest possible extent with the needs of patients being central to any decision making.

National Children's Hospital Status

19. **Deputy Aengus Ó Snodaigh** asked the Minister for Health if he will provide an update on the development of the National Children's Hospital and on the enhanced support, if any, he will provide to the existing children's hospitals pending the completion of the new hospital; and if he will make a statement on the matter. [57012/12]

Minister for Health (Deputy James Reilly): Following the refusal by An Bord Pleanála of planning permission for the new children's hospital on the Mater site, I established a Review Group chaired by Dr Frank Dolphin (the Dolphin Group) to advise on next steps. Their report was presented to me on 8 June this year. On Tuesday 6 November, I announced the Government's decision to develop the new children's hospital at the campus of St James's Hospital in Dublin. In identifying the new site, the Government has carefully considered the report of the Dolphin Group along with detailed supplementary information on cost, time and planning which was subsequently sought from those members of the Group with the relevant technical expertise.

This decision has been made in the best interests of children, with clinical considerations being of paramount importance. Co-location, and ultimately tri-location with a maternity hospital, on the St James's campus will support the provision of excellence in clinical care that our children deserve.

The new children's hospital is a key commitment in the Programme for Government and the largest project within the current Capital Plan. This Government regards the building of the hospital as a priority and no effort will be spared in expediting its completion. Until then, the HSE will continue to support the existing children's hospital who will continue to operate and provide services to patients within the current agreed Service Plans. I have already signalled that the three hospitals will become a single Hospital Group in the near future, and my Department is examining the necessary arrangements to support this.

In parallel, I am moving to put in place the necessary structures and governance arrangements to enable the delivery of the capital project as quickly as possible and to the highest quality. I will bring a Memorandum for Government on these issues to Cabinet shortly. Pending this, work is progressing in relation to the site and site preparation, while a review of urgent care centre(s) configuration is underway and a time-limited review of Dublin maternity services configuration is to commence as soon as possible.

Health Insurance Prices

20. **Deputy Micheál Martin** asked the Minister for Health his plans to reduce the price of private healthcare; and if he will make a statement on the matter. [57069/12]

188. **Deputy Bernard J. Durkan** asked the Minister for Health the action that has been taken to ensure that health insurance costs here are brought into line with the most competitive in Europe; and if he will make a statement on the matter. [57318/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 20 and 188 together.

The Government is committed to keeping down the cost of health insurance so that it is affordable for as many people as possible and remains committed to protecting community rating, whereby everyone pays the same price for the same health insurance product, irrespective of age or health status. The Programme for Government contains a commitment to put a permanent scheme of risk equalisation in place, which is a key requirement for the existing private health insurance market and is designed to keep health insurance affordable for older persons and to maintain the stability of the market.

I was pleased, therefore, to recently publish the Health Insurance (Amendment) Bill, 2012, to give effect to a new Risk Equalisation Scheme (RES) to be applied from 1 January 2013. An effective and robust RES is required in the Irish private health insurance market in order to protect affordability for those who need it most.

I recently announced the rates of risk equalisation credits to apply in 2013 at the Committee Stage debate in the Dáil on this Bill. The rates are funded by a stamp duty payable by all insurers in respect of each insured person. The credit is provided at source – that is, the cost of the policy is reduced by the amount of the risk equalisation credit. The measures are designed to result in no overall increase of premiums paid in the market and to spread the risk more evenly between the healthy and the less healthy, as well as the old and the young. This action is in line with plans to move to Universal Health Insurance, under which everyone will be insured for health care.

The Government remains committed to keeping down both the cost of health insurance, so that it is affordable for as many people as possible, and the general cost of healthcare delivery, as part of measures to ensure the sustainability of the private health insurance market in the transition to a UHI system. In February of this year I established the Health Insurance Consultative Forum which comprises representatives from the country's main health insurance companies, the Health Insurance Authority (HIA) and the Department of Health. This Forum was established to generate ideas which would help address health insurance costs, whilst always respecting the requirements of competition law. The Forum will also give a voice to the insurers in the development of the new Universal Health Insurance model. I have also made it clear to the health insurers that I believe that significant savings can still be made, the effect of which can be to minimise the need for increases in premiums.

In this regard, VHI has commissioned consultants to carry out an external review of their claims. The review is nearing completion and will look at the opportunities and costs involved in possible reductions in utilisation that can be achieved by implementing appropriate utilisation management approaches.

I would also strongly advise consumers to shop around for the health insurance plan that best suits their needs. Consumers have a legal right to switch between or within insurers to get better value and to reduce their premium costs. The HIA provides information to consumers regarding their rights and also on health insurance plans and benefits. The HIA's website www.hia.ie has a useful plan comparison tool which assists in finding suitable and competitive health insurance plans.

Departmental Expenditure

21. **Deputy John Halligan** asked the Minister for Health the cuts he intends to make to reach the target of €780 million; and if he will make a statement on the matter. [57096/12]

46. **Deputy Richard Boyd Barrett** asked the Minister for Health the cuts he intends to make

to reach the target of €780 million; and if he will make a statement on the matter. [57030/12]

71. **Deputy Jonathan O'Brien** asked the Minister for Health if he will detail the way in which the projected €781 million reduction in the health budget in 2013 will be achieved; and if he will make a statement on the matter. [57024/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 21, 46 and 71 together.

The following table outlines the summary of measures to be taken by the Department in order to adhere to the 2013 Expenditure Ceiling. The table shows the amount of savings to be generated in 2013 following the implementation of each measure and the amount that is expected to be generated in a full year. The Department of Health's own Vote is being reduced by €90m - €30m transferring to the HSE and €60m in savings. Even allowing for additional expenditure related to the EU Presidency, there will be a reduction in the Department's Administrative Budget. There will be savings on the National treatment Purchase Fund and €25m of its budget will be transferred to the HSE. There will also be a range of further reductions including reductions in funding for health agencies.

Measure	Savings in 2013	Full Year Savings
		€ million
		Primary Care Schemes
Reduction in cost of Drugs and other prescribed items	160	330
Increase DPS threshold to €144 per month	10	10
Increase prescription charges for medical card holders	51	51
Reduced professional fees	70	80
Other changes to Primary Care schemes	32	44
		Other areas
Pay-related savings	308	458
Increased generation of private income	65	115
Savings on Department Vote	60	60
Procurement Measures	20	20
Other measures	5	5
Total Net Savings	781	1,173

Ambulance Service Response Times

22. **Deputy Denis Naughten** asked the Minister for Health the progress which has been made in the Health Service Executive West region since the introduction of standardised ambulance response times; the steps being taken to improve ambulance response times in the region; and if he will make a statement on the matter. [56889/12]

Minister for Health (Deputy James Reilly): The Health Information and Quality Authority has developed a suite of key performance indicators (KPIs) within which 999 emergency calls have been classified by clinical status.

Clinical Status 1 Echo calls involve life-threatening emergencies of cardiac or respiratory origin. Clinical Status 1 Delta calls involve life-threatening emergencies of other than cardiac or respiratory origin. The target times for responding to Echo 1 and Delta 1 calls are 7 minutes 59 seconds by a first responder (a person trained in minimum basic life support and use of a defibrillator) and 18 minutes 59 seconds for a patient-carrying vehicle. With effect from January 2012, HIQA have set the standard for first responders at 75% within the target time and at 80% within the target time for patient-carrying vehicles.

Response times around the country vary significantly and are influenced by the nature of the area covered and the rural/urban mix. As might be expected, the percentages for achieving optimum response times are lower in remote areas of the country. The following table sets out response times for August 2012 by the three operational areas.

NAS Area	ECHO First response within 7 mins 59 secs (Target 75%)	DELTA First response within 7 mins 59 secs (Target 75%)	ECHO Transporting vehicle within 18 mins 59 secs (Target 80%)	DELTA Transporting vehicle within 18 mins 59 secs (Target 80%)
North Leinster	74.03%	30.51%	62.99%	69.20%
South	44.44%	28.53%	74.07%	66.60%
West	41.67%	25.98%	86.11%	62.25%

It is important to note, however, that following a review of the validity of time-based KPIs for clinical status data, and in line with international views, it is considered that clinical outcome indicators would be more appropriate, and work has begun on their development. I also welcome the consequential outcome that use of clinical indicators will enable a focus on Clinical Status 1 (Echo and Delta) calls.

The National Ambulance Service (NAS) has been taking a number of steps to improve response times. These include development of a Performance Improvement Action Plan, an intermediate care service, the control centre reconfiguration project and a trial emergency aero-medical service.

The Performance Improvement Action Plan is focused on achieving an improvement in response times performance. This plan has 57 action points for improvement which are being worked through by local managers, in areas such as faster mobilisation times for crews; improved processes for call taking and dispatch; engagement with and development of community first responder schemes.

The intermediate care service (ICS) is intended to provide non-emergency stretcher-based transport, such as for inter-facility journeys, so emergency vehicles are available for emergency duties and response times can be improved. In this context, the NAS and staff representatives have signed off on a Framework Agreement for the development of an ICS within the NAS, specifically to free up emergency resources for emergency calls. Almost 50 intermediate care operatives have been appointed across the country, in areas including Cork, Galway, Sligo, Letterkenny, South Dublin.

Through its control centre reconfiguration project, the NAS is continuing to rationalise the number of ambulance control rooms across the country, with a target of one system across 2 sites - Tallaght and Ballyshannon. The current total is nine. This project is focused on improving call taking and dispatch functions and on delivering improved technology. It will assist in improving response times and will allow the NAS to deploy resources in a much more effective and efficient manner, on a regional and national basis rather than within small geographical areas.

The Emergency Aeromedical Service (EAS) was initiated as a 12 month trial in June 2012, with two purposes - to reduce the transit time to an appropriate facility for certain conditions, particularly in the west, and to determine the extent, if any, of the need for aeromedical support to the NAS and, if required, how best to provide it. The trial involves the Irish Air Corps providing aeromedical support to the HSE NAS, from a base in Custume Barracks, Athlone. The aircraft is operated by the Air Corps, with clinical staffing from the NAS. The Irish Coast Guard also provides additional support to the primary aircraft, using its new search and rescue helicopter in Shannon, which is staffed by its own paramedics and an NAS advanced paramedic when necessary.

Health Care Inflation

23. **Deputy Michael Moynihan** asked the Minister for Health the reason healthcare inflation here is the second highest in Europe; and if he will make a statement on the matter. [57078/12]

Minister for Health (Deputy James Reilly): Ireland recorded the third lowest rate of inflation in the Health Category in the EU 15. Greece and Portugal were the countries which were lower. The type of prices included in the health category include medical products, appliances and equipment, hospital charges and out patient services supplied by doctors, dentists, opticians, physiotherapists and practitioners of alternative and complimentary medicine.

The Harmonised Index of Consumer Prices (HICP) for November 2012 indicates that Ireland has the second highest inflation rate in health care cost in EU 15 except for Netherlands over the last 6 years. However, figures for the UK are not available, but it is normally slightly above Ireland which would indicate that Ireland has the third highest rate.

The HICP is based on the Consumer Price Index (CPI) survey, which is designed to measure the change in the average level of prices (inclusive of all indirect taxes) paid for consumer goods and services by all private households in the country and by foreign tourists holidaying in Ireland. Therefore it does not reflect price changes in the cost to the Health Service Executive of providing treatment. As the Deputy will be aware, very significant reductions in the cost of human resources, medications and in fees paid to professionals have been achieved in Ireland over the last few years - however, these are not comprehended within the HICP.

Prescription Charges

24. **Deputy Gerry Adams** asked the Minister for Health the estimated sum to be raised by the trebling of prescription charges for medical card patients; and if he will make a statement on the matter. [57004/12]

58. **Deputy Billy Kelleher** asked the Minister for Health the reason, in view of earlier statements he made, he has tripled rather than abolished prescription charges [57056/12]

Minister of State at the Department of Health (Deputy Alex White): I propose to take Questions Nos. 24 and 58 together.

Due to the very difficult and challenging economic environment the Government has committed to achieving additional savings in health expenditure during 2013 and 2014 with €781m savings targeted in 2013. The Government is committed to achieving these savings while protecting front line services to the most vulnerable to the greatest extent possible. Reductions in

the cost of Primary Care Schemes will contribute €323m towards this overall savings target, and the increase in prescription charges will account for €51 million of this target.

Cancer Screening Programmes

25. **Deputy Éamon Ó Cuív** asked the Minister for Health when the BreastCheck programme will be provided to women aged 65-69 years; and if he will make a statement on the matter. [57079/12]

Minister for Health (Deputy James Reilly): The BreastCheck Programme provides free mammograms to all women aged 50-64. The Programme for Government includes the extension of BreastCheck to women in the 65-69 age group, in keeping with EU Guidelines on effective screening for breast cancer.

The main priority for the HSE's National Cancer Screening Service (NCSS) at present is to maximise national uptake in the 50-64 year age cohort. The extension of the BreastCheck programme has been listed as a priority in the HSE's 3 year Corporate Plan (2012 -2015). The HSE's National Cancer Control Programme is examining how it can extend the programme to 65-69 year olds. A review of the BreastCheck screening process, commissioned this year by my Department from the Department of Epidemiology and Public Health in UCC and the Centre for Health Policy and Management in Trinity College, has just been submitted to my officials. This review will help to inform how greater efficiencies may be achieved within the Programme in order to extend the age range at the earliest date. The Strategic Framework for Reform of the Health Service estimates that this will be in 2014.

In the meantime women of any age who have concerns about breast cancer should seek the advice of their GP who will, if appropriate, refer them to the symptomatic breast services in one of the eight designated specialist cancer centres.

Medical Card Eligibility

26. **Deputy Seamus Kirk** asked the Minister for Health the position regarding the supply of medical cards to cancer patients; and if he will make a statement on the matter. [57068/12]

Minister of State at the Department of Health (Deputy Alex White): Medical cards are not awarded to any particular group of patients on the basis of a specific medical condition.

Under the provisions of the Health Act 1970, eligibility for health services in Ireland is based primarily on residency and means. There are currently two categories of eligibility for all persons ordinarily resident in Ireland i.e. full eligibility (medical card) and limited eligibility (all others). Full eligibility is determined mainly by reference to income limits, and is granted to persons who, in the opinion of the Health Service Executive, are unable to provide general practitioner, medical and surgical services to themselves and their dependents without undue hardship. There is no automatic entitlement to a medical card for persons who have cancer.

There is a provision for discretion to grant a card in cases of "undue hardship" where the income guidelines are exceeded. The HSE recently set up a clinical panel to assist in the processing of applications for discretionary medical cards where there are difficult personal circumstances.

There is an emergency process for a person who is terminally ill, or in urgent need of medical attention and cannot afford to pay for it, that provides a card within 24 hours while the

normal application process is completed. Details of this procedure have been made available to all GPs and Social Workers. Such applications can be initiated through the Local Health office whose manager has access to a dedicated fax and e-mail contact line to the Primary Care Reimbursement Service (PCRS). Once the medical condition is verified by a GP or a consultant, and the required personal details are provided, an emergency card is issued to that person for a six-month period.

Lourdes Hospital Redress Scheme Eligibility

27. **Deputy Clare Daly** asked the Minister for Health in view of the age profile and growing stress of the women involved, the reason for the delay in delivering on the commitment for redress of the victims of Dr. Michael Neary, and when the promised redress may be expected [56892/12]

Minister for Health (Deputy James Reilly): This Government has given a commitment in the Programme for Government to seek a mechanism to compensate those women who were excluded on age grounds alone from the Lourdes Hospital Redress Scheme. I understand that approximately 35 women who suffered an unnecessary bilateral oophorectomy were excluded from the Redress Scheme on the basis of age alone. The Scheme of Redress approved by Government in 2007 was a non-statutory, *ex-gratia* scheme. Awards were determined by an independent Redress Board in 2007 and 2008.

My Department has been engaged in a review to identify the most appropriate mechanism to compensate these women. This review has included taking instructions and legal advice, including advice from the Office of the Attorney General, with a view to bringing proposals to Government for a decision. This process is ongoing, and it is my intention that it will be brought to a satisfactory, legally sound conclusion as quickly as possible.

I would like to assure the Deputy that I am committed to finding a solution to this sensitive issue and I intend bringing proposals to Government for its consideration at the earliest possible opportunity.

Universal Health Insurance Provision

28. **Deputy Seán Crowe** asked the Minister for Health if, in relation to the Government's plan 'future health' and its statement that social care services will not be covered by universal health insurance, this will mean people having to pay for care services which they are eligible to receive without charge at present; and if he will make a statement on the matter. [57014/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Under Universal Health Insurance, everyone will be insured for a standard package of primary and acute hospital services, including acute mental health services. While primary and hospital care will be funded mainly via the UHI system, specialised and social care services, including long term care, will be funded by general taxation.

The future sustainability and model of delivery of social care services will have to be subjected to detailed policy analysis and consultation along the lines of the initiatives outlined in Future Health - A Strategic Framework for Reform of the Health Service 2012 – 2015.

Future Health commits to the development of a social and continuing care system that maximises independence and achieves value for the resources invested. The measures include a

reform of the Nursing Home Support Scheme to allow many more people to continue living at home as they would wish. Consideration will also be given to the extension of the Nursing Home Support Scheme model to the disability and mental health sectors. Disability services will be reformed in line with the findings of the recent Value for Money and Policy Review of Disability Services. *Future Health* also reaffirms our support for the move from the traditional institutional based model of mental health care, towards a patient-centred, flexible community based service. Other important measures identified include the introduction of a standardised framework to commission services from both public and non-public providers; individualised budgeting to bring about a closer alignment between funding and the outcomes of individuals; and a robust regulatory regime to ensure quality and safety.

Home Care Packages

29. **Deputy Dara Calleary** asked the Minister for Health the number of persons that lost home help hours following the cuts announced in September; the savings that accrued as a result of these cuts; and if he will make a statement on the matter. [57059/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Drugs Payment Scheme Expenditure

30. **Deputy Peadar Tóibín** asked the Minister for Health the consideration he has given to the proposal to benchmark the ex-factory price of medicines at the lowest rather than the average of comparable European states; if he accepts that this is the practice in a number of other EU member states; if he accepts the projected savings figure cited of €280m; and if he will make a statement on the matter. [57028/12]

34. **Deputy Barry Cowen** asked the Minister for Health the reason drug prices remain high here relative to other countries; and if he will make a statement on the matter. [57062/12]

Minister of State at the Department of Health (Deputy Alex White): I propose to take Questions Nos. 30 and 34 together.

The prices of drugs vary between countries for a number of reasons, including different prices set by manufacturers, different wholesale and pharmacy mark-ups, different dispensing fees and different rates of VAT. In recent years, a number of changes to the pricing and reimbursement system have been successfully introduced in Ireland. These have resulted in reductions in the prices of thousands of medicines. Following intensive negotiations involving the Irish Pharmaceutical Healthcare Association (IPHA), the HSE and the Department of Health, a major new deal on the cost of drugs in the State was concluded in October last. It will deliver a number of important benefits, including: significant reductions for patients in the cost of drugs; a lowering of the drugs bill to the State; timely access for patients to new cutting-edge drugs for certain conditions; and reducing the cost base of the health system into the future.

The gross savings arising from this deal will be in excess of €400m over 3 years. €210 million from the gross savings will make available new drugs to patients over 3 years. Thus, the deal will result in a net reduction in the HSE expenditure on drugs of about €190m. The Department of Health and the HSE have also successfully finalised discussions with the Association of Pharmaceutical Manufacturers in Ireland (APMI), which represent the generic industry, on a new agreement to deliver further savings in the cost of generic drugs. It is estimated that the

combined gross savings from the IPHA and APMI deals will be in excess of €120 million in 2013. The IPHA agreement provides that prices are referenced to the currency adjusted average price to wholesaler in the nominated EU member states in which the medicine is then available. The prices of a range of medicines are due to be reduced on 1 January next in accordance with the agreement. The Health (Pricing and Supply of Medical Goods) Bill 2012, which is currently before the House, provides for the introduction of a system of generic substitution and reference pricing. The Bill provides that when the HSE is setting a reference price for, or reviewing a reference price set for, a relevant group of interchangeable medicinal products it shall take into account the following criteria: the ability of suppliers to meet patient demand for the relevant item; the value for money afforded by the relevant item; the equivalent prices of the relevant item in all other Member States where the product is marketed; the prices of therapeutically similar items; and the resources available to the HSE.

It is important to balance achieving best value for money for the taxpayer with assuring continuity of supply for critical medical products, particularly in a small market like Ireland. Consequently, the Bill aims to achieve value for money while avoiding disruption in the availability of medicines on the Irish market.

Hospital Staff Issues

31. **Deputy John Halligan** asked the Minister for Health further to Parliamentary Question No. 530 of 11 December 2012, if he is satisfied that he has no obligation to ensure detailed consultation and full engagement between the Health Service Executive, the Irish Hospital Consultants Association and the Irish Medical Organisation on issues that impact on their members; if he does have an obligation in this regard if has he fulfilled this obligation with regards to proposed new access protocols for 16 and 17 year olds to mental health services; and if he will make a statement on the matter. [57097/12]

48. **Deputy Richard Boyd Barrett** asked the Minister for Health further to Parliamentary Question No. 530 of 11 December 2012, if he is satisfied that he has no obligation to ensure detailed consultation and full engagement between the Health Service Executive, the Irish Hospital Consultants Association and the Irish Medical Organisation in issues that impact on their members; if he does have an obligation in this regard if has he fulfilled this obligation with regards to proposed new access protocols for 16 and 17 year olds to mental health services; and if he will make a statement on the matter. [57031/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 31 and 48 together.

The issues raised by the Deputies are matters in relation to which the HSE has specific statutory obligations. The HSE is obliged under the Employees (Provision of Information and Consultation) Act, 2006, to engage with the trade unions in relevant circumstances. In addition, under the terms of the Public Service Agreement, the HSE has a responsibility to ensure that engagement with trade unions takes place, to take account of staff concerns and rights, in relation to organisational and service changes. I have asked the Executive to reply directly to the Deputies concerning consultation and engagement with the Irish Hospital Consultants Association and the Irish Medical Organisation in relation to the expansion of mental health services for 16 and 17 year olds.

Hospital Staff Issues

32. **Deputy Charlie McConalogue** asked the Minister for Health the latest figures for the employment of agency staff in acute hospitals in 2012; the other alternatives to agency staff that are being used; and if he will make a statement on the matter. [57071/12]

Minister for Health (Deputy James Reilly): The Government has decided that the numbers employed across the public service must be reduced in order to meet its fiscal and budgetary targets. The health sector must make its contribution to that reduction.

Agency staff may be used only in the most exceptional of circumstances and when all alternative avenues have been exhausted. Such staff may only be engaged when signed off by identified senior management.

The Health Service Executive will shortly be introducing an Employment Initiative/Placement Scheme for Graduate Nurses and Midwives. Under the scheme graduate nurses and midwives will be offered the opportunity to apply to take part in a two year placement programme in the public health services. In particular, the scheme has the potential to enable nurses with limited or no work experience post-graduation to gain such experience and to benefit from mentoring and skills development. The scheme is also intended to contribute to a reduction in expenditure on agency staffing and overtime in the health service. The HSE is proceeding with arrangements to finalise the details of the scheme, including the eligibility criteria, and will be inviting applications early in 2013.

With regard to the latest figures for the employment of agency staff in acute hospitals in 2012, this is a matter for the Health Service Executive, and as such, the Deputy's enquiry has been referred to the HSE for direct reply.

Hospital Services

33. **Deputy Michael McGrath** asked the Minister for Health the position regarding the reconfiguration of hospital services in the south east; his plans regarding same; and if he will make a statement on the matter. [57074/12]

61. **Deputy Sandra McLellan** asked the Minister for Health the date on which he or his Department will receive the report on hospital groups (details supplied); the date on which he will publish the report and his plans to progress the implementation of hospital groups; if he will commit to maintaining the cohesion of the south east region as a single hospital group; and if he will make a statement on the matter. [57022/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 33 and 61 together.

A key stepping stone towards the introduction of Universal Health Insurance will be to develop independent not-for-profit hospital trusts in which all hospitals will function as part of integrated groups. The rationale behind the establishment of hospital groups and trusts is to support increased operational autonomy and accountability for hospital services in a way that will drive service reforms and provide the maximum possible benefit to patients. Reform across the three domains of access, quality and resources is not achievable unless there is real clinical and managerial accountability at hospital level.

The work on hospital groups is not about downgrading hospitals. It is about the bringing together groups of hospitals to form single cohesive entities to allow maximum flexibility in management, budgets and service delivery. Hospital groups will be established on an administrative basis pending the legislation required to set up hospital trusts by 2015. Before those trusts are

established the make-up and functioning of the Groups will be reviewed and if changes prove necessary then they will be made with Government approval when the hospital trusts are being formed.

With specific regard to the South East, I have stated on numerous occasions recently that Waterford Regional Hospital will remain as one of the 8 existing national cancer care programme centres, with the same population referral base for cancer patients and with all of the associated services required to support this, such as joint consultant appointments (e.g. general surgery shared with Wexford). I have also reiterated that other services currently provided in Waterford, such as invasive cardiology and trauma services will continue to be provided there. The provision of services at any hospital site will, of course, primarily be determined by the appropriate clinical programme for that service, taking account of the population which the hospital serves and services provided by other hospitals which are within a reasonable commute.

Last June I appointed Professor John Higgins to chair a Strategic Board on the Establishment of Hospital Groups. The Strategic Board is composed of representatives with both national and international expertise in health service delivery, governance and linkages with academic institutions. A Project Team was established to make recommendations to the Strategic Board on the composition of hospital groups, governance arrangements, management frameworks and linkages to academic institutions.

The Project Team is currently finalising a Report on the recommendations outlined above, taking account of the observations and comments made by the Strategic Board and of issues which have been raised in submissions by a number of key stakeholders. The report is to be presented formally to me in early January. I will consider it and I will have any further consultation I require carried out as a matter of urgency. The report will then be presented to Government for decision on the composition of hospital groups in light of the recommendations of the Report.

Question No. 34 answered with Question No. 30.

Hospital Bed Data

35. **Deputy John McGuinness** asked the Minister for Health the number of bed closures in acute hospitals to date in 2012; and if he will make a statement on the matter. [57076/12]

Minister for Health (Deputy James Reilly): In relation to the particular query raised by the Deputy, I have asked the Health Service to respond directly to the Deputy in this matter.

Health Services Provision

36. **Deputy Jonathan O'Brien** asked the Minister for Health if he will reconsider his rejection of the call by a person (details supplied) for a full public inquiry into the tragic death of their spouse at Galway Regional Hospital on 28 October 2012; and if he will make a statement on the matter. [57025/12]

Minister for Health (Deputy James Reilly): I am most anxious that all the facts are established in this sad case. The crucial thing now is that we must, in the interests of all the women of Ireland, uncover the facts of what happened as quickly as possible and take all necessary action.

At a Press Conference on 19th November the Health Service Executive (HSE) gave details of the Investigation Team which is being chaired by an international expert in obstetrics

and gynaecology, Professor Sir Sabaratnam Arulkumaran. The Investigation will be completed within an expeditious timeframe.

On 23rd November the Board of the Health Information and Quality Authority (HIQA), following a request from the HSE and in accordance with Section 9(1) of the Health Act 2007, announced that it will investigate the safety, quality and standards of services provided by the HSE at University College Hospital Galway (UCHG) to critically ill patients, including critically ill pregnant women as reflected in the care and treatment provided to Savita Halappanavar. The Authority will prepare a report of the findings of the investigation which will then be submitted to the Board of the Authority for approval before publishing it at a time the Authority deems appropriate.

In conducting investigations such as these, it is preferable to have the input of the next of kin. Both Investigation Teams would welcome the input of Mr. Halappanavar to their inquiries and they remain open to meeting with him without prejudice. A Coroner's inquest will also be carried out as is standard practice in such cases.

In addition, in the case of a maternal death, a number of standard procedures are followed including a risk review of the case and the completion of a maternal death notification form, through Maternal Death Enquiry Ireland. The outcome of the investigations must be awaited before commenting further on this sad case.

General Practitioner Services

37. **Deputy Willie O'Dea** asked the Minister for Health when legislation to provide for free general practitioner care will be introduced; and if he will make a statement on the matter. [57082/12]

76. **Deputy Sandra McLellan** asked the Minister for Health if he will report progress on the roll-out of free general practitioner care; and if he will make a statement on the matter. [57023/12]

Minister of State at the Department of Health (Deputy Alex White): I propose to take Questions Nos. 37 and 76 together.

The Programme for Government commits to reforming the current public health system by introducing Universal Health Insurance with equal access to care for all. As part of this, the Government is committed to introducing, on a phased basis, GP care without fees within its first term of office. Primary legislation is required to give effect to Government commitment to introduce a universal GP service without fees.

Legislation to allow the Minister for Health to make regulations to extend access to GP services without fees to persons with prescribed illnesses is currently being drafted by the Office of the Attorney General and the Department and it will be published shortly. Implementation dates and application details will be announced in due course.

An additional amount of €15 million was provided in Budget 2013 for the roll out of GP care without fees.

Hospital Waiting Lists

38. **Deputy Pádraig Mac Lochlainn** asked the Minister for Health the steps that will be

taken to address the excessive waiting list for paediatric services in Letterkenny Hospital County Donegal; and if he will make a statement on the matter. [57018/12]

Minister for Health (Deputy James Reilly): Unblocking access to acute hospitals is a key aim of this Government, and of the Special Delivery Unit established by the Minister for Health. The SDU was set up immediately following the Minister's appointment and the initial focus for the SDU's Scheduled Care Team has been on waiting times for in-patient and daycase elective surgery. For children, the target is that by the end of 2012 no child should be waiting for inpatient or daycase treatment for more than 20 weeks. Huge progress has been made towards this target – on 13 December, there were just 234 children waiting longer than 20 weeks compared with 1,759 at the end of December 2011. Improving access to outpatient services is the next priority for the Government. Building on work already undertaken by the HSE, the NTPF has now taken over the reporting of outpatient waiting time data. The collation and analysis of outpatient waiting time data in a standardised format will reveal the distribution of long waiters across all hospitals. In the first instance, this will allow the SDU and NTPF to target their resources towards those patients who are waiting longest and ensure that they are seen and assessed. A maximum waiting time target has now been set of 12 months for a first time outpatient appointment by 30 November 2013. In parallel with reducing the numbers of longest waiters, the SDU will also work with the HSE Clinical Programmes to reform the structure, organisation and delivery of outpatient services to ensure that the right patient is seen and assessed by the right health professional at the right time. In relation to the specific query raised by the Deputy, as this is a service matter it has been referred to the HSE for direct reply.

Medical Card Eligibility

39. **Deputy Martin Ferris** asked the Minister for Health the number of persons with medical card entitlements and the projected increase for 2013; and if he will make a statement on the matter. [57020/12]

Minister of State at the Department of Health (Deputy Alex White): The number of persons eligible for a medical card at end-September 2012 is 1,836,689.

The information for 2013 will form part of the Health Service Executive 2013 National Service Plan, which is required to be published on foot of the Executive's allocation under the Estimates 2013 process.

Mental Health Services Funding

40. **Deputy Martin Ferris** asked the Minister for Health the way the additional €35 million allocated for mental health services in 2012 was spent; if any of this amount has been carried over into 2013 and the way in which this €35 million allocated for 2013 will be spent; and if he will make a statement on the matter. [57021/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Funding from the €35 million special provision for mental health in 2012 was allocated for measures primarily to further strengthen Community Mental Health Teams in both adult and children's mental health services, to advance activities in the area of suicide prevention, to initiate the provision of psychological and counselling services in primary care, specifically for people with mental health problems and to facilitate the re-location of mental health service users from institutional care to more independent living arrangements in their communities, in line with *A Vision for Change*.

414 posts were approved to implement the €35 million package of special measures for mental health. To date 17 posts have been filled and over 270 offers of employment have already been accepted and the appointments are proceeding. Most start dates are expected to commence this month and costs will start to be incurred from that point. The full year costs of all of the above measures will be incurred from 2013 onwards.

The provisional outturn for mental health services has, like many other areas, been running ahead of budget and the end of year excess in this area will be met from the unexpended portion of the €35 million. It is not possible to say yet exactly how much of the €35 million will be spent on mental health services by the end of this financial year. The announcement in Budget 2013 of a further €35 million for the continued development of our mental health services is additional to the €35 million provided in Budget 2012. I will be engaging fully with the Health Service Executive to ensure that the developments to be put in place for this additional funding are reflected in the National Service Plan for 2013. Developments are expected to include the further strengthening of Community Mental Health Teams for adults, children & adolescents, older people, Mental Health Intellectual Disabilities Teams and a suicide prevention initiatives programme.

HSE Expenditure

41. **Deputy Catherine Murphy** asked the Minister for Health the interest rate that will be applied to the overdraft extended to Tallaght Hospital Dublin to cover its budget overrun; the fund that will cover the cost of the interest payments; if it is envisaged that these repayments will impact on the patient services fund of the hospital; and if he will make a statement on the matter. [56890/12]

Minister for Health (Deputy James Reilly): Tallaght, like every other hospital is facing significant financial challenges. The HSE has had regular ongoing engagement with the hospital with a view to ensuring that the hospital continues to deliver its 2012 service plan commitments in addition to maximising the considerable financial resources at its disposal.

Tallaght hospital has achieved significant operational savings in 2012 and has reduced its year-on-year spending by 6%, despite a 5% increase in in-patient numbers, a 6% increase in Emergency Department admissions and a 9% reduction in its 2012 allocation. Tallaght has achieved HSE targets for reductions in agency and overtime costs and its absenteeism is consistently lower than the HSE national target. It has also considerably reduced the average length of stay times and ED, inpatient and day case waiting times as well as practically eliminating hospital trolleys. The hospital's staff has displayed great commitment to improving its performance and I am confident that this commitment will greatly assist in addressing Tallaght's current financial difficulties.

The use of overdraft facilities in the latter half of the year is part of the normal financing arrangements with voluntary hospitals. This has always been the case.

The specific query raised by the Deputy regarding the overdraft extended to Tallaght Hospital, has been referred to the HSE for direct reply.

Medical Card Eligibility

42. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the proposed changes to eligibility for the medical card that he plans to make in 2013; and if he will make a statement

on the matter. [57003/12]

Minister of State at the Department of Health (Deputy Alex White): New eligibility rules for medical cards for persons aged over 70 years were announced in the Budget 2013. The income thresholds would be reduced and the higher income over-70s will receive a GP visit card instead of a medical card. The new rules will not take effect until later in 2013, after primary legislation has been enacted. The implementation date will be announced and publicised in advance by the Department and HSE.

When the changes come into effect, the following rules for medical cards for persons aged over 70 will apply:

-a single person over 70 with a gross income of up to €600 per week will qualify for a medical card and a single person over 70 with a gross income of between €600 and €700 per week will qualify for a GP visit card;

-a couple over 70 with a gross income of up to €1,200 per week will qualify for a medical card and a couple with a gross income of between €1,200 and €1,400 per week will qualify for a GP visit card.

In relation to eligibility for the standard medical card, the rules relating to a person's spending and earnings that are taken into account when carrying out the means test will be tightened. My Department will first examine this proposal in more detail in consultation with the HSE. Again, the new rules and the implementation date will be announced and publicised in advance by the Department and HSE.

Legislative Programme

43. **Deputy Brian Stanley** asked the Minister for Health his plans to progress the Health (Pricing and Supply of Medical Goods) Bill 2012; and if he will make a statement on the matter. [57027/12]

Minister of State at the Department of Health (Deputy Alex White): The Health (Pricing and Supply of Medical Goods) Bill 2012 was published on the 13th of July 2012. The Bill completed its passage through the Seanad on Wednesday, the 19th of September, and resumed Second Stage in the Dáil on the 17th of December. The timetable for the Bill's progress through the Dáil is a matter for the Oireachtas.

Hospital Staff Issues

44. **Deputy Seán Crowe** asked the Minister for Health his views on the study commissioned by the Irish Nurses and Midwives Organisation showing that significant understaffing in our public hospitals adversely affects patient care; and if he will make a statement on the matter. [57015/12]

Minister for Health (Deputy James Reilly): The information available from the study referred to by the Deputy, which was undertaken on behalf of the Irish Nurses and Midwives Organisation, is quite limited. Other studies have cited figures which suggest that Ireland has a more favourable nurse-to-patient ratio than the United Kingdom.

At present, some 1650 nurses/midwives graduate per annum from our Universities and other colleges. The Department of Health has recently completed a review of undergraduate nurs-

ing and midwifery education programmes. As part of this review an analysis of the number of student places required to ensure sufficient numbers of nurse and midwife graduates was completed. This indicates that the overall numbers of students at undergraduate level meets demand.

The Government has determined that, in line with its commitment to reduce the size of the public service, health sector employment numbers must be reduced substantially in 2013 and 2014. Spending on health services will also have to be very tightly controlled. The cumulative impact of staff reductions from this year and previous years represents a significant challenge for the health system in delivering services. The priority is to reform how health services are delivered in order to ensure a safe, more productive and cost-effective health system.

Directors of Nursing/Midwifery will continue to examine closely improvements in flexible working arrangements, changes to rosters, changes to the role of staff and other approaches to address any impact on patient safety and the quality of care. The capacity for specialist practice in nursing has been expanded in recent years with a view to ensuring high quality safe patient care. This includes developing clinical specialists, advanced practitioners and enhancing the role of staff nurses and midwives through the development of initiatives such as ordering x-rays and prescribing of medicinal products.

The Croke Park Agreement has been crucial to the health service's ability to manage through the very difficult circumstances of recent years. The flexibility and adaptability shown by staff has meant that even with reducing staff numbers, service levels have largely been maintained and indeed performance in relation to Emergency Departments and hospital waiting lists has markedly improved.

The continued reduction in staffing increases the need for reform and the HSE is committed to fast-tracking new, innovative and more efficient ways of using reduced resources under the Croke Park Agreement.

In this regard, I have recently approved recruitment of up to 1,000 graduate nurses on two-year contracts under a Placement Scheme for Graduate Nurses and Midwives that will support the retention of qualified graduates within the Irish health system.

The HSE will be proceeding to put this scheme into effect and will be inviting applications early in 2013. Under the scheme, graduate nurses/midwives will be able to gain valuable work experience post graduation, benefiting from mentoring and skills development.

The scheme will facilitate a reduction the use of agency staffing and overtime and support service delivery.

Ambulance Service Provision

45. **Deputy Dessie Ellis** asked the Minister for Health if he will rule out call-out charges for ambulance services in view of the imposition of a call-out charge for the fire service by Dublin city Council; and if he will make a statement on the matter. [57010/12]

Minister for Health (Deputy James Reilly): Dublin Fire Brigade provides an ambulance service on behalf of the HSE National Ambulance Service (NAS). There is no charge for 999 ambulance call outs. However, it is understood that Dublin Fire Brigade charges for fire engine call outs.

Question No. 46 answered with Question No. 21.

Nursing Home Accommodation

47. **Deputy Michael Colreavy** asked the Minister for Health if any of the 1,201 public nursing home beds closed from January 2011 to August 2012 will be reopened in 2013; and if he will make a statement on the matter. [57009/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): There are at present 129 public units providing residential care (long-term and short-term) for older people in Ireland. The Health Service Executive has recently completed a review of each of these units. The review has focused on a number of areas including each unit's ability to meet the Health Information and Quality Authority standards in terms of staffing availability; environmental matters such as the age & structure of the home; and factors including location and stock.

The review will provide a basis for discussions between the Department and the HSE with a view to developing an overall set of proposals for the future delivery of residential care to my colleague Minister Reilly. The re-opening of beds, if possible, will be considered in the context of these proposals.

Question No. 48 answered with Question No. 31.

Primary Care Centres Provision

49. **Deputy Pearse Doherty** asked the Minister for Health if he will provide an update on the current position regarding the development of new primary care centres; and if he will make a statement on the matter. [57016/12]

Minister for Health (Deputy James Reilly): Progress is being made in the delivery of primary care centres. Primary care infrastructure is being delivered using three initiatives which are - direct build, the leasing initiative, and the PPP initiative announced in July 2012.

The Capital Plan 2012-2016 - year 2012 has been approved and contains provision for the delivery of eight primary care centres. The HSE has begun the procurement of design teams for Cork City (St Mary's Orthopaedic Hospital campus) Finglas, Corduff, Grangegorman, and Monaghan Town (Monaghan General Hospital campus). At this time, given the project size, the HSE best estimate for completion is late 2014. The Ballinamore project is at tender stage and its estimated completion date is Q1 2014. The Manorhamilton project is expected to be completed by end Q1 2013. The Sligo Town facility will be located at Nazareth House; this project is expected to commence in 2013 and its completion date is estimated at 2014.

Using the leasing initiative the HSE has delivered primary care infrastructure at 29 locations. The HSE is continuing its collaboration with the private sector to progress suitable locations. Information on locations progressing will be published in the Executive's 2013 National Service Plan.

The current position with regard to the PPP initiative for primary care infrastructure, the current position is that the HSE is engaging with the NDFA as required to progress the programme. The HSE is currently analysing the available sites in each location and engaging with the GPs in each location to determine their interest in participating in the primary care centre development. The HSE has commenced the procurement of design teams and technical advisors to progress the design and planning submissions for the primary care centre sites and the preparation of the PPP procurement documents. Up to 20 of the 35 locations announced will be offered to the market subject to a) agreement between the local GPs and the HSE on active local

GP involvement in the centres and b) site suitability and availability. While it is not possible, at this time, to give start and completion dates for any of the individual 20 potential locations, it is expected that these primary care centres will be completed in 2016.

Work is underway on the Executive's multi-annual Capital Plan 2013-2017. The draft Plan will be submitted to my Department in due course. My Department will then review the proposals and follow up with the HSE where further details may be required. The draft Capital Plan 2013-2017 will require my approval with the consent of the Minister for Public Expenditure and Reform.

Professional Qualifications

50. **Deputy Thomas P. Broughan** asked the Minister for Health the progress that has been made on introducing regulations for psychotherapists and counsellors; and if he will make a statement on the matter. [56887/12]

Minister for Health (Deputy James Reilly): The Health and Social Care Professionals Council (the Council) and the 12 registration boards to be established under the Health and Social Care Professionals Act 2005 (the Act) are responsible for protecting the public by regulating health and social care professionals. The Council was established in March 2007 and is working to put in place the necessary structures for registration, education and fitness to practise for the 12 health and social care professions designated under the Act.

The first registration board to be established, the Social Workers Registration Board, was established in August 2010, and the associated Social Workers Register opened for receipt and processing of applications on 31st May, 2011. A second registration board, the Radiographers Registration Board, was established on 16th December, 2011 and its register is expected to be established in the near future. Three further registration boards, the Dietitians Registration Board, the Occupational Therapists Registration Board, and the Speech and Language Therapists Registration Board have been established with effect from 1st November 2012. It is also proposed to establish the Physiotherapists Registration Board in early 2013.

All the registration boards and their registers for the remaining designated professions should be established by 2015.

Currently, the following twelve health and social care professions are designated under the Act: clinical biochemists, dietitians, medical scientists, occupational therapists, orthoptists, physiotherapists, podiatrists, psychologists, radiographers, social care workers, social workers and speech and language therapists. In addition, the proposed rationalisation of the Opticians Board into the Council will see another two professions, optometrists and dispensing opticians, being regulated under the Act towards the end of next year or early 2014.

Under the Act, the Minister for Health may designate other health and social care professions if he considers that it is in the public interest to do so and if the specified criteria have been met. While my immediate priority is to proceed with the establishment of the registration boards for the professions currently designated under the 2005 legislation, I am committed to bringing counsellors and psychotherapists within the ambit of the Act as soon as possible.

There are a number of issues still to be clarified, however. These include decisions on whether one or two professions are to be regulated, on the title or titles of the profession or professions, and on the minimum qualifications to be required of counsellors and psychotherapists. A report from Quality and Qualifications Ireland (QQI) is due next year and will establish standards of knowledge, skills and competence to be acquired by students of counselling and

psychotherapy. This will allow for the regulation of education courses for the future. In addition, CORU will need to assess the adequacy of the wide range of qualifications held by existing practitioners to establish their eligibility for registration.

Universal Health Insurance Provision

51. **Deputy Robert Troy** asked the Minister for Health if the timescale for the introduction of Universal Health Insurance in 2016 is feasible; and if he will make a statement on the matter. [57086/12]

62. **Deputy Pádraig Mac Lochlainn** asked the Minister for Health if rights based legislation will be introduced to ensure patients' rights to care across our health and personal social services, especially given the his intention to introduce universal health insurance based on competing private insurance companies; and if he will make a statement on the matter. [57019/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 51 and 62 together.

The Government is embarking on a major reform programme for the health system, the aim of which is to deliver a single-tier health service, supported by universal health insurance (UHI), where access is based on need, not on income. Under UHI, every individual will be insured and will have equal access to a standard package of primary and acute hospital services, including acute mental health services. A new Insurance Fund will subsidise or pay insurance premiums for those who qualify for a subsidy. The new UHI system will be underpinned by a robust legislative framework and grounded in principles of open enrolment, lifetime cover and community rating.

In moving to a system of UHI, there are a number of key stepping stones that are necessary to pave the way for the introduction of universal health insurance including: the strengthening of primary care services to deliver universal primary care with the removal of cost as a barrier to access for patients; the work of the Special Delivery Unit in tackling waiting times and establishing hospital groups, and the introduction of a more transparent and efficient "Money Follows the Patient" funding mechanism for hospitals.

The reform programme is a major undertaking that requires careful planning and sequencing over a number of years. The Programme for Government acknowledges that full implementation of UHI will take some time to achieve. *Future Health: A Strategic Framework for Reform of the Health Service 2012-2016* highlights the importance of a step-by-step evidence-based approach to achieving an effective, equitable and efficient system. Work on the critical building blocks is underway and it is anticipated that by 2016 much of the necessary groundwork will be in place to ensure that we are well placed to proceed with implementation of UHI.

Finally, in designing the future UHI system and associated legal and regulatory framework, it is important to acknowledge that, as is the case with all countries, we must make choices in meeting healthcare demands with finite resources. This involves legitimate policy choices to be debated and resolved as part of the democratic process.

Ambulance Service Provision

52. **Deputy Catherine Murphy** asked the Minister for Health the number of ambulance

calls responded to by the Health Service Executive National Ambulance Service in 2008, 2009, 2010, 2011 and to date in 2012; the average time it takes to successfully deliver a patient to hospital from the point a call is made for the same periods; the number of ambulances available during the same period listed by location; and if he will make a statement on the matter. [56891/12]

Minister for Health (Deputy James Reilly): The HSE National Ambulance Service (NAS) provides emergency pre-hospital care and emergency patient transport. When a 999 ambulance call is received, the caller is connected with the ambulance command and control centre for that region. The details of the call are recorded on a Computer Aided Dispatch System (CAD), with the Advanced Medical Priority Dispatch System (AMPDS).

AMPDS is designed to triage a call, so that the most appropriate resource is dispatched to the patient. The system allows an ambulance to be dispatched while the caller is still providing details of the patient's condition. The controller can also provide pre-arrival instructions to the caller, to allow initial medical assistance to be available and administered to the patient without delay.

In all cases, in line with the Pre-Hospital Emergency Care Council Emergency Priority Dispatch Standard, the nearest available ambulance is tasked to the highest priority incident. The highest priority incidents are ECHO 1 (life-threatening cardiac and respiratory emergency) and DELTA 1 (life-threatening other emergency).

The number of calls responded to the National Ambulance Service (NAS) are as follows:

Year	Number
2008	459,121
2009	362,612
2010	354,354
2011	323,320
2012 (YT Aug)	194,932

* This data includes Dublin Fire Brigade call volumes. The HSE has been continuously refining the data collection process, including definitions, which accounts for the reduction in volumes from 2008 onwards.

In 2009, the NAS redefined "ambulance calls" as being those actually responded to by NAS, resulting in a reduction in the recorded number of responses. In 2011, the HSE implemented a national policy for non-ambulance patient transport services, resulting in a further refinement as the NAS was no longer responsible for this service.

"Ambulance calls" relate to calls actually responded to by various resources including emergency ambulances, intermediate care vehicles, rapid response vehicles and motorcycle response units. "Ambulance calls" are further sub-categorised into:

- AS1 999 Emergency
- AS2 GP Urgent
- AS3 Inter-Facility Patient Transfer (Non-Ambulant)

AS1 999 Emergency Calls are categorised into 6 levels of clinical acuity. Further detailed resources are available at:

<http://www.phecit.ie/Documents/PHECC%20Standards/EMS%20Priority%20Dis->

patch%20Standard-V3.pdf

AS3 Inter-Facility Patient Transfer Calls are categorised into 5 levels of clinical acuity. Further detailed resources are available at:

<http://www.phecit.ie/Documents/PHECC%20Standards/Inter%20Facility%20Patient%20Transfer%20Standard-V2.pdf>

In relation to the average length of time to deliver a patient to hospital, journeys can take anywhere from minutes to a 12 hour round trip, depending on the type of request that the NAS is responding to. Given the variety of journeys undertaken, from routine patient transfers to emergency life-threatening calls, it would be difficult to quantify and would not be illustrative of service levels.

The NAS has just under 500 vehicles in its fleet, made up of 283 emergency ambulances, 124 response vehicles (cars, motorcycles, 4x4s), 28 intermediate care vehicles and some special purpose vehicles. The NAS is a national service and its fleet is deployed on a national basis as required. Vehicles are rotated through locations on a daily basis to meet capacity demands, as well as to ensure appropriate vehicle rotation to maximise the life span of the vehicles.

The NAS has invested in replacement emergency ambulances in recent years, as follows.

2008 - 67 vehicles

2010/2011 - 50 vehicles (remount programme)

2012 - 12 vehicles (remount programme)

Additional expenditure on vehicles in 2012 was focused on the purchase of an additional 9 intermediate care vehicles and 12 additional rapid response vehicles.

Nursing Home Services

53. **Deputy Dessie Ellis** asked the Minister for Health the Health Service Executive funding or other resources allocated to or paid for services to a nursing home (details supplied) in County Wicklow in each of the past five years; and if he will make a statement on the matter. [57011/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Medicinal Products Prices

54. **Deputy Gerry Adams** asked the Minister for Health his estimate of the savings to be made in 2013 from the agreement with the Irish Pharmaceutical Healthcare Association; and if he will make a statement on the matter. [57005/12]

Minister of State at the Department of Health (Deputy Alex White): Following intensive negotiations involving the Irish Pharmaceutical Healthcare Association and the HSE and Department of Health, a major new deal on the cost of drugs in the State was concluded in October last. It will deliver a number of important benefits, including significant reductions for patients in the cost of drugs, a lowering of the drugs bill to the State, timely access for patients to new cutting-edge drugs for certain conditions and reducing the cost base of the health system

into the future.

The Department of Health and the HSE have also successfully finalised discussions with the Association of Pharmaceutical Manufacturers in Ireland (APMI), which represent the generic industry, on a new agreement to deliver further savings in the cost of generic drugs. It is estimated that the combined gross savings from the IPHA and APMI deals will be in excess of €120 million in 2013.

Health Services Staff Issues

55. **Deputy Robert Troy** asked the Minister for Health if he will provide details of the Health Service Executive recruitment of 1,000 graduate nurses and midwives to the public health services in early 2013; and if he will make a statement on the matter. [57085/12]

184. **Deputy Dan Neville** asked the Minister for Health his views on correspondence (details supplied) regarding Health Service Executive recruitment; and if he will make a statement on the matter. [57306/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 55 and 184 together.

The Health Service Executive will shortly be introducing an Employment Initiative/Placement Scheme for Graduate Nurses and Midwives. Under the scheme graduate nurses and midwives will be offered the opportunity to apply to take part in a two year placement programme in the public health services. In particular, the scheme has the potential to enable nurses with limited or no work experience post-graduation to gain such experience and to benefit from mentoring and skills development. The scheme is also intended to contribute to a reduction in expenditure on agency staffing and overtime in the health service. The HSE is proceeding with arrangements to finalise the details of the scheme, including the eligibility criteria, and will be inviting applications early in 2013. The health service will continue to recruit permanent staff where this is necessary and can be accommodated within the available financial resources and the employment ceiling set by Government.

Health Services Provision

56. **Deputy Eamonn Maloney** asked the Minister for Health when the ambulatory urgent care centre will be opened in Tallaght Dublin [57001/12]

Minister for Health (Deputy James Reilly): The Dolphin report concluded that the existing plan for the Ambulatory and Urgent Care Centre in Tallaght must be revisited, in light of a decision made about the location of the National Children's Hospital. The number and location of urgent care centres in the Dublin area must be determined now that the decision has been made to locate the new children's hospital on the St James campus. It is envisaged that there will be an urgent care centre or urgent care centres based on consideration of the geographical distribution of attendances and acuity of the patient. The location and number of such centres will be given careful consideration and this will be done urgently to reach a decision as soon possible.

Community Care Provision

57. **Deputy Sean Fleming** asked the Minister for Health the way he will honour his Programme for Government commitments to older people in 2013; and if he will make a statement on the matter. [57065/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Protecting the vulnerable, including supporting older people to remain at home and in their communities for as long as possible, is a priority for this Government. The issues raised by the Deputy on progressing Programme for Government commitments for older people in relation to services are being considered in the context of finalising the HSE Service Plan 2013. Other commitments, such as developing a National Dementia Strategy, a National Positive Ageing Strategy, and reviewing the Nursing Homes Support Scheme are also progressing. However, the various commitments can only be achieved in the context of evolving service priorities and resource availability overall for 2013 or beyond.

Question No. 58 answered with Question No. 24.

Services for People with Disabilities

59. **Deputy Mick Wallace** asked the Minister for Health his views on whether a school (details supplied) in County Wexford should be reimbursed due to the failure of the Health Service Executive to apply for a special needs assistant for a child in their care; and if he will make a statement on the matter. [57053/12]

Minister for Health (Deputy James Reilly): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Care of the Elderly

60. **Deputy Derek Keating** asked the Minister for Health the number of designated community-based social workers who are employed full-time to protect the elderly in the Dublin Mid-West Constituency of Lucan, Clondalkin, Rathcoole, Saggart, Newcastle and Palmerstown; would the Minister outline the timeframe from when a disclosure is reported to the Health Service Executive of a suspected abuse of an elderly person which will be dealt with by a designated social worker; and if he will make a statement on the matter. [56969/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Policy in relation to elder abuse is derived from Protecting our Future, the Working Group on Elder Abuse Report 2002 and the 2009 Review of that Report. The Health Service Executive's Elder Abuse Service is comprised of a dedicated staffing structure throughout the country, unified data collection, national and regional oversight mechanisms, a research facility based in UCD and awareness and training programmes.

The dedicated staffing structure provides for 32 Senior Case Workers for the Protection of Older People (Social Workers) and 4 Dedicated Officers for the Protection of Older People. There is currently one designated full time Senior Case Worker allocated to this service in the area referred to in the question.

Because of the nature of referrals to this service, all cases are prioritised and responded to as a matter of urgency upon receipt of referral, including, in many cases, responding on the day

of referral or the following day.

Question No. 61 answered with Question No. 33.

Question No. 62 answered with Question No. 51.

Children and Family Services

63. **Deputy Patrick Nulty** asked the Minister for Health the way he intends to maintain services in children and family services in 2013 following cuts introduced in Budget 2013; and if he will make a statement on the matter. [56884/12]

Minister for Health (Deputy James Reilly): I have agreed with my colleague the Minister for Children and Youth Affairs that she will provide an answer directly to the Deputy.

Medicinal Products Expenditure

64. **Deputy Kevin Humphreys** asked the Minister for Health the amount that was spent in 2011 on dispensing fees on medicines that are available over the counter without prescription but which may be prescribed at a level more than is available as an over the counter purchase; and if he will make a statement on the matter. [56895/12]

69. **Deputy Kevin Humphreys** asked the Minister for Health his policy on dispensing fees being charged for medicines that are available over the counter but which may be prescribed at a level more than is available as an OTC purchase; the way the various drug payments schemes accommodate this and if he will outline the current arrangements in place; and if he will make a statement on the matter. [56894/12]

Minister of State at the Department of Health (Deputy Alex White): I propose to take Questions Nos. 64 and 69 together.

I have asked the HSE to supply this information and it will be forwarded to the Deputy as soon as it is available.

Alcohol Pricing

65. **Deputy Thomas P. Broughan** asked the Minister for Health his proposals in relation to the proposed Sale of Alcohol Bill; his views on whether the Bill should contain measures on the labelling of alcohol, a minimum price of alcohol, and a dedicated training programme for all alcohol retailers and their staff before an alcohol licence or an off-licence permit can be renewed; the other measures he is proposing to take to tackle the misuse of alcohol in Irish society; and if he will make a statement on the matter. [56886/12]

Minister for Health (Deputy James Reilly): Real and tangible proposals are being finalised on foot of the recommendations in the National Substance Misuse Strategy report. I intend to submit these proposals to the Government for consideration and approval as soon as possible. I emphasise that these proposals cover all of the areas mentioned in the report, including the areas mentioned by the Deputy, such as legislation on minimum unit pricing, which is about setting a statutory floor price per gram of alcohol; access and availability of alcohol, including of course structural separation in retail units where alcohol is sold; and advertising and sponsorship. As

part of the process of developing these proposals, my Department is in continuing discussions with various Departments, including the Department of Justice and Equality. Discussions with the latter have been based on the implementation of the recommendations of the National Substance Misuse Strategy report, in so far as they apply to that Department; and in particular to the issue of the structural separation of alcohol from other products in mixed trading outlets. In the meantime, work by officials in my Department on developing a framework for the necessary Department of Health legislation governing, among others, minimum unit pricing and labelling of alcohol, is continuing. For example, in conjunction with Northern Ireland, a health impact assessment is being commissioned as part of the process of developing a legislative basis for minimum unit pricing. Scotland commissioned the same sort of assessment before it drafted its legislation on minimum unit pricing. The health impact assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact.

Tuberculosis Incidence

66. **Deputy Derek Keating** asked the Minister for Health if his attention has been drawn to the fact that a group of GPs in Dublin recently raised money and brought a mobile TB monitoring unit to the city and carried out random research and to their shock discovered that there was a significant increase in Tuberculosis and particularly an increase in the number of multi-drug resistant Tuberculosis; if his attention has been drawn to the fact that prime time TV carried an extensive programme in which Professor Keane of St. James's Hospital expressed concern and alert at the rise in Tuberculosis and the fact that there were only a small number of isolation units to treat multi-drug resistant TB; if he will address these issues; and if he will make a statement on the matter. [56968/12]

Minister for Health (Deputy James Reilly): In November 2012, a pilot mobile TB screening programme was carried out among vulnerable groups by the London Find and Treat programme in collaboration with Safetynet Primary Care Network for Homeless People and Northdoc. No new cases of TB have been notified to the HSE as a result of this pilot screening programme. The WHO describes countries with an incidence of less than 10 cases per 100,000 population as low incidence countries. The annual notification rate of TB has declined in Ireland since 2007 when the rate was 11.3 per 100,000 (480 cases). In 2010 and 2011, the annual TB notification rates were 9.2 per 100,000 (420 cases in 2010 and 424 cases in 2011) which is the lowest rate recorded since surveillance of TB began in the 1950s and now categorises Ireland as a low incidence country. The number of TB notifications for 2012, up to the week ending 9 November, was 339, which represents a decrease of 49 cases compared to the same period in 2011 when there were 388 cases.

However, annual rates of TB remain high in parts of inner city Dublin and North Dublin ranging between 17 per 100,000 to 30 per 100,000 in some areas. However, LHO 7 (comprising mainly Dublin 1 and 7) has shown a decline in rates of TB from 2010 when the rate was 22.9 per 100,000 population (31 cases) to a rate of 14 per 100,000 (19 cases) in 2011. In 2011, a prison outbreak in Dublin increased the TB rate in that local area to 28/100,000. In addition, in Ireland tuberculosis is increased in other marginalised groups such as prisoners and those involved in substance misuse. Data from the World Health Organization indicate that TB notification rates always tend to be higher in inner-city locations than in the general population. This is reflected in all major cities worldwide. In 2010, the most commonly reported risk factors for TB reported in Ireland were being from a country of high TB endemicity (n=92, 43.8%), followed by substance misuse (n=32, 15.2%), contact with a case of TB (n=23, 11.0%) and co-morbidity with an immunosuppressive illness (n=27, 12.9%). Other risk factors reported included treatment with immunosuppressive medication (n=5, 2.4%), co-morbidity with

diabetes (n=6, 2.9%) and treatment with anti-TNF medications (n=4, 1.9%). Other TB risk factors reported included various co-morbidities (including malignancies, respiratory illness and auto-immune disorders), tobacco use, homelessness, previous history of TB and travel to areas of high endemicity.

In summary, the overall rate of tuberculosis continues to decline in the general population and particularly in the indigenous Irish general population. As in other low prevalence countries in Europe, the disease is more focussed in marginalised groups such as homeless people, prisoners, substance misusers and immigrants from countries of high endemicity. The number of cases of multidrug resistant TB (MDR-TB) notified in Ireland 1998-2010 is outlined in the following table:

Year	Total number of TB cases notified	MDR TB cases
1998	424	0
1999	469	2
2000	395	3
2001	381	2
2002	408	0
2003	407	1
2004	432	2
2005	450	2
2006	465	4
2007	480	7
2008	468	2
2009	479	1
2010	420	1
2011	424	N/A

Data taken from the annual reports of the national disease surveillance unit of the Health Protection Surveillance Centre, which are available at www.hpsc.ie/hpsc/A-Z/VaccinePreventable/TuberculosisTB/Epidemiology/SurveillanceReports.

Nursing Homes Support Scheme Oversight

67. **Deputy Michael Colreavy** asked the Minister for Health the changes made to the fair deal scheme in Budget 2013; if he will advise if the review of the scheme is completed and if and when it will be published; and if he will make a statement on the matter. [57008/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Two changes to the Nursing Homes Support Scheme were announced in Budget 2013. First, the asset contribution will be increased from 5% to 7.5% per annum. This will be capped at three years, or 22.5%, in the case of the principal private residence. This change will apply to new and existing nursing home residents. However, for existing residents, it should be noted that, in the case of the principal private residence, the higher percentage will only apply for the time remaining of the three-year cap. In the case of all other assets, it will apply for as long as the person remains in receipt of financial support under the scheme. Second, the entitlement for State support to be backdated to 27 October 2009 for people who were in nursing home care prior to the scheme commencing will be abolished. It is important to note that the legislation underpinning the scheme must be amended before these measures can be implemented. Therefore, an effective

date will be announced in 2013. Finally, the review of the Nursing Homes Support Scheme will proceed as planned. A considerable amount of preparatory work for the review has already been completed. It will progress within the constraints of available staff and other priorities. It is envisaged that the review will be completed in 2013.

Abortion Services

68. **Deputy Mary Lou McDonald** asked the Minister for Health the further action he will now take in response to the Report of the Expert Group on the Judgment in A,B & C vs Ireland; and if he will make a statement on the matter. [57007/12]

Minister for Health (Deputy James Reilly): The Government today approved the implementation of the judgment of the European Court of Human Rights in the A, B and C v. Ireland case by way of legislation with regulations, within the parameters of Article 40.3.3° of the Constitution as interpreted by the Supreme Court in the X case. The Joint Oireachtas Committee on Health and Children will hold hearings on this matter in early January 2013.

Question No. 69 answered with Question No. 64.

Primary Care Services Provision

70. **Deputy Brendan Smith** asked the Minister for Health the number of additional primary care posts that will be in place in 2013; and if he will make a statement on the matter. [57084/12]

Minister of State at the Department of Health (Deputy Alex White): An allocation of €20 million was set aside in the HSE's 2012 National Service Plan for approximately 250 Primary Care posts, including Public Health Nurses, Registered General Nurses, Occupational Therapists, Physiotherapists, Speech and Language Therapists and 17 Integrated Care Diabetes Nurse Specialist posts. The Diabetes Nurse Specialist posts will support the phased roll-out of the national chronic disease management programme for diabetes which is expected to commence shortly. The HSE recently held interviews for the Diabetes Nurse Specialist posts. It is expected that these posts will be filled early in 2013. Due to financial constraints, it was not possible to fill the primary care posts in 2012. It is my firm intention to have these posts filled as soon as possible in 2013.

Question No. 71 answered with Question No. 21.

National Treatment Purchase Fund

72. **Deputy Clare Daly** asked the Minister for Health the reason the National Purchase Treatment Fund scheme to remove faulty PIP implants has not been implemented; the reason the Harley Medical Group has not fulfilled their obligations to provide an appropriate care package to the women affected therefore increasing the threat of cancer and serious health problems [56893/12]

Minister for Health (Deputy James Reilly): Discussions and planning between the Department of Health, Health Service Executive (HSE) and the National Treatment Purchase Fund (NTPF) are ongoing concerning PIP breast implants and in particular those patients treated through the Harley Medical Group. The aim is to ensure that anyone with a concern about their breast implants will have the option of discussing those matters in the first instance with

their general practitioner or surgeon. If the outcome of this discussion between the patient and their doctor is that an individual requires further follow up and treatment (up to and including removal of the implants) then this will be facilitated through public hospitals. Owing to competing budgetary priorities it was not possible to commence this service in 2012. The NTPF is currently finalising the details of its funding for 2013 with my Department before proceeding.

In relation to the reference to an increased threat of cancer and serious health problems for those recipients of PIP implants, the scientific evidence from Europe and internationally has consistently found no increased risk of cancer or health risks for women with PIP implants and the advice of the Chief Medical Officer and the Irish Medicines Board (IMB) remain consistent in this regard. Any clients who remain concerned should seek clinical advice from their GP/surgeon

Hospital Services

73. **Deputy Aengus Ó Snodaigh** asked the Minister for Health if he will require the Health Service Executive to deliver on its agreed commitment to extend the capacity of the St. Vincent's Hospital Cystic Fibrosis facility to 34 beds; and if he will make a statement on the matter. [57013/12]

Minister for Health (Deputy James Reilly): St Vincent's University Hospital (SVUH) is the designated National Adult Referral Centre for patients with Cystic Fibrosis (CF). The new Nutley Wing at the hospital, built at a cost of just under €29m and opened this summer, is designed to provide a state of the art clinical building which includes up to date isolation facilities with accommodation for people with cystic fibrosis. In the new unit 20 beds are set aside for patients with cystic fibrosis. Each bed is in a separate room with its own toilet and washing facilities. The 20 beds include 4 complete isolation rooms. The unit also provides a dedicated CF Day Unit, containing offices, treatment rooms, together with 10 single day treatment rooms, each with en-suite sanitary facilities for treating patients with cystic fibrosis.

Under a protocol for the treatment of CF patients at SVUH, signed off in July 2012 with the hospital, the HSE, Department of Health and CFA, up to 34 isolation beds will be available in the new wing and the 10-bed day unit will be used effectively to help ensure that patients are treated in the optimum setting. Except in certain circumstances, the additional 14 single inpatient rooms when required will be located in the Nutley Wing and these rooms will be grouped together as far as possible. 1-2 inpatient rooms in the Nutley Wing will be kept available at all times for emergency admissions. In circumstances where the emergency admission rooms have already been utilised and all the other inpatient rooms in the Nutley Wing are occupied, patients with CF will be accommodated elsewhere in clinically appropriate single rooms until such time as a room becomes available in the Nutley Wing and then the patient will be transferred there as a priority.

The position with regard to the facilities in St Vincent's University Hospital, Dublin for patients with Cystic Fibrosis is being continuously monitored and the hospital, the HSE and the Cystic Fibrosis Association of Ireland continue to engage constructively to ensure that the needs of patients with Cystic Fibrosis who are acutely ill and require admission to the hospital are met.

Hospital Waiting Lists

74. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which waiting

periods for various surgical or medical procedures have fluctuated over the past five years to date with particular reference to cardiovascular surgery, hip replacements and ophthalmics; if he will set out the current average waiting times for such procedures; if particular efforts continue to be made to address these issues; and if he will make a statement on the matter. [56974/12]

Minister for Health (Deputy James Reilly): The management of in-patient and daycase waiting lists for patients awaiting public health care is based on the principle that after urgent and cancer patients are treated, then clinically assessed routine patients should be seen in chronological order (i.e. longest waiter first).

In relation to the specific query raised by the Deputy, as this is a service matter it has been referred to the HSE for direct reply.

Hospital Mortality Rates

75. **Deputy Denis Naughten** asked the Minister for Health when he will publish his Departments report on mortality rates at acute hospitals; if he will accept that his failure to acknowledge the inaccuracy of the figures at Roscommon County Hospital has damaged the reputation of the hospital and its staff; and if he will make a statement on the matter. [56888/12]

Minister for Health (Deputy James Reilly): The Chief Medical Officer of my Department is finalising a report examining the potential of hospital discharge data in measuring the quality of health care. This includes the measure of recorded 30 day in-hospital mortality rates following heart attack. It is expected that the report will be finalised and published in the near future.

Question No. 76 answered with Question No. 37.

Proposed Legislation

77. **Deputy Micheál Martin** asked the Minister for Health if he has read the pastoral letter The Right to Life that was read at all Catholic masses on 9 December 2012 that states the State is not obliged to legislate for abortion; and if he will make a statement on the matter. [56526/12]

Minister for Health (Deputy James Reilly): I have read this pastoral letter and share many of the principles outlined therein. However, I am obliged to point out that its interpretation of the State's obligation in relation to the implementation of the judgment of the European Court of Human Rights in *A, B and C v Ireland* is incorrect. The State is under a legal obligation to implement the judgment and therefore to put in place an accessible and effective procedure in law to establish whether a woman who claims that her pregnancy gives rise to a real and substantial risk to her life which can only be averted by terminating the pregnancy, is entitled to an abortion, having regard to Article 40.3.3 of the Constitution and the judgment of the Supreme Court in the *X* case; and remove the uncertainty arising from the fact that ss. 58 and 59 of the *Offences Against the Persons Act, 1861*, which have been producing a 'chilling effect' whereby the exercise of clinical judgment has the potential to give rise to criminal prosecution.

Drug Treatment Programmes Funding

78. **Deputy Luke 'Ming' Flanagan** asked the Minister for Health if he will allocate €100,000 to the mother and child facility at Coolmine Therapeutic Community, Dublin, in order that 20 young women, who have overcome their addiction and urgently need therapeutic care,

can enter the residential therapy with their babies; if his attention has been drawn to the fact that if they cannot get the therapy the majority of them will relapse; his views on whether this will cost the health and prison services three times the budget for delivering therapy to these addicts later in their lives and that statistics show that those who relapse are at serious risk of dying; and if he will make a statement on the matter. [56532/12]

Minister of State at the Department of Health (Deputy Alex White): Coolmine Therapeutic Community receives funding from my Department and the HSE to provide a range of services, including a specific residential programme targeting women, many of whom are mothers. Reflecting the Government's ongoing commitment to the National Drugs Strategy, I have recently approved an additional €100,000 in funding to enable the facility to provide a creche service. This will allow mothers to keep their children with them during residential treatment and remove potential barriers for women who wish to access this service.

Youth Services Provision

79. **Deputy Caoimhghín Ó Caoláin** asked the Tánaiste and Minister for Foreign Affairs and Trade the reason his Department and Irish Aid terminated the strategic partnership with the National Youth Council of Ireland for the national Youth Development Education Programme; and if he will make a statement on the matter. [57184/12]

80. **Deputy Caoimhghín Ó Caoláin** asked the Tánaiste and Minister for Foreign Affairs and Trade the way his Department and Irish Aid plan to implement objective three in their Strategic Plan 2007-2015, promoting public engagement for development to engage in a strategic way with voluntary youth work and achieve the results outlined in their recently published Performance Measurement Framework when they have terminated the funding to the National Youth Council of Ireland Development Education Programme; and if he will make a statement on the matter. [57185/12]

Minister of State at the Department of Foreign Affairs and Trade (Deputy Joe Costello): I propose to take Questions Nos. 79 and 80 together.

The Department of Foreign Affairs and Trade, through Irish Aid, has provided significant funding to the National Youth Council of Ireland (NYCI) for the implementation of the National Youth Development Education Programme, a partnership between Irish Aid and the NYCI established in 2004 to promote a deeper understanding of global development issues among young people in Ireland. This funding has been provided under Irish Aid's Development Education Strategy. Since 2004, Irish Aid has provided a total of €2.14 million in funding for the Programme. Funding for 2012 amounted to €180,000.

In 2011, Irish Aid carried out a major review of its Development Education Strategy, which recommended a refocusing of the Irish Aid partnership with the youth sector. As a result, earlier this year, an invitation was issued to four partners in key priority sectors for Irish Aid to submit a concept note for a multi-annual programme of activities. The NYCI, as Irish Aid's key partner in the youth sector, was invited to submit a concept note for a programme of development education in the youth sector. The concept note was appraised against Irish Aid's standard programme appraisal criteria, but was found to lack clarity on what was to be achieved by the proposed multi-annual programme and on the NYCI's core competency in this regard. This was communicated to the NYCI in writing and in a meeting with Irish Aid officials.

The youth sector remains a priority for Irish Aid's development education activities, and Irish Aid is continuing to work with the youth and development education sectors over the

coming year on how it can best support partners to deliver quality development education programmes with young people.

I expect that a call for proposals for the 2013 annual grants for development education will be published before the end of the year. It will be open to the NYCI to apply for funding under this call

Overseas Development Aid Provision

81. **Deputy Caoimhghín Ó Caoláin** asked the Tánaiste and Minister for Foreign Affairs and Trade the total amount of funding for development education from his Department in 2010, 2011, 2012 and proposed for 2013; and if he will make a statement on the matter. [57186/12]

Minister of State at the Department of Foreign Affairs and Trade (Deputy Joe Costello): The Irish Aid programme reflects the values and experience of the Irish people and depends on their continued support. An important element of the programme, funded under Vote 27 of the Department of Foreign Affairs and Trade, is support for development education in Ireland. Irish Aid's development education budget provides funding for the activities of education institutions and Non-Governmental Organisations to build a stronger understanding of global development issues and the role of the Ireland's development programme. It aims to promote a stronger sense of global solidarity and responsibility and to strengthen public awareness of the reality of the issues involved in our commitment to development cooperation.

Expenditure under the Development Education budget amounted to €4,639,895 in 2010 and €3,236,423 in 2011. The estimated expenditure for 2012 is just over €3,209,000. Additionally, development Non-Governmental Organisations were invited in 2012 to incorporate development education and public engagement initiatives in Ireland as part of their proposals under Irish Aid's new round of overseas programme funding. This element of the programme funding will amount to some €1,482,000 for 2012. Prior to the 2012 programme funding round, a smaller number of development Non-Governmental Organisations received Irish Aid funding for similar activities which amounted to some €239,700 in 2010 and €210,800 in 2011. The allocation for development education budget for 2013 has yet to be finalised as part of the decisions taken in the context of the annual budgetary process.

Foreign Conflicts

82. **Deputy Brendan Smith** asked the Tánaiste and Minister for Foreign Affairs and Trade if he will ensure that a resolution of the ongoing conflict in the Democratic Republic of Congo remains a key objective of Ireland's Presidency of the European Union; and if he will make a statement on the matter. [57269/12]

83. **Deputy Brendan Smith** asked the Tánaiste and Minister for Foreign Affairs and Trade if he will raise at the UN Human Rights Council the ongoing violations of human rights within the Democratic Republic of Congo; and if he will make a statement on the matter. [57270/12]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Eamon Gilmore): I propose to take Questions Nos. 82 and 83 together.

I share the widespread concerns about the situation in the Democratic Republic of the Congo (DRC). The European Union is working actively to support efforts to bring peace and stability to the country, and this will remain an important foreign policy priority for the EU during

Ireland's forthcoming Presidency of the European Council in the first half of 2013.

The Democratic Republic of Congo has been ravaged by a long series of violent conflicts. Millions of innocent civilians have been killed, injured or displaced from their homes and there have been systematic abuses of human rights, extremely high levels of sexual violence, and widespread recruitment and use of child soldiers. The latest upsurge in violence, since the early summer, has been driven by the so-called M23 group which has been responsible for a campaign of violence which has caused many deaths and significant displacement and trauma. The EU has repeatedly called on the M23 to end its campaign of violence and we have also condemned and called for an end to external support for the group.

The EU is playing a constructive and significant role in ongoing efforts to deal with the crisis. Developments in the DRC are regularly discussed by EU Foreign Ministers. We adopted strong formal Conclusions on the situation in the DRC at the Foreign Affairs Council in November and again more recently on 10 December. We are supporting the African Union and the International Conference on the Great Lakes Region which are taking the lead on efforts to end the conflict in the eastern DRC. The EU is also providing a programme of support for the DRC authorities aimed at strengthening their capacities to promote better governance and the rule of law. This programme focuses on institutional reform and democracy, physical infrastructure and security sector reform, including within the Congolese Armed Forces.

Historically, Ireland has played its part in working for peace and justice in the DRC. In recent years, we have focused in particular on providing support for the humanitarian response to the conflict. So far this year, Ireland has provided some €8.23 million in humanitarian support, including €3.5 million allocated this month to the Common Humanitarian Fund, a UN-administered fund which is allocated to projects by the resident UN Humanitarian Coordinator in the DRC. In addition, Irish Aid has also provided funds to the UN Office for the Coordination of Humanitarian Affairs for its work to coordinate the delivery of humanitarian assistance across the country. Further funding has been made available to NGO partners such as Concern, Christian Aid and Oxfam. Earlier this month, these three NGOs also benefitted from an emergency airlift of humanitarian supplies in response to the serious situation in North Kivu in the eastern DRC, with 18,000 blankets, 600 tarpaulins and 500 tents dispatched from Irish Aid's pre-positioned stocks in Dubai to help those displaced by the recent fighting.

A very strong focus of our concern and attention in the DRC is, and will remain, on the human rights situation. The DRC is a country which has commanded significant attention from the UN Human Rights Council and from the Human Rights Commission which preceded the establishment of the Council. As well as regular reviews of the overall country situation, there has been a very specific focus on mapping human rights violations during conflict and on the phenomenon of sexual violence and its impact on victims. The Government is committed to working with other members of the Human Rights Council, and with the DRC authorities, during our membership term to highlight human rights issues in the DRC and to support efforts to ensure respect for and protection of human rights in the country.

Humanitarian Aid

84. **Deputy Brendan Smith** asked the Tánaiste and Minister for Foreign Affairs and Trade if he will allocate additional overseas development aid to assist the humanitarian relief efforts in Syria and in surrounding countries in view of the fact that the crisis in Syria has intensified; and if he will make a statement on the matter. [57271/12]

Minister of State at the Department of Foreign Affairs and Trade (Deputy Joe Costello): The appalling suffering of the Syrian civilian population over the last twenty one months is of deep concern to Ireland. Since the uprising in Syria began in March 2011 an estimated 40,000 people have been killed in the violence. Over 2.5 million people inside Syria are in need of immediate humanitarian assistance, with 1.2 million people displaced inside the country. The number of registered refugees from Syria in the region has now passed half a million. This has placed enormous pressure on Syria's neighbours, who have made commendable efforts to host the refugee population and respond proactively and generously to their needs.

Ireland too has responded swiftly to the humanitarian crisis in Syria and in neighbouring countries. As early as March 2012 we provided €500,000 in emergency funding for the ICRC, UNHCR and the World Food Programme. In August I visited Jordan and witnessed firsthand the huge strain that the refugee population is placing on the host countries, both in relation to the refugee camps and also the host communities. Since then Ireland has provided additional support of €1,750,000 to UN agencies and NGO partners who are providing life saving medical assistance to Syrians both in Syria and neighbouring countries. Irish assistance also included supplies of non-food items from our stocks in Dubai. A contribution of €200,000 to UNRWA for Palestinian refugees caught up in the conflict brings Ireland's total response to the crisis to €2,450,000.

Ireland also understands that while this is a humanitarian crisis, it is driven by politics and will only be solved with a political solution. From the beginning, Ireland has recognised this, striving to respond to the humanitarian needs of the populations affected by the violence whilst working simultaneously for a sustainable political solution, based on accommodating the legitimate democratic aspirations of the Syrian people. Ireland has worked for a unified international response and has particularly encouraged the members of the UN Security Council to live up to its responsibilities and show leadership in relation to the crisis, primarily through adoption of a new, strong Security Council Resolution.

We continue to strongly support the efforts of the UN/Arab League Joint Special Representative, Lakhdar Brahimi, to promote a political settlement. An Tánaiste and Minister for Foreign Affairs and Trade, Eamon Gilmore, T.D. was very pleased to meet with Mr. Brahimi during the recent OSCE ministerial meeting in Dublin where he also met with Secretary of State Clinton and Foreign Minister Lavrov. Ireland has also participated actively within the framework of the Friends of Syria Group, which includes my own attendance at the most recent meeting of the group last week in Marrakesh.

Ireland has provided significant support to those in need as a result of this crisis. Into the future we will continue to monitor the situation so that we can assess when we may be able to further contribute, within our means, to the humanitarian needs within the region.

Overseas Development Aid Provision

85. **Deputy Brendan Smith** asked the Tánaiste and Minister for Foreign Affairs and Trade if he will specify all sources of funding towards the total overseas development programme of €623 million for 2013; and if he will make a statement on the matter. [57272/12]

Minister of State at the Department of Foreign Affairs and Trade (Deputy Joe Costello): Some €498 million of this total was allocated to Vote 27 – International Cooperation which is administered by the Department of Foreign Affairs and Trade. A further estimated €125 million will be provided through payments by other Government Departments, and by Ireland's allocation of the EU Development Cooperation Budget 2013. ODA eligible contributions from

other Government Departments consist primarily of:

Payments by the Department of Finance to the World Bank's International Development Association and voluntary contributions to the Asian Development Bank;

Payments by the Department of Agriculture, Food and the Marine to the UN's World Food Programme and Food and Agriculture Organisation and,

Tax rebates from the Revenue Commissioners to Irish development NGOs.

While the 2013 budget is a modest reduction on the 2012 level, €623 million remains a significant level of funding and represents a genuine investment by the people of Ireland in assisting some of the world's poorest communities and is a clear indication of the Government's commitment to the aid programme.

The Government is ambitious for the programme and we are committed to ensuring that it remains one of the best in the world in terms of its quality and improving the lives of some of the poorest people in the developing world.

Property Taxation Exemptions

86. **Deputy Thomas P. Broughan** asked the Minister for Finance if he will ensure that all pyrite-affected homeowners are exempt from the proposed property tax as suggested by the Report of the Pyrite Panel until such time as their homes are remediated in full and in compliance with Building Regulations; and if he will make a statement on the matter. [57135/12]

Minister for Finance (Deputy Michael Noonan): The Government is conscious of the very real costs and difficulties faced by people whose homes have been affected by pyrite. My colleague the Minister for Environment, Community and Local Government, Deputy Hogan, has indicated that he considers that houses demonstrated to be subject to a certifiable level of pyritic heave should be exempt from the Local Property Tax. I propose to address this issue in the context of the Finance Bill.

Revenue Documents Issuance

87. **Deputy Joe Carey** asked the Minister for Finance the progress to date in relation to the enhancement of links and communication by his Department and the Revenue Commissioners specifically in relation to the issuing of P21's when this is an issue regarding total annual income for person's; and if he will make a statement on the matter. [57301/12]

Minister for Finance (Deputy Michael Noonan): The Revenue Commissioners advise that they have extensive data exchange arrangements in place with the Department of Social Protection (DSP) and that these are under constant review by the two organisations. The arrangements have been significantly enhanced in recent times and following an exchange with the DSP in relation to DSP pension payments in late 2011, Revenue undertook to amend DSP pension recipients' tax records with up-to-date pension information for 2012 onwards. I am further informed by Revenue that this project is ongoing, and they are not yet in a position to advise on the numbers of P21s that have been issued to date in respect of this project. Separately, the Deputy may be aware that Revenue is examining in conjunction with the Department of Education and Skills, and, separately, with the HSE, the feasibility of verifying annual income directly to those agencies, to reduce the need to issue P21s.

Property Taxation Collection

88. **Deputy Tom Fleming** asked the Minister for Finance if he will review the proposal in the Finance (Local Property Tax) Bill 2012 for having a property tax levied on non-profit housing associations (details supplied) in view of the fact that the imposition of a property tax on housing associations providing accommodation will limit the financial ability of these associations to raise private finance, which will result in reduced social housing supply and people on the waiting lists longer for the offer of social housing; if he will take into consideration the fact that many of these organisations are run by full time volunteers and are finding it increasingly difficult to fundraise; and if he will make a statement on the matter. [57167/12]

Minister for Finance (Deputy Michael Noonan): Where the owner of a residential property is a charity or a body established by statute and the property is used solely or primarily to provide special needs accommodation – that is accommodation provided to persons who by reason of old age, physical or mental disability or other cause require special accommodation and support to enable them to live in the community – that residential property will be exempt from the charge to the Local Property Tax. While non-profit housing associations engage in the provision of special needs housing, they also provide general needs housing in the same way as a local authority provides such housing. Most of their funding is provided by local authorities, the tenants are taken from local authorities' waiting lists and a similar type of differential rents system applies. Depending on the level of local authority funding provided, some non-profit housing associations may have flexibility to provide housing for those not eligible for local authority housing. To provide for a blanket exemption for such bodies would obviously be inequitable vis-à-vis local authority tenants. For this reason I decided not to accept the recommendation in the Thornhill report that all charitable bodies should be exempt but to restrict the exemption to those properties that are used to provide special needs accommodation.

However, I acknowledge that government policy places significant emphasis on the approved housing body sector as an important part of social housing supply in the future. The Government will actively engage with Approved Housing Bodies to ensure that the Local Property Tax does not impact on their ability to deliver housing units.

Illicit Trade in Tobacco

89. **Deputy Noel Coonan** asked the Minister for Finance if his attention has been drawn to proposals put forward by the National Federation of Retail Newsagents Ireland to develop a smartphone application to aid in the detection of illicit cigarettes; if he believes such an application could be useful in the Irish context; if his Department and the Revenue Commission would be willing to assist the NFRN in developing this app; and if he will make a statement on the matter. [57174/12]

Minister for Finance (Deputy Michael Noonan): I am advised by the Revenue Commissioners that the process of embossing secure tax stamps on cigarette packaging is the method currently used to assist in the detection of illicit cigarettes. Tax stamps are examined using a range of hand held devices that are available to all Revenue enforcement staff. The Revenue Commissioners advise that in 2009 the technical specification for tax stamps was significantly upgraded to make it more difficult for the stamps to be counterfeited. The stamp was further enhanced in 2011. The Revenue Commissioners further advise that this latest version has proven to be extremely robust in that regard. The Revenue Commissioners are constantly exploring ways to improve their methods of detecting illicit cigarettes. They are aware of the proposal to develop a smart phone application referred to by the Deputy and understand that this would operate by reading the bar-coding affixed to packaging by cigarette manufacturers. One of the key elements of any security feature on cigarette packaging is that it must be extremely diffi-

cult to copy. The Commissioners advise that it is not fully clear to them that bar coding would satisfy this particular requirement. Revenue will continue to examine any additional potential opportunities that bar coding and the use of phone apps for that purpose may offer but at present they have no plans to get involved in the development of an app which would be of marginal value in relation to their overall security requirements.

Tax Collection Forecasts

90. **Deputy Finian McGrath** asked the Minister for Finance if he is satisfied with the situation in which self employed persons find themselves when their business and income operate exclusively in Northern Ireland but they themselves are resident in the Republic and who, despite paying tax in Northern Ireland, are subject to further income tax in the Republic of Ireland while PAYE employees in the same scenario are entitled to a reduction in income tax under Section 13 of the Finance Act 1998; and if he will make a statement on the matter. [57180/12]

Minister for Finance (Deputy Michael Noonan): An individual who is tax resident in the State is taxable here on his or her worldwide income. Section 825A Taxes Consolidation Act 1997 (as inserted by section 13 Finance Act 1998) provides that where an employee, who is resident in the State for tax purposes, holds a qualifying employment in another jurisdiction and –

(a) the income from that employment is taxed by that jurisdiction and such tax is not repaid or repayable, (b) the duties of that employment are exercised wholly outside the State, (c) the employment is held for a continuous period of not less than 13 weeks, and (d) for every week during which the employee works outside the State, he or she is present in the State for at least one day in that week, the amount of Irish tax due on that income shall not exceed the amount known as the “specified amount”.

In simple terms, taking the case of an unmarried individual (known as a cross border worker) tax resident in State whose only income is from working full time in Northern Ireland, where UK tax has been paid in full on that employment income, there is no additional Irish tax liability on that same income.

The relief under Section 825A does not extend to those individuals who are tax resident in the State but carry out their self-employment business outside the State (including in Northern Ireland). In such cases, the individual is liable to both UK tax and Irish tax on the profits of that business. However, double taxation on the same profits is avoided by Article 21 (Elimination of Double Taxation) of the Ireland-UK Double Taxation Convention which provides that the State will give a credit against Irish tax due on such profits for the UK tax paid on those same profits.

It is not necessarily the case that a self-employed individual working exclusively in Northern Ireland but resident in Ireland would pay additional tax in Ireland – her/his UK liability might be higher than her/his Irish liability, depending on the circumstances and the prevailing tax rates, credits and allowances. Equally it is possible that an employee’s liability to income tax might be higher in the UK than in Ireland.

I have no plans to change the current provisions but like all tax issues it is kept under review.

Universal Social Charge Payments

91. **Deputy Finian McGrath** asked the Minister for Finance if he will clarify the liability

of self employed persons to pay the universal social charge when their business operates exclusively in Northern Ireland but they are resident in the Republic of Ireland and the liability of PAYE employed persons who work exclusively in Northern Ireland but are resident in the Republic of Ireland. [57181/12]

Minister for Finance (Deputy Michael Noonan): I am advised by the Revenue Commissioners that individuals resident in the State are liable to tax and Universal Social Charge (USC) on their worldwide income. Therefore, where a person is resident in the State the following rates of USC apply to income from a business or an employment outside the State.

The standard rates of Universal Social Charge are: 2% on the first €10,036; 4% on the next €5,980; 7% on the balance. There is a surcharge of 3% on individuals who have income from self-employment that exceeds €100,000 in a year. This surcharge also applies to income over €100,000 from an employment outside the State which is treated in this State for tax and USC purposes in the same way as income from self-employment; that is, under self-assessment.

An individual whose total income for a year does not exceed €10,036 is exempt from USC.

European Banking Sector

92. **Deputy Arthur Spring** asked the Minister for Finance in the context of the Eurozone banking deal, which assigns regulatory powers to the European Central Bank for banks with assets greater exceeding €30 billion or one fifth of their home country's GDP, his views on the way this will affect the banking system here, specifically, if the pillar banks will come under ECB supervision. [57187/12]

Minister for Finance (Deputy Michael Noonan): Under the agreement on a Single Supervisory Mechanism (SSM) recently reached by Ecofin Ministers the ECB will be the direct supervisor of the most significant credit institutions including those with assets of more than €30bn or with an asset-to-GDP ratio of 20%. To ensure the ECB is truly a European level supervisor it will involve banks in all participating Member States covering at least the three most significant banks in each participating Member State. By July 2013 the ECB in consultation with national competent authorities will publish a framework setting out the practical implications for the implementation of the regulation including the methodology for the assessment of the criteria mentioned above.

My Department is currently examining in conjunction with the Central Bank of Ireland the implications of the SSM agreement for Irish credit institutions. However, preliminary analysis would indicate that the two pillar banks, AIB and Bank of Ireland, meet the criteria for direct ECB supervision.

Fuel Rebate Scheme

93. **Deputy Dara Calleary** asked the Minister for Finance the reason he confined the granting of the fuel excise rebate scheme to licensed road hauliers in Budget 2013 and excluded passenger transport operators from the scheme in view of his stated replies to previous parliamentary questions; and if he will make a statement on the matter. [57191/12]

94. **Deputy Dara Calleary** asked the Minister for Finance if he has already sought permission from the EU Commission to introduce an essential users rebate for road haulage operators;

if so, the reason he excluded passenger transport operators from an essential services classification; if he will consider adding passenger transport operators to the scheme; and if he will make a statement on the matter. [57192/12]

Minister for Finance (Deputy Michael Noonan): I propose to take Questions Nos. 93 and 94 together.

The proposal to introduce an auto-diesel excise duty relief for licensed road hauliers that I announced in the Budget is confined to licensed and tax compliant hauliers.

However, I have received a number of submissions from, and on behalf of, private coach operators seeking to have this relief extended to them. I will consider this proposal in the context of the Finance Bill.

NAMA Operations

95. **Deputy Michelle Mulherin** asked the Minister for Finance if a person (details supplied) has left the National Assets Management Agency to take up employment with their previous family business; and if he will make a statement on the matter. [57354/12]

Minister for Finance (Deputy Michael Noonan): The National Treasury Management Agency (NTMA), which assigns staff to NAMA, does not comment on individual employees.

National Treasury Management Agency Bond Issues

96. **Deputy Michelle Mulherin** asked the Minister for Finance if a company (details supplied) has won the contract to value Treasury Holdings UK and Irish assets on behalf of the National Assets Management Agency; if so, the value and the duration of the contract; and if he will make a statement on the matter. [57355/12]

Minister for Finance (Deputy Michael Noonan): I am advised by NAMA that there is not, nor has there been any such contract between NAMA and the firm concerned. NAMA advises that the Deputy is most likely referring to the Independent Business Review (IBR) that was carried out in respect of all debtor business plans from 2010. NAMA advises that Deloitte was one of a number of firms appointed, following a competitive public procurement tender process, to its IBR panel and that in June 2010 Deloitte was selected from this panel to independently review the Treasury Holdings business plan. NAMA advises that Deloitte completed this work in October 2010. NAMA advises that, as with any other IBR firm, it was a matter for Deloitte to determine where they sourced the property expertise required to complete the assignment. Typically, the input required from property specialists in IBR assignments was to comment on the debtor's asset strategies as submitted in the draft business plan and to put forward their own expert views on asset strategy and the optimal timing of any proposed sales. NAMA is satisfied that Deloitte had sufficient property expertise available to them to complete this assignment in Ireland and overseas and understands that they engaged separate property advisors for each country. Any property expertise employed by Deloitte involved a contractual arrangement between them and the two separate property advisory firms concerned and NAMA was not a party to such contracts. The fee payable by Deloitte to secure such expertise was a matter between them and the firms concerned.

NAMA Portfolio Value

97. **Deputy Michelle Mulherin** asked the Minister for Finance his views on whether a conflict of interest exists when a person (details supplied) joined the National Asset Management Agency as a portfolio manager in March 2010 has now left NAMA to resume work with their family firm which has won a lucrative contract to value Treasury Holdings UK and Irish assets on behalf of NAMA; and if he will make a statement on the matter. [57356/12]

Minister for Finance (Deputy Michael Noonan): NAMA advises me that, given its remit under the NAMA Act, it must recruit staff with the requisite experience and expertise and that it would not therefore be possible to recruit only officers who have not worked with firms on NAMA panels. The key issue, however, is that NAMA takes steps to ensure conflicts of interest do not occur. Under Section 42 of the NAMA Act, before he or she is assigned to NAMA, each officer is required to provide a statement of his or her interests, assets and liabilities to the Chief Executive Officer of NAMA and the Chief Executive of NTMA. Furthermore, a key item for any NAMA evaluation group for procurement of services is a declaration by each member that they have no conflict of interest. NAMA advises me that this enables the Agency to ensure that potential conflicts of interest in the management of the loan portfolios are managed effectively; and that staff do not participate in decisions which may involve the allocation of work to companies for which they worked previously.

I am satisfied that NAMA have procedures in place to avoid conflicts of interest.

Student Grant Scheme Delays

98. **Deputy Tom Fleming** asked the Minister for Education and Skills the steps that he has taken to address the delays in the processing of student grant applications; the number of student grant applications that has been received by Student Universal Support Ireland; the number that have been processed, awarded, refused or are awaiting decision to date; the number of applications that were received from County Kerry and the number of these that have been processed, awarded, refused, awaiting decision to date; if he will reassure all applicants and their families that all fully completed applications will be processed by Christmas; and if he will make a statement on the matter. [57126/12]

Minister for Education and Skills (Deputy Ruairí Quinn): I understand from Student Universal Support Ireland (SUSI) that, as at the close of business on the 17th December, it has received 67,029 student grant applications for this year. Processing of 37,740 applications are now complete - 24,064 have been awarded, or awarded pending submission of final course details and 13,676 applications have been refused or cancelled. SUSI has 4,105 applications on hand which are currently being processed. Only 133 new applications have yet to commence processing. 6,910 applications that have been assessed are currently under query. SUSI is awaiting submission of documentation by the student on the remaining applications.

In total SUSI, has received some 2,479 applications from County Kerry. Of these 1,348 are at completion stage with 925 applications awarded, or awarded pending submission of final course details by the student and 423 applications have been refused or cancelled. 56 applications are currently at appeal with SUSI. 104 applications are with SUSI awaiting review. 962 applications are awaiting documentation from the student. In a small number of cases the documentation may have been submitted by the student and it is currently being checked by SUSI. 9 applications are awaiting provisional assessment - these are applications received after the closing date. This data has been supplied to my Department by SUSI.

SUSI is staffed to the level that has been requested and the resources have been put in place to enable them to process applications to completion, subject to all the necessary documentation

having been submitted in order to make a decision in each case. The number of applications being processed has been increasing in recent weeks and every effort is being made to ensure that students get decisions on their grant applications as soon as possible. SUSI has indicated that it is on target to progress all applications received to date with the necessary supporting documentation between now and the end of the year.

Student Grant Scheme Applications

99. **Deputy Ciarán Lynch** asked the Minister for Education and Skills the position regarding a Student Universal Support Ireland grant application in respect of a person (details supplied); and if he will make a statement on the matter. [57130/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that on the 6th December, 2012 a request for further documentation issued to the student referred to by the Deputy. When the requested documentation is returned the student will be notified directly of the outcome.

Schools Building Projects Status

100. **Deputy Brendan Smith** asked the Minister for Education and Skills the stage of a proposed building project for a school (details supplied); when this project is likely to proceed to the next stage; and the likely timescale for the project to proceed to construction stage; and if he will make a statement on the matter. [57139/12]

Minister for Education and Skills (Deputy Ruairí Quinn): The building project for the school referred to by the Deputy is currently at an advanced stage of architectural planning. My Department has authorised the project to proceed to Stage 2(b) of Architectural Planning which includes application for Planning Permission, Fire Certification, Disability Access Certification (DAC) and the preparation of tender documents. Due to competing demands on my Department's capital budget, imposed by the need to prioritise the limited funding available for the provision of additional school accommodation to meet increasing demographic requirements, it was not possible to include this project in the five year construction programme announced earlier this year.

Schools which have not been included in the five year construction programme, including the one referred to by the Deputy, but which were announced for initial inclusion in the building programme will continue to be progressed to final planning stages in anticipation of the possibility of further funds being available to my Department in future years. The project referred to by the Deputy remains available to be considered for progression in that context.

Pupil-Teacher Ratio

101. **Deputy Jonathan O'Brien** asked the Minister for Education and Skills if he will provide assurances that the increase in the pupil teacher ratio in further education from 17:1 to 19:1 will not result in a reduction of 25 whole time equivalent teaching posts across the city of Cork Vocational Education Committee. [57142/12]

102. **Deputy Jonathan O'Brien** asked the Minister for Education and Skills his views on concerns that as a result of the high number of retirements in a college (details supplied), eight

staffing positions have been placed at risk as a result of the increase in the pupil-teacher ratio in further education programmes. [57143/12]

103. **Deputy Finian McGrath** asked the Minister for Education and Skills if his attention has been drawn to the fact that a college (details supplied) in County Cork has an increase of pupil teacher ratio of 19:1 which will mean many courses will be cancelled next year; and if he will make a statement on the matter. [57147/12]

Minister of State at the Department of Education and Skills (Deputy Ciarán Cannon): I propose to take Questions Nos. 101 to 103, inclusive, together.

There are 32,688 approved PLC places available nationwide and this number of places is being maintained. Places are allocated to Vocational Education Committees (VECs), Community and Comprehensive and Voluntary Secondary schools on an annual basis following an application process and VECs are responsible for the further allocation of those places to schools and colleges under their remit. City of Cork VEC has an allocation of some 4,020 Post Leaving Certificate (PLC) places and manages the PLC centres referred to by the Deputies.

As a result of the change in the pupil teacher ratio (PTR) the VEC's allocation of PLC teaching posts will be reduced from 236 to 212, a reduction of 24. These changes will not take effect until September 2013 and the VEC has until then to plan for the reduced teaching allocation for PLC centres under its remit. While it would have been preferable not to have to make any changes, by bringing the PLC PTR into line with that of free second level schools the Government has succeeded in protecting the class sizes in primary and free second-level schools for the coming year, ensuring that our limited resources are rightly focused on the children in our education system. It will result in an estimated saving of €12 million in a full year and €4 million in 2013. There will be a reduction of some 200 PLC teaching posts as a result of this change and it may result in a reduction in the range of subjects available to students. It is now up to the CEOs of each VEC to look at the resources available to them and to work with their Principals and staff to ensure they can continue to deliver programmes which closely meet the needs of both students and employers.

Schools Building Projects Applications

104. **Deputy Mattie McGrath** asked the Minister for Education and Skills the assistance that will be given to a school (details supplied) in County Tipperary who has a grant shortfall of €24,000 for a new extension; and if he will make a statement on the matter. [57149/12]

Minister for Education and Skills (Deputy Ruairí Quinn): I wish to confirm that my Department has approved funding to the school referred to by the Deputy to provide a new mainstream classroom. The school has since applied for additional funding towards this project. This application is currently being assessed and a decision will be conveyed to the school authority as soon as this process has been completed.

Budget 2013

105. **Deputy Gerry Adams** asked the Minister for Education and Skills if there will be any cuts to funding or supports for primary or post primary schools in County Louth as a result of the spending cuts in budget 2013; and if he will make a statement on the matter. [57153/12]

Minister for Education and Skills (Deputy Ruairí Quinn): As a result of school funding

measures introduced in Budget 2012, funding for capitation and related grants to schools in 2013 will be reduced by 0.5% for primary schools and 2% for post-primary schools, including schools in County Louth. The overall saving will be achieved by a reduction in the standard capitation rates only, and other related grant rates will remain unchanged. The new standard capitation rates will be €176 for primary and €306 for post-primary.

Student Grant Scheme Application Numbers

106. **Deputy Gerry Adams** asked the Minister for Education and Skills if he will provide an updated list, in tabular form, of the numbers of students in County Louth who have received from Student Universal Support Ireland payment of their third level grant or notification of when it is to be paid; the number of applications that have been received from County Louth in total; the number that have been rejected and the number that have yet to be processed. [57171/12]

Minister for Education and Skills (Deputy Ruairí Quinn): The following table provides a breakdown of the status of student grant applications received by Student Universal Support Ireland (SUSI) from County Louth. The data provided is at a point in time on the 18th December 2012. It gives the position for student grant applications for attendance at both further and higher education. This data has been provided to my Department by SUSI. SUSI is continuing to make payments on a weekly basis to ensure students can get paid their grant as expeditiously as possible, once they have been awarded a grant. This will continue over the holiday period, with payments on the 21st December and 28th December. Those awarded a grant must supply bank account details and confirmation of registration must be received from the institution in order for the first instalment of the grant to be paid. Payments to students awarded a “fees only” grant (either the student contribution or fees) are continuing to be made directly to the relevant institution on receipt of the appropriate invoice from the institutions concerned.

SUSI Applications - Processing position for County Louth

County	Total Applications	Awarded	Cancelled/Refused	Appealed To SuSi	Awaiting Provisional Assessment (New applications after closing date)	With SUSI Awaiting Review (Documents Received)	Reviewed and Supporting Documents Requested	Maintenance Payments	Fees Only Payments
Louth	2,154	788*	376**	69***	7	49	865#	383	42

* This figure includes a number of applications which have been provisionally awarded and are awaiting final course acceptance forms from the student. The figure does not include grants awarded but currently under appeal status.

** This figure does not include grants cancelled or refused that are currently under appeal status.

*** This figure includes grant applications currently under appeal status and also a number

where recent decisions have been made.

This figure includes applications for which SUSI is awaiting documentation and a small number of applications on hand with SUSI which are being checked to ensure all documentation submitted is complete.

Student Grant Scheme Applications

107. **Deputy Charlie McConalogue** asked the Minister for Education and Skills if he will reassess a Student Universal Support Ireland grant application for a person (details supplied) in County Donegal; and if he will make a statement on the matter. [57267/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that the application of the student referred to by the Deputy is currently under review and SUSI will notify the student directly of the outcome.

Schools Building Projects Status

108. **Deputy Joanna Tuffy** asked the Minister for Education and Skills if he will provide an update on the need for an extension to a school (details supplied) in County Dublin; and if he will make a statement on the matter. [57273/12]

109. **Deputy Joanna Tuffy** asked the Minister for Education and Skills if he will provide an update on the need for an extension and refurbishments to a school (details supplied) in County Dublin; and if he will make a statement on the matter. [57274/12]

110. **Deputy Joanna Tuffy** asked the Minister for Education and Skills if he will provide an update on the need for an extension to a school (details supplied) in County Dublin; and if he will make a statement on the matter. [57275/12]

Minister for Education and Skills (Deputy Ruairí Quinn): I propose to take Questions Nos. 108 to 110, inclusive, together.

As the Deputy will be aware, my priority is to ensure that there is sufficient school accommodation to meet projected pupil increases in the future. The 5 Year Plan that I announced in March last, together with my announcement last week of the 50 school projects which are scheduled for construction in 2013 as part of a €2 billion capital investment programme, outlines the major school projects that will commence construction over the duration of the Plan. These have been prioritised on the basis of meeting significant demographic needs.

While the proposed project at the school will not provide for new demographic need, it will replace the school's existing temporary accommodation. Due to competing demands on my Department's capital budget, imposed by the need to prioritise the limited funding available for the provision of essential additional school accommodation to meet increasing demographic requirements, it was not possible to include this project in the five year construction programme announced earlier this year. School building projects currently in architectural planning, including the project referred to by the Deputy, will continue to be advanced incrementally over time within the context of the funding available. Whilst no meetings have taken place between Department officials and the school authorities since March 2011, my Department will consult with the school if the need for a meeting arises.

Schools Refurbishment

111. **Deputy Mattie McGrath** asked the Minister for Education and Skills the assistance given to a school (details supplied) in County Tipperary which will no longer be in a position to meet loan repayments following the removal of the minor works grant and other cuts in the education budget; if emergency funding will be made available to assist the school; and if he will make a statement on the matter. [57277/12]

Minister for Education and Skills (Deputy Ruairí Quinn): As part of the expansion of the devolved scheme for primary school building works, a grant of €380,000 was sanctioned for Ayle National School to enable the Board of Management to extend and refurbish their school. The grant was later increased to €484,000 to allow the school provide a fourth classroom due to increasing enrolments. My Department recently received an application for additional funding to cover additional costs associated with the project. Further information was requested from the school authority and this has now been received and reviewed. I am pleased to inform the Deputy that additional funding has been approved and the school authority has been notified of the decision.

Schools Building Projects Status

112. **Deputy Joanna Tuffy** asked the Minister for Education and Skills if he will provide an update on the need for an extension for a school (details supplied) in County Dublin; and if he will make a statement on the matter. [57278/12]

Minister for Education and Skills (Deputy Ruairí Quinn): The building project for the school referred to by the Deputy is currently at an advanced stage of architectural planning. A meeting was held with the school and its design team in May 2012 to discuss progress on the project. No further meetings are planned. The school has a band rating of 1.1. While Lucan is considered a developing area, the project for this school will not deliver any additional classroom accommodation in the area.

Due to competing demands on my Department's capital budget, imposed by the need to prioritise the limited funding available for the provision of additional school accommodation to meet increasing demographic requirements, it was not possible to include this project in the five year construction programme announced earlier this year. Schools which have not been included in the five year construction programme, but which were announced for initial inclusion in the building programme will continue to be progressed to final planning stages in anticipation of the possibility of further funds being available to my Department in future years. The project referred to by the Deputy remains available to be considered for progression in that context.

Student Grant Scheme Applications

113. **Deputy Robert Troy** asked the Minister for Education and Skills if he will expedite a student grant application in respect of a person (details supplied) in County Monaghan. [57279/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that the application of the student referred to by the Deputy is currently under review and SUSI will notify the student directly of the outcome.

Departmental Funding

114. **Deputy Paudie Coffey** asked the Minister for Education and Skills if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57289/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Details of total capital funding expended on primary, post primary and higher education capital projects in Waterford between 2011 and 2012 are shown in the table.

COUNTY WATERFORD CAPITAL SPEND BY SEC- TOR	2012	2011
PRIMARY	€1,893,273.99	€6,949,971.82
POST PRIMARY	€2,126,213.00	€6,551,599.00
THIRD LEVEL	€632,264.57	€1,795,969.16
TOTAL PRIMARY, POST PRIMARY & THIRD LEVEL	€4,651,751.56	€15,297,539.98

Student Grant Scheme Applications

115. **Deputy Barry Cowen** asked the Minister for Education and Skills when a person (details supplied) in County Offaly may expect a decision on an application for a student grant. [57297/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that in the case of the student referred to by the Deputy his application is currently being assessed and a letter will issue shortly directly to the student confirming the position.

Student Grant Scheme Applications

116. **Deputy Barry Cowen** asked the Minister for Education and Skills when a person (details supplied) in County Offaly may expect a decision on an application for a student grant. [57298/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that the application of the student referred to by the Deputy has already been awarded a grant and an award letter issued on 12th December 2012.

Student Grant Scheme Applications

117. **Deputy James Bannon** asked the Minister for Education and Skills the position regarding a student grant application in respect of a person (details supplied) in County Leitrim; and if he will make a statement on the matter. [57304/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that on the 5th De-

cember, 2012 a request for further documentation was issued to the student referred to by the Deputy. When the requested documentation is returned the student will be notified directly of the outcome.

Student Grant Scheme Applications

118. **Deputy Charlie McConalogue** asked the Minister for Education and Skills when a decision will be made on a Student Universal Support Ireland grant application in respect of a person (details supplied) in County Donegal; and if he will make a statement on the matter. [57312/12]

Minister for Education and Skills (Deputy Ruairí Quinn): Officials in my Department have confirmed with SUSI, the new centralised grant awarding authority, that the application of the student referred to by the Deputy has already been awarded a grant and an award letter issued on 17th December 2012.

Student Support Schemes Issues

119. **Deputy Mattie McGrath** asked the Minister for Education and Skills the supports that will be made available to a person (details supplied) in County Tipperary who has submitted an application under the disability access route to education; and if he will make a statement on the matter. [57353/12]

Minister for Education and Skills (Deputy Ruairí Quinn): I understand that the Deputy is referring to an application under the Fund for Students with Disabilities rather than the Disability Access Route to Education (DARE). I wish to advise that Limerick Institute of Technology (LIT) Disability Office have confirmed that the following arrangements are in place for the student referred to by the Deputy:

- Comfort Audio Digi-System (portable loop system)
- In-class note-taker
- Learning support (via Learning Support Unit for up to 4 hours per week)
- Full lecture notes in advance
- Extra time in exams (10 mins per hour)
- Spelling & grammar waiver in exams
- Own room for exams
- Instructions required for exams

I also understand that LIT are currently in the process of arranging Speed Text (Electronic Communication Service) for the student, following a recommendation made by the Deaf Hear group on 28th November 2012. The above supports are funded through a combination of the Fund for Students with Disabilities and the core grant of the institute.

Departmental Funding

120. **Deputy Paudie Coffey** asked the Minister for Public Expenditure and Reform if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57294/12]

Minister of State at the Department of Public Expenditure and Reform (Deputy Brian Hayes): The total amount of capital expenditure on the Office of Public Works Vote in County Waterford in 2011 and to date in 2012 is set out in the table below.

2011	Jan - 18th Dec 2012
632,075.91	2,084,630.19

Departmental Funding

121. **Deputy Paudie Coffey** asked the Minister for Jobs, Enterprise and Innovation if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57292/12]

Minister for Jobs, Enterprise and Innovation (Deputy Richard Bruton): The principal channels of capital funding from my Department to Waterford are through the operations of Enterprise Ireland, Science Foundation Ireland, IDA Ireland and the two local County Enterprise Boards.

In the case of Enterprise Ireland, funding is provided for a range of enterprise development activities, including R&D and Innovation funding such as research collaboration and commercialisation, High Potential Start-Up Support, Company Capability Development, Lean and Expansion projects, and Internationalisation. The total amount approved by Enterprise Ireland for these various activities in Co Waterford was €6,636,147 in 2011 and 5,601,742 in 2012 to date.

For Science Foundation Ireland, capital payments by that agency to Waterford Institute of Technology were €2.173m in 2011 and €5.449m in 2012 to date.

Regarding the County Enterprise Boards, the capital allocation to Waterford City CEB in 2011 was €339,771 and to Waterford County CEB in that year was €356,806. For 2012 to date, the allocations have been €469,461 in the case of the City CEB and €408,944 in respect of the County CEB.

With regard to Waterford funding by IDA Ireland, in 2011 that agency paid grants of €115,819 in 2011 and expended €22,193 on other capital works. For 2012 to date, they paid grants totalling €1,443,474 and expended €6,757 on other capital works.

Carer's Allowance Appeals

122. **Deputy Jack Wall** asked the Minister for Social Protection the position regarding a domiciliary care appeal in respect of a person (details supplied) in County Kildare; and if she will make a statement on the matter. [57146/12]

Minister for Social Protection (Deputy Joan Burton): The Social Welfare Appeals Office has advised me that an appeal by the person concerned was registered in that office on 7th November 2012. It is a statutory requirement of the appeals process that the relevant Departmental papers and comments by the Deciding Officer on the grounds of appeal be sought. When received, the case in question will be referred to an Appeals Officer who will make a summary decision on the appeal based on documentary evidence presented or, if required, hold an oral

hearing.

The Social Welfare Appeals Office functions independently of the Minister for Social Protection and of the Department and is responsible for determining appeals against decisions on social welfare entitlements.

Question No.123 withdrawn.

Carer's Allowance Application Numbers

124. **Deputy Seán Ó Fearghail** asked the Minister for Social Protection if she intends to tackle the backlog of carer's allowance applications; and if she will make a statement on the matter. [57179/12]

Minister for Social Protection (Deputy Joan Burton): I acknowledge that the time taken to process carer's allowance claims at present is not satisfactory but I am satisfied that the Department is taking appropriate action to resolve the situation.

A programme of backlog elimination is underway in carer's allowance section where a number of measures have been implemented to improve processing times. Following the completion of a major modernisation project, an in-depth business process improvement (BPI) project was completed for the carer's allowance scheme. This project focused on optimising output and customer service and the reduction of backlogs. The outcome of this is a significant increase in the number of new claims processed in recent months where claims processed have substantially exceeded claim intake. To achieve this improvement, significant additional temporary resources have been allocated to the backlog elimination effort and the situation continues to be managed and monitored to ensure that the backlog is eliminated in the shortest possible timeframe.

Supplementary Welfare Allowance Application Numbers

125. **Deputy Róisín Shortall** asked the Minister for Social Protection the number of people awarded supplementary welfare allowance in the last period for which figures are available on the basis of a delay in the processing of a social welfare claim; the value of such payments; her estimate of the saving on supplementary welfare allowance if all social welfare schemes and the appeals office had an average processing time of three weeks or less; and the way she intends to achieve this saving. [57182/12]

Minister for Social Protection (Deputy Joan Burton): The supplementary welfare allowance scheme (SWA) is designed to provide immediate and flexible assistance for anyone in the State who satisfies a habitual residency condition and a means test, has registered for employment, unless they have a physical or mental disability, and can prove unemployment, or anyone who is awaiting the outcome of a claim or an appeal for a primary social welfare or Health Service Executive payment.

There are approximately 22,500 recipients currently in receipt of SWA who are pending a decision or outcome of an appeal on a primary social welfare payment. The total weekly SWA expenditure in respect of these payments is approximately €4.3 million. The weekly SWA expenditure in respect of claims made within a three week period accounts for approximately €0.5 million.

Payments issued under the SWA scheme are recouped from the primary social welfare

scheme on award. Therefore, the issue of savings does not arise in these circumstances. Given the very nature of the SWA scheme, which is the safety net within the social welfare system, it is unlikely that these customers would not have an entitlement to another social welfare scheme if refused under their original application or on appeal. For example a customer who may not satisfy the conditions for an unemployment support may have an entitlement to an illness type payment.

I can assure the Deputy that every effort is made to ensure that social welfare claims are processed in the shortest possible timeframes. A key objective of the transfer of the Community Welfare Service from the Health Service Executive to the Department on 1st October 2011 is to provide a streamlined, consistent and enhanced service to the customer. The process of integration is on-going and progress has already been made with a unified service, Intreo, now in the process of being delivered in four offices. Significant efforts are also being made in the processing of illness related schemes with additional temporary staff having been assigned to the area, the recent completion of a major service delivery modernisation project and an in-depth business process improvement project having recently commenced with the aim of eliminating backlogs and improving customer service. Significant resources and efforts have also been put into reducing volumes and improving processing times for appellants to the Social Welfare Appeals Office, including the assignment of 15 additional Appeals Officers, improving business processes and implementing a new operating model. All of these measures combined will reduce the requirement for recourse to SWA.

Invalidity Pension Appeals

126. **Deputy Finian McGrath** asked the Minister for Social Protection the position regarding an invalidly pension in respect of a person (details supplied) in Dublin 5. [57276/12]

Minister for Social Protection (Deputy Joan Burton): The Social Welfare Appeals Office has advised me that an appeal by the person concerned was referred to an Appeals Officer on 6th December 2012, who will make a summary decision on the appeal based on the documentary evidence presented or, if required, hold an oral hearing.

The Social Welfare Appeals Office functions independently of the Minister for Social Protection and of the Department and is responsible for determining appeals against decisions on social welfare entitlements.

Departmental Funding

127. **Deputy Paudie Coffey** asked the Minister for Social Protection if she will provide in tabular form, the total amount of capital funding her Department has allocated to Waterford for the years 2011 and 2012; and if she will make a statement on the matter. [57295/12]

Minister for Social Protection (Deputy Joan Burton): Capital Expenditure in the Department of Social Protection is incurred in two areas in particular;-

1.- The purchase of Information and Communications Technology (ICT) equipment which is required for the delivery of social welfare services. This includes the purchase of computer hardware and software, data storage, desktop equipment and a range of network infrastructure equipment. It also includes the purchase of photocopiers, other non-IT office machinery and related supplies and the replacement of out of date equipment.

2.- The costs of new buildings and the refurbishment of other buildings necessary to meet the accommodation needs of the Department. Purchases in respect of ICT equipment is carried out on a national basis, as the need arises, and expenditure is not specific to any county. There was no capital funding expenditure in relation to buildings located in Waterford in 2011. Expenditure of €54,137 was incurred in 2012 in respect of the upgrade of the Waterford HQ building at Cork Road, Waterford.

Invalidity Pension Appeals

128. **Deputy James Bannon** asked the Minister for Social Protection the position regarding an appeal for invalidity pension in respect of a person (details supplied) in County Longford; and if she will make a statement on the matter. [57303/12]

Minister for Social Protection (Deputy Joan Burton): The Social Welfare Appeals Office has advised me that an appeal by the person concerned has not been received by that office.

The Social Welfare Appeals Office functions independently of the Minister for Social Protection and of the Department and is responsible for determining appeals against decisions on social welfare entitlements.

Carer's Allowance Applications

129. **Deputy James Bannon** asked the Minister for Social Protection when a carer's allowance will issue in respect of a person (details supplied) in County Longford; and if she will make a statement on the matter. [57305/12]

Minister for Social Protection (Deputy Joan Burton): I confirm that the department received an application for carer's allowance from the person in question on the 14th of November 2011. This application was referred to one of the Department's medical assessors who found that the caree in question was not medically eligible for carer's allowance. The person in question subsequently submitted further medical evidence for review. Following completion of the review, carer's allowance has been awarded for the period 17/11/2011 to 17/10/2012, and all arrears due have issued. The person in question has been notified of the position.

I am aware that the person being cared for has recently passed away. I would like to take this opportunity to express our sincere sympathy to your constituent and his family for their bereavement.

Invalidity Pension Appeals

130. **Deputy Dan Neville** asked the Minister for Social Protection if she will review a invalidity pension application in respect of a person (details supplied) in County Cork. [57310/12]

Minister for Social Protection (Deputy Joan Burton): Invalidity pension is a payment for people who are permanently incapable of work because of illness or incapacity and who satisfy the contribution conditions.

This department received a claim for invalidity pension for the person concerned on 05 April 2012. The medical evidence provided by the claimant in support of her claim was examined by a medical assessor who was of the opinion that the person concerned is not eligible for

invalidity pension as she does not satisfy the medical criteria. The application for invalidity pension was, accordingly, disallowed by a deciding officer. The applicant was notified of this decision and the reason for it on 05 September 2012.

The person concerned subsequently submitted further medical evidence in support of her claim. This evidence has been forwarded to a different medical assessor for evaluation and a decision will issue to the person concerned once the review is completed.

Questions Nos. 131 and 132 withdrawn.

Domiciliary Care Allowance Applications

133. **Deputy Ciarán Lynch** asked the Minister for Social Protection when a determination will be made on an application for domiciliary care allowance in respect of a person (details supplied) in County Cork; and if she will make a statement on the matter. [57349/12]

Minister for Social Protection (Deputy Joan Burton): An application for domiciliary care allowance (DCA) was received on the 11th December 2012. This application has been forwarded to one of the Department's Medical Assessors for their medical opinion. Upon receipt of this opinion, a decision will issue to the customer.

It can take up to 8 weeks to process an application for DCA.

Departmental Funding

134. **Deputy Paudie Coffey** asked the Minister for Arts, Heritage and the Gaeltacht if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57285/12]

Minister for Arts, Heritage and the Gaeltacht (Deputy Jimmy Deenihan): As the Deputy is aware, my Department administers and delivers a wide range of programmes and measures, descriptions of which are available on its website at <http://www.ahg.gov.ie/>.

My Department's gross capital allocation for this range of programme and measures in 2012 is €43m. The table provides a breakdown of this funding for each of my Department's programme areas.

While expenditure under these programme areas takes place countrywide, it is not possible to give a county-by-county breakdown of that expenditure. For example, a number of my Department's programmes are delivered through agencies and other intermediary bodies that operate across county boundaries and in respect of which there is no detailed breakdown on a county basis held by my Department. In addition, groups and organisations that receive grants directly from my Department are not necessarily constituted on a single-county basis.

In view of the wide range of my Department's schemes and programmes, and the large volumes of payments and grants thereunder on an ongoing basis, it is not clear that the work involved in compiling and collating the breakdown of expenditure sought by the Deputy would be feasible or justified. However, if the Deputy has specific queries relating to a particular programme or grant, I would be glad to seek to provide him with relevant information in that regard. Similarly, if the Deputy would like specific information in relation to a particular scheme, I would be glad to arrange to have any such request from him examined.

Table: Capital Allocations for 2012

Programme Area	2011 Provisional Out-turn (€m)	REV Allocation 2012 (€m)
Arts, Culture & Film	29.136	20.101
Heritage	10.242	9.469
Irish Language, Gaeltacht and Islands	12.378	8.927
North-South Co-Operation	6.001	4.503
Total	57.757	43

Departmental Funding

135. **Deputy Paudie Coffey** asked the Minister for Communications, Energy and Natural Resources if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57287/12]

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): Total capital expenditure by my Department for the country as a whole was €123m in 2011 and is currently forecast at around €85m for 2012. This expenditure is not allocated at county level.

The most significant component of my Departments capital expenditure is in respect of energy efficiency programmes administered by the Sustainable Energy Authority of Ireland. They have advised me that spending under these schemes amounted to around €5.1 million in 2011 and around €1.5 million in 2012 on their Better Energy programmes in Waterford.

In addition, in 2011, the Geological Survey of Ireland (GSI), as part of the INFOMAR Programme funded by my Department, fully mapped Waterford Harbour and approaches. This work utilised two state research vessels at an estimated cost of €250,000.

Finally, the Deputy may wish to note that there were 31 electoral divisions in County Waterford covered by the National Broadband Scheme (NBS). The actual expenditure is not available as it is part of a national contract for the NBS.

Telecommunications Services Provision

136. **Deputy Michael Moynihan** asked the Minister for Communications, Energy and Natural Resources if any of the moneys raised by the recent multi-band spectrum auction have been paid into the Exchequer; and if he will make a statement on the matter. [57352/12]

Minister for Communications, Energy and Natural Resources (Deputy Pat Rabbitte): The management of the radio spectrum is a statutory function of the Commission for Communications Regulation (ComReg) under the Communications Regulation Act, 2002 as amended.

ComReg recently announced the winning bidders of its Multi-band Spectrum Auction for the 800, 900 and 1800 MHz bands.

I can confirm that ComReg transferred the amount of €450M, in respect of upfront fees accruing from its Multi-band Spectrum Auction, to the Exchequer on Friday 14th December 2012. The remainder of the fees will be paid on an annual basis over the duration of the terms of the licences.

Household Charge Exemptions

137. **Deputy Luke ‘Ming’ Flanagan** asked the Minister for the Environment, Community and Local Government if he will consider removing executors of wills from the Local Government (Household Charge) Act 2011. [57176/12]

Minister for the Environment, Community and Local Government (Deputy Phil Hogan): The Local Government (Household Charge) Act 2011 provides the legislative basis for the household charge. Section 4 sets out the exemptions and waivers from the charge including where personal representatives for a deceased person are relevant. There are currently no plans to amend the legislation in this respect.

The Household Charge was brought forward as an interim measure pending the introduction of a full Local Property Tax in 2013. The Finance (Local Property Tax) Bill 2012 is currently before the Oireachtas and issues relating to the Bill are a matter for the Minister for Finance.

Departmental Funding

138. **Deputy Paudie Coffey** asked the Minister for the Environment, Community and Local Government if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57290/12]

Minister for the Environment, Community and Local Government (Deputy Phil Hogan): Capital funding provided to local authorities in Waterford in 2011 and 2012 (to date) under programmes for which my Department is responsible is set out in the following table :

Local Authority	2011	2012
Dungarvan Town Council	€598,815	€ -
Waterford City Council	€19,563,032	€9,544,102
Waterford County Council	€7,700,686	€13,657,114
Total	€27,862,533	€23,201,216

Community Development Initiatives

139. **Deputy Barry Cowen** asked the Minister for the Environment, Community and Local Government if there will be guaranteed multi-annual core funding for local development companies after 2013 in view of proposals in Putting People First which suggest that the new socio-economic committees will be the decision making body for local development funding including LEADER and LCDP from 2014 onwards; and if he will make a statement on the matter. [57299/12]

140. **Deputy Barry Cowen** asked the Minister for the Environment, Community and Local Government the way he intends to retain the experience and expertise of local development companies in the delivery of services for their communities in view of the fact that local development companies will not be viable entities if their core funding is given to the Socio-Economic Committee from 2014 onwards; and if he will make a statement on the matter. [57300/12]

Minister for the Environment, Community and Local Government (Deputy Phil Hogan): I propose to take Questions Nos. 139 and 140 together.

It is my intention that the expertise and experience of local development companies will be retained in the new structures outlined in The Action Programme for Effective Local Government - Putting People First. In their report, the Alignment Steering Group recognised the key strengths of local development companies, in areas such as service planning and delivery.

Programme administration funding will continue to be available to local development companies in respect of their continued involvement in such work. The exact arrangements in this regard are significantly dependent on the scale of future programmes, including decisions yet to be taken at EU level.

Alignment will see local development and local government working in partnership with each other, and their communities. The recommendations of the Alignment Steering Group highlight the need to improve efficiency across the local and community development sector, for example through shared service arrangements between local development companies and with local authorities. The alignment process should facilitate the best use of the resources, experience and expertise available at local level to deliver better services in the most cost effective and efficient way possible. These and other new arrangements should place local development structures on a more sustainable footing, and they will be the focus of the implementation arrangements that my Department is putting in place for these reforms. In particular, the key stakeholders have been invited to participate on an alignment implementation group to assist and advise on the implementation of the alignment recommendations and I look forward to progress in a spirit of co-operation, trust and respect between the sectors.

National Drugs Strategy Budget

141. **Deputy Niall Collins** asked the Minister for the Environment, Community and Local Government if he will confirm that the necessary funding is being provided for the retention of the estate management projects in an area (details supplied) in Dublin 24; if he will appreciate the importance of these two projects; and if he will make a statement on the matter. [57341/12]

Minister of State at the Department of the Environment, Community and Local Government (Deputy Jan O'Sullivan): The projects in question no longer operate as mainstreamed drugs projects under my Department's Housing programme.

However, I understand that my colleague, the Minister of State with responsibility for the National Drugs Strategy, announced on 11 December 2012 that funding of €50,000 has been allocated to the Tallaght Local Drugs Task Force to support the projects in question during 2013.

Building Regulations Compliance

142. **Deputy Clare Daly** asked the Minister for the Environment, Community and Local Government his views on the way the safety of residents will be protected in Temple Court, Santry, Dublin, in view of the fact that serious fire safety concerns were made to Fingal County Council in early October, which were passed on to Fire Prevention Services, however, no investigation has taken place due to insufficient staff resources. [57357/12]

Minister for the Environment, Community and Local Government (Deputy Phil Hogan): Primary responsibility for compliance with the requirements of the Building Regulations rests with the designers, builders and owners of buildings. Implementation and enforcement of the building control system is a matter for the relevant building control authority.

Under section 18 of the Fire Services Act 1981 and 2003 it is the duty of every person having control over premises, such as apartment complexes, to take all reasonable measures to guard against the outbreak of fire and to ensure the safety of persons on the premises in the event of an outbreak of fire. Fire authorities have a range of powers available to them, from providing advice to taking High Court proceedings, to deal with situations where fire safety is in question.

I understand that Fingal County Council has received a number of complaints regarding the Temple Court development and has been in touch with the relevant parties to obtain further information on the issues involved. The specific concerns raised are in relation to possible fire safety hazards which may arise due to the manifestation of pyritic heave in the development, while there are more general concerns about construction issues.

I also understand that the residents' concerns have been raised directly with Dublin Fire Brigade and also passed to them by Fingal County Council, and that Dublin Fire Brigade responds to all specific complaints it receives in relation to fire safety. In this case safety advice has been provided in relation to possible impact by pyrite on the gas supply lines to the apartments.

The pyrite issues in Temple Court will be addressed as part of the overall implementation plan for recommendations made in the independent Report of the Pyrite Panel.

Garda Recruitment

143. **Deputy Tom Fleming** asked the Minister for Justice and Equality if he will consider lifting the embargo on new Garda recruits in view of the fact that persons and families are now living in fear in rural, isolated areas and the fact that a large number of Gardaí retired in the recent past, the recent closure of rural Garda stations and the proposed closure of additional Garda stations; and if he will make a statement on the matter. [57132/12]

Minister for Justice and Equality (Deputy Alan Shatter): The present strength of An Garda Síochána is approximately 13,400 which is a strength similar to that during 2007. While the moratorium continues to apply to the Garda Síochána, the question of when recruitment to the Garda Síochána should resume will be kept under continuing review in the context of retirements and the availability of resources. I will remain in dialogue with my colleague the Minister for Public Expenditure and Reform on this, but what is vital now is that the still significant resources of the Force are used with maximum efficiency and to the greatest effect. That is why the reforms being introduced by the Garda Commissioner, such as new rosters and the rationalisation of the Garda station and District networks, are essential.

Naturalisation Applications

144. **Deputy Timmy Dooley** asked the Minister for Justice and Equality if a person (details supplied) who is living in the country since March 2003 on a continuous basis and formally received refugee status in 2009 could be eligible to become an Irish citizen having lived and been educated here since 2003; and if he will make a statement on the matter. [57150/12]

Minister for Justice and Equality (Deputy Alan Shatter): Officials in the Citizenship Division of the Irish Naturalisation and Immigration Service (INIS) inform me that there is no record of an application for a certificate of naturalisation from the person referred to in the Deputy's question.

Section 15 of the Irish Nationality and Citizenship Act 1956, as amended, provides that the

Minister may, in his absolute discretion, grant an application for a certificate of naturalisation provided certain statutory conditions are fulfilled. The conditions are that the applicant must -

- be of full age
- be of good character
- have had a period of one year's continuous residency in the State immediately before the date of application and, during the eight years immediately preceding that period, have had a total residence in the State amounting to four years
- intend in good faith to continue to reside in the State after naturalisation
- have, before a judge of the District Court in open court, in a citizenship ceremony or in such manner as the Minister, for special reasons, allows -
 - (i) made a declaration, in the prescribed manner, of fidelity to the nation and loyalty to the State, and
 - (ii) undertaken to faithfully observe the laws of the State and to respect its democratic values.

A foreign national who is married to, or is the Civil Partner of, an Irish citizen for at least three years may apply for naturalisation under section 15A of the Irish Naturalisation and Citizenship Act 1956, as amended, where they have been continuously resident in the island of Ireland for the year immediately prior to the date of their application and for two out of the four years prior to that year. The marriage or civil partnership must be subsisting and recognised under Irish law. Section 15A provides that the Minister may waive certain conditions for naturalisation if satisfied that the applicant would suffer serious consequences in respect of his or her bodily integrity or liberty if not granted Irish citizenship.

Section 16 of the Irish Nationality and Citizenship Act, 1956, as amended, provides that I can exercise my absolute discretion to waive some or all of the statutory requirements for naturalisation in certain circumstances, e.g. where the applicant is a person who is a refugee within the meaning of the United Nations Convention relating to the Status of Refugees.

It is open to any individual to lodge an application for citizenship if and when they are in a position to meet the statutory requirements as prescribed in the Irish Nationality and Citizenship Act 1956 as amended.

Queries in relation to the status of individual immigration cases may be made directly to INIS by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from INIS is, in the Deputy's view, inadequate or too long awaited.

Garda Stations Refurbishment

145. **Deputy Dara Calleary** asked the Minister for Justice and Equality if he will outline the running costs of Garda stations (detail supplied) in County Mayo: and if he will separately outline any capital investment or expenditure in the same stations in 2009, 2010, 2011 and to date in 2012; and if he will make a statement on the matter. [57155/12]

Minister for Justice and Equality (Deputy Alan Shatter): The Garda Commissioner is the Accounting Officer for the Garda Vote and I have been informed by the Garda authorities that financial cost statements are maintained at District Headquarters level rather than at Garda station level. In the circumstances the Deputy will appreciate that the specific financial information he has sought is not readily available and I understand that the provision of such information would involve a disproportionate amount of Garda time and resources which are required for other purposes.

However, I have also been advised by the Garda authorities that the annual financial saving estimated to arise in respect of the closure of the stations referred to by the Deputy is Euro 4,000 per station. To a large extent these estimates relate to heating and lighting costs and they do not take account of specific repair bills, which will vary from premises to premises.

As the Deputy will be aware, the closure of the stations has been proposed by the Garda Commissioner in his Policing Plan for 2013 and I would stress that the key objective involved is to promote the more efficient and effective deployment of resources rather than to secure modest cash savings. In this context the Commissioner has concluded in relation to certain stations that Garda resources could be better deployed and more effectively used on the front line if the stations no longer had to be staffed and maintained. In making his recommendations on the closure of Garda stations, the Commissioner reviewed all aspects of An Garda Síochána's policing model, including the deployment of personnel, the utilisation of modern technologies and the overall operation of Garda stations. In addition, the Commissioner has given a commitment that where a station is to be closed local Garda management will consult with local communities on the alternative policing arrangements to be put in place in their area.

Furthermore, the Garda Commissioner has indicated he is confident that the implementation of the restructuring proposals contained in the 2013 Policing Plan will not lead to any diminution in the service provided by An Garda Síochána. In that regard he has stated that the revised structures will continue to support the Garda community philosophy through the clustering of services at policing hubs. This centralisation of services will facilitate the introduction of enhanced patrolling arrangements which, in turn, will provide increased Garda visibility as well as maintaining existing Garda links with communities throughout the country.

Capital expenditure in respect of Garda accommodation is provided from the Vote of the Office for Public Works and, accordingly, I am not in a position to provide the information the Deputy has sought under this heading.

Garda Districts

146. **Deputy Dara Calleary** asked the Minister for Justice and Equality if he will outline the staffing consequences, the consequences on opening hours and service provision and any other consequences for a Garda Station (details supplied) in County Mayo arising from the proposed downgrading of its current status as a district headquarters; and if he will make a statement on the matter. [57156/12]

Minister for Justice and Equality (Deputy Alan Shatter): Local Garda management in the Division and District referred to by the Deputy have been tasked with developing a comprehensive consultation strategy together with a tailored implementation plan that will meet the particular needs of the new Garda District. To this end, they will shortly commence the process of engaging with staff interests and local communities through partnership processes, the Joint Policing Committees and other fora to advise them of the revised policing arrangements, including any changes in opening hours, in the stations in the new District. The objective will

be to ensure that the best possible policing service will continue to be provided to the affected communities.

The Garda Commissioner has clearly indicated that he is confident that the implementation of the restructuring proposals contained in the 2013 Policing Plan will not lead to any diminution in the service provided by An Garda Síochána. In that regard he has stated that the revised structures will continue to support the Garda community philosophy through the clustering of services at policing hubs. This centralisation of services will facilitate the introduction of enhanced patrolling arrangements which, in turn, will provide increased Garda visibility as well as maintaining existing Garda links with communities throughout the country.

Legislative Programme

147. **Deputy Patrick O'Donovan** asked the Minister for Justice and Equality the proposals he intends bringing before Dáil Éireann to combat the illegal exploitation of women; and if he will make a statement on the matter. [57189/12]

Minister for Justice and Equality (Deputy Alan Shatter): I understand the Deputy is referring to exploitation in the form of sex trafficking.

The Criminal Law (Human Trafficking) Act 2008 criminalises the trafficking of persons for the purposes of sexual exploitation. A person found guilty of this offence is liable to life imprisonment.

In June of this year, I published a discussion document on the future direction of legislation on prostitution. The purpose of the discussion document is to facilitate a public consultation process. On its publication, I referred the discussion document to the Joint Oireachtas Committee on Justice, Defence and Equality. The joint committee is conducting the consultation process and will report back to me when it has completed its work.

In addition, my Department hosted a conference on 13 October to discuss the consultation paper.

The report of the joint committee and the views expressed at the October conference will be fully considered in the framing of any necessary legislative proposals to be submitted to Government in due course.

For further background, I am appending the text of my statement of 22 June last when publishing the discussion document.

Shatter Announces Publication of Discussion Document on the Future Direction of Legislation on Prostitution

The Minister for Justice, Equality and Defence today published a discussion document on the future direction of legislation on prostitution. Publication of the discussion document follows the Minister's announcement that he would be arranging a public consultation process as part of the current review of prostitution legislation. Announcing publication of the discussion document, Minister Shatter said:

“The criminal law in this area is being reviewed primarily because of the changed nature of prostitution in Ireland. Prostitution was once mainly a street-based phenomenon. That is no longer the case. The organisation of prostitution is now much more sophisticated, highly mobile and is easily facilitated by the use of mobile phones and the internet.

There is, of course, already a clear consensus on the great evils of child prostitution and trafficking for the purposes of sexual exploitation. However, I am aware that there are differing and genuinely held views on the approach the criminal law should take to other aspects of prostitution. While there is a significant amount of criminal legislation in this area already, there is always scope for change and improvement. It is important to review the law periodically to ensure it is up to date and comprehensively responds to altered circumstances.” The Minister added that:

“Prostitution is an issue which affects individuals, communities and society as a whole. It is important that I facilitate the expression of all views on this subject and that those views are examined in due course. Public debate should therefore, be open to the widest possible audience and I want to ensure that everyone who wishes to make a contribution to this important debate is given the opportunity to do so. It is for that reason I have decided on a consultation process before charting the way forward.

My Department will hold a conference in the autumn to discuss the document. The widest possible participation will be encouraged in order that we have an open and transparent discussion on all aspects of this very important issue.

This discussion document will now be referred to the Joint Oireachtas Committee on Justice, Equality and Defence. Interested groups and members of the public, I expect, will be invited to make submissions to the Committee which will hold such hearings as it deems appropriate. I am asking Mr. David Stanton T.D., Chairman of the Joint Committee, that it publish its report and recommendations by the 30th November 2012 and that the report be furnished to me together with any submissions received. I expect it is likely that the Committee’s report will also be lodged in the Oireachtas Library and that a debate on it will subsequently take place in both the Dáil and the Seanad. The report received by me from the Joint Oireachtas Committee will be fully considered in the framing of any necessary new legislative proposals to be submitted to Government in due course.

I look forward to the results of the consultation process.”

The discussion document will be made available on the Department’s website, www.justice.ie

This discussion document does not favour any particular approach but simply tries to assist reflection. The arguments contained in the document are not exhaustive and the questions posed are not intended to limit in any way the range of questions readers might want to consider.22 June, 2012.

Departmental Funding

148. **Deputy Paudie Coffey** asked the Minister for Justice and Equality if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57293/12]

Minister for Justice and Equality (Deputy Alan Shatter): I wish to advise the Deputy that a sum of €847 was spent on capital works in Waterford during 2011 and to date in 2012.

Departmental Funding

149. **Deputy Paudie Coffey** asked the Minister for Defence if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57288/12]

Minister for Defence (Deputy Alan Shatter): No capital funding was allocated by my

Department to Waterford for the years in question. Capital funding is allocated internally in my Department for Defence related expenditure only.

Disadvantaged Areas Scheme Applications

150. **Deputy Éamon Ó Cuív** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Galway will be paid their disadvantaged area payment for 2012; and if he will make a statement on the matter. [57125/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): While an application under the 2012 Disadvantaged Areas Scheme was received from the person named on 15 May 2012, payment has not issued as the conditions of the Scheme have not been satisfied, at this stage, in regard to inclusion of equines for the purposes of meeting the minimum stocking density requirement.

The Terms and Conditions governing the Scheme require, *inter alia*, that in order for equines to be eligible, they must be in a registered breeding enterprise and meet certain qualifying criteria. The person concerned has already been advised by my Department of the outstanding matters in regard to stocking density. Once it has been established that this requirement has been satisfied, the application concerned can be further processed with a view to payment.

Disadvantaged Areas Scheme Applications

151. **Deputy John O'Mahony** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Mayo will receive their disadvantaged area payment and single farm payment; and if he will make a statement on the matter. [57141/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): As processing of the 2012 Single Payments /Disadvantaged Areas Scheme application has recently been finalised, payment will shortly issue to the nominated bank account.

Disadvantaged Areas Scheme Applications

152. **Deputy John O'Mahony** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Mayo will receive their single farm payment; and if he will make a statement on the matter. [57145/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): An application under the Single Payment Scheme /Disadvantaged Areas Scheme was received from the person named on 12th April 2012.

In order to comply with EU requirements, the application was one of a number which was selected for inspection. The inspection and related processes have been completed and payments under the Single Payment Scheme and Disadvantaged Area Scheme will issue shortly to the nominated bank account.

Departmental Funding

153. **Deputy Paudie Coffey** asked the Minister for Agriculture, Food and the Marine if

he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57284/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): It is not possible to provide this information in the required time. I will forward it to the Deputy as soon as it is available.

Rural Environment Protection Scheme Appeals

154. **Deputy John O'Mahony** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Mayo will receive their REP scheme payment following their successful appeal; and if he will make a statement on the matter. [57307/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): The person named commenced REPS 4 in October 2008 and has received payments for the first four years of their contract.

REPS 4 is a measure under the 2007-13 Rural Development Programme and is subject to EU Regulations which require detailed administrative checks on all applications to be completed before any payments can issue. This process has been completed and payments have commenced. I expect payment to issue shortly to the person named.

Disadvantaged Areas Scheme Appeals

155. **Deputy John O'Mahony** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Mayo will receive their disadvantaged area payment following their successful appeal; and if he will make a statement on the matter. [57308/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): The appeal of the person named was recently forwarded to the DAS Appeals Committee for consideration; immediately that Committee has adjudicated on this appeal, the person concerned will be notified of their decision, in writing.

Single Payment Scheme Applications

156. **Deputy Pearse Doherty** asked the Minister for Agriculture, Food and the Marine if he will review the decision to impose a penalty on the single farm payment in respect of a person (details supplied) in County Donegal; and if he will make a statement on the matter. [57309/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): An application under the Single Payment/Disadvantaged Areas Scheme was received from the person named on 8 May 2012. The eligible areas for Single Payment/Disadvantaged Areas purposes of the parcels referred to, which were declared on the application, were reduced following a review carried out by my Department using the latest aerial photography available.

The person named was written to in this regard on 24 August 2012. Arising from correspondence received from the applicant, two subsequent follow up ground inspections were carried out by my Department. Following this review process, the eligible area of the parcel was increased to approximately 39% (4.44 hectares) of the digitised area of the land.

The person named has the right to appeal the outcome of the review process to the independent Agriculture Appeals Office.

Disadvantaged Areas Scheme Payments

157. **Deputy John O'Mahony** asked the Minister for Agriculture, Food and the Marine when a person (details supplied) in County Mayo will receive their disadvantaged area scheme payment; and if he will make a statement on the matter. [57314/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): An application under the Single Payment and Disadvantaged Areas Schemes was received from the person named on 15th May 2012. A number of issues arose during the processing of this application which have yet to be resolved. My Department has already been in correspondence with the applicant in this regard and will now follow up this up with further contact.

Single Payment Scheme Applications

158. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the position regarding a single farm payment in respect of a person (details supplied) in County Donegal; and if he will make a statement on the matter. [57360/12]

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): As processing of the 2012 Disadvantaged Areas Scheme application has recently been finalised, payment will shortly issue to the nominated bank account of the person named.

Foreign Adoptions

159. **Deputy Paudie Coffey** asked the Minister for Children and Youth Affairs if a quota is in place as to the number of Vietnamese children who may be adopted on an annual basis to this State as part of the recent agreement between Ireland and Vietnam; and if she will make a statement on the matter. [57157/12]

Minister for Children and Youth Affairs (Deputy Frances Fitzgerald): I am informed by the Adoption Authority that the issue of "quotas" is not referred to in the Administrative Agreement on intercountry adoption drawn up between Ireland and the Socialist Republic of Vietnam. However, as previously stated, the Socialist Republic of Vietnam is an independent sovereign state. As such it will decide the manner in which it implements the Hague Convention, including the numbers of children deemed suitable for intercountry adoption having regard to the principles of the Convention. It is reasonable, however, to assume that the numbers of adoptions by Irish parents may not reach previous levels.

Child and Family Support Agency Establishment

160. **Deputy Finian McGrath** asked the Minister for Children and Youth Affairs if she will support PEIN and DCYA in 2013 as outlined by a person (details supplied) in Dublin 17. [57169/12]

Minister for Children and Youth Affairs (Deputy Frances Fitzgerald): The Government

has given approval to the drafting of a Bill to establish the Child and Family Support Agency. Work on the preparation of the legislation is proceeding as a priority and the intention is that the Agency will be established in early 2013. In order to inform the content of the legislation the Government has decided that upon establishment the Child and Family Support Agency will have responsibility for a range of services. This includes the full range of child welfare and protection services currently operated by the HSE including family support and alternative care services, and a number of additional services, including the functions of both the Family Support Agency and the National Educational Welfare Board.

The Government's consideration of these matters was informed by the content and recommendations of the Report of the Task Force on the Child and Family Support Agency which I published in July of this year. I share with the view of the Task Force that in order to achieve genuine improvements for children and families, the Agency must have a broader focus than child protection. It is my intention that the Agency will be as broadly based as possible and that it should include those services that might, in the first instance, help prevent problems arising for a family, that would identify problems and provide supports at an early stage, and, that would assist children and families in managing serious problems requiring specialised interventions beyond their own resources. I can assure both the Deputy and the Prevention and Early Intervention Network (PEIN) that the work of the new Agency will include a strong emphasis on prevention, early intervention, family support and therapeutic care interventions.

I am satisfied that very considerable progress has already been achieved in the reform of Ireland's child protection and welfare services. I am confident that the establishment of the Agency will bring a dedicated focus to child protection, family support and other key children's services for the first time in the history of the State and will in time contribute to the transformation of what are essential services for families and communities.

Departmental Expenditure

161. **Deputy Paudie Coffey** asked the Minister for Children and Youth Affairs if she will provide in tabular form, the total amount of capital funding her Department has allocated to Waterford for the years 2011 and 2012; and if she will make a statement on the matter. [57286/12]

Minister for Children and Youth Affairs (Deputy Frances Fitzgerald): The information requested by the Deputy in relation to the amount of capital funding allocated by my Department to Waterford in the years 2011 and 2012 is set out in the following table.

Scheme	Project	2011	2012
Youth Services – Small Grants Scheme	HSE South, Waterford	€8,100	-
Childcare Programme - Parent and Toddler Initiative	Waterford County Childcare Committee Ltd	€5,600	-
Childcare Programme – Capital Funding Scheme	Williamstown Community Childcare Centre Ltd	-	€14,049
	Leapfrog Childcare	-	€1,986
	Cappoquin Childcare Facility	-	€25,000

Scheme	Project	2011	2012
	Early Days	-	€36,370
	Presentation Play-school Ltd	-	€24,955
	The Manor Child-rens Centre	-	€10,541
	Little Stars Pre-school	-	€25,380
	Baile Beag First Steps Creche Co. Ltd	-	€49,964
	Waterford Childcare Centre	-	€4,021
Childcare Programme - Childminding Development Grant	Waterford County Childcare Committee Ltd	-	€6,004
	Waterford City Childcare Committee	-	€5,905

Youth Services Provision

162. **Deputy Tom Fleming** asked the Minister for Children and Youth Affairs if she will reverse a decision (details supplied); and if she will make a statement on the matter. [57313/12]

Minister for Children and Youth Affairs (Deputy Frances Fitzgerald): In 2012, €39,712,927 will be distributed by my Department to 477 youth projects throughout the country. The allocations are distributed to the youth projects through 39 administering agencies/bodies that hold funding administration status. These include VECs, national youth organisations and 11 other bodies including some county councils.

My Department is examining the scope for streamlining the tasks associated with the financial management of funding for projects to achieve greater efficiency in the administration of funding. From January 2013, it is proposed to transfer the administration of the allocated funding involving six national organisations to the City of Dublin Youth Service Board (CDYSB). These six national bodies are currently responsible for administering funding to some 30 youth projects on behalf of my Department.

CDYSB is a statutory board established in 1942, under the City of Dublin VEC. The CDYSB, on behalf of CDVEC, has for several years, undertaken the administration of some 50 youth projects in the Dublin City area and has developed a strong track record in managing these payments. The initiative is subject to the successful completion of a service level agreement between my Department and the CDVEC and discussions are ongoing with CDYSB at present.

The proposed revised administration process will be monitored during 2013 for efficiency and effectiveness for the Department and for the projects concerned. Subject to a successful transition to the new system it is proposed that consideration will be given to further streamlining financial processing arrangements in 2014.

It is envisaged that the successful streamlining of the administration of the funding for the youth projects will deliver benefits in terms of saving on the administration costs incurred under

the present arrangements and efficiencies for both the Department and projects themselves.

Every effort is being made by my Department to ensure that, in the administration of the funding allocations in the present challenging budgetary situation, the focus is maintained on the provision of the front line services for young people. The VECs have a statutory role in the provision of youth services and further legislative provision to continue this important function is contained in the Education and Training Boards Bill, 2012. Indeed it would be the hope of the Department that, in reducing the administrative burden in relation to the funding of projects, the role of youth officers, in supporting youth projects in the delivery of a quality youth service to young people, would be strengthened. The VECs will continue to receive funding from the Department in respect of this valued role including for the costs of the youth officers employed by them.

My Department will communicate further and hold discussions about the proposals for change with the VECs and other organisations that administer funding on its behalf during the course of 2013. Officials from my Department are in ongoing discussions with the Irish Vocational Educational Association.

Children in Care

163. **Deputy Thomas P. Broughan** asked the Minister for Children and Youth Affairs since Ballydowd special care unit opened, the number of children that have been placed there on an annual basis with a breakdown of that number on a yearly basis; the length of time spent by each child placed in Ballydowd special care unit; the number of children that have placed in Ballydowd special care unit on more than one occasion and the length of time of each of these repeat admissions. [57332/12]

164. **Deputy Thomas P. Broughan** asked the Minister for Children and Youth Affairs since Gleann Alainn Special Care Unit opened, the number of children that have been placed there on an annual basis with a breakdown of that number on a yearly basis; the length of time spent by each child placed in Gleann Alainn Special Care Unit; and the number of children that have placed in Gleann Alainn Special Care Unit on more than one occasion and the length of time of each of these repeat admissions. [57333/12]

165. **Deputy Thomas P. Broughan** asked the Minister for Children and Youth Affairs since Coovagh House Special Care Unit opened, the number of children that have been placed there on an annual basis with a breakdown of that number on a yearly basis ; the length of time spent by each child placed in Coovagh House Special Care Unit; and the number of children that have placed in Coovagh House Special Care Unit on more than one occasion and the length of time of each of these repeat admissions. [57334/12]

Minister for Children and Youth Affairs (Deputy Frances Fitzgerald): I propose to take Questions Nos. 163 to 165, inclusive, together.

As this is a service issue, I have asked the Health Service Executive to provide me with the information sought. I will respond to the Deputy on receipt of this information.

National Lottery Funding Applications

166. **Deputy Michael Healy-Rae** asked the Minister for Health the position regarding funding in respect of a community centre (details supplied) in County Kerry; and if he will make a

statement on the matter. [57330/12]

Minister for Health (Deputy James Reilly): My Department has received an application for funding from the 2012 National Lottery allocation from the organisation in question. This is one of a large number currently being assessed by my Department, and the Deputy will be informed of the outcome of the application as soon as a decision has been made.

Medical Card Reviews

167. **Deputy Billy Kelleher** asked the Minister for Health the number of under 70 years medical cards he expects to remove in 2013; and if he will make a statement on the matter. [57233/12]

Minister of State at the Department of Health (Deputy Alex White): I take it the Deputy is referring to the measure announced in the recent Budget to tighten the rules relating to a person's spending and earnings that is disregarded when carrying out the means test for the standard medical card.

A date has not been set for the implementation of these new rules. In advance of that, the Department will develop this proposal in more detail in consultation with the HSE. The new rules and the implementation date will be announced and publicised in advance by the Department and the HSE.

Until the specific changes have been identified, it is not possible to estimate the number of cardholders that will be affected

Medical Card Applications

168. **Deputy Michael Healy-Rae** asked the Minister for Health the position regarding a medical card application in respect of a person (details supplied) in County Kerry; and if he will make a statement on the matter. [57127/12]

Minister of State at the Department of Health (Deputy Alex White): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

Drugs Payment Scheme Expenditure

169. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the annual State spend on high-tech drugs for 2009, 2010, 2011 and that estimated for 2012; the savings delivered in respect of the cost of these medicines over each of the years outlined; and if he will make a statement on the matter. [57131/12]

Minister of State at the Department of Health (Deputy Alex White): The Health Service Executive is responsible for the administration of the community drugs schemes. The HSE has therefore been asked to examine this matter and to reply to the Deputy as soon as possible.

Health Services Provision

170. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the occupational thera-

py services for children living in the Ballinasloe area of County Galway; the number of children on waiting lists for same; the longest and shortest waiting period; if there are plans to enhance the service and for a timeline for same; and if he will make a statement on the matter. [57133/12]

Minister for Health (Deputy James Reilly): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Health Services Provision

171. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health when a person (details supplied) in County Galway will receive an occupational therapy appointment; and if he will make a statement on the matter. [57134/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

HSE Regional Service Plans

172. **Deputy Gerry Adams** asked the Minister for Health when he expects the Health Service Executive's service plan for 2013 to be made public [57151/12]

Minister for Health (Deputy James Reilly): The HSE is required by law to submit a Service Plan within 21 days of publication of the Estimates and the Minister has a further 21 days within which to approve the Plan or seek to have it amended. It would be the Minister's intention to approve a Service Plan as soon as possible in order to ensure there is a strong budgetary focus in place and that the rate of spending in the HSE is managed.

HSE Regional Service Plans

173. **Deputy Gerry Adams** asked the Minister for Health when he expects the Health Service Executive service for the HSE North east region will be published [57152/12]

Minister for Health (Deputy James Reilly): The HSE is required by law to submit a National Service Plan within 21 days of publication of the Estimates and the Minister has a further 21 days within which to approve the Plan or seek to have it amended.

As regards the Regional Service Plans, I have referred this matter to the Health Service Executive for direct reply.

Alcohol Pricing

174. **Deputy Róisín Shortall** asked the Minister for Health the reason for a delay in commissioning the health impact assessment for minimum pricing; the current status of the tender process; and the proposed timescale for the completion of this assessment. [57154/12]

Minister for Health (Deputy James Reilly): My Department is in the final stages of agreeing the tender documentation for commissioning a health impact assessment of a minimum unit

pricing regime; this is being done in conjunction with Northern Ireland. The documentation inevitably required a legal assessment and analysis as part of this process; and though this proved protracted, I am glad to say to the Deputy that this is almost complete. It is envisaged that the health impact assessment should be available in the third or fourth quarter of next year.

The Deputy is already aware that Scotland commissioned the same sort of assessment before it drafted its legislation on minimum unit pricing. The health impact assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact.

Orthodontic Services Provision

175. **Deputy Charlie McConalogue** asked the Minister for Health if he will confirm whether or not the Health Service Executive are carrying out orthodontic treatment for children who are attending secondary school; and if he will make a statement on the matter. [57160/12]

Minister of State at the Department of Health (Deputy Alex White): The HSE provides orthodontic treatment based on clinical need to those who have been assessed and referred for treatment before their 16th birthday. Orthodontic referrals are generally received via the HSE's Public Dental Service school screening programme.

Newborn Screening Cards

176. **Deputy Simon Harris** asked the Minister for Health when he received the Health Service Executive review group report on newborn screening cards; when this report was published; and if he will make a statement on the matter. [57165/12]

Minister for Health (Deputy James Reilly): In late 2009, the Data Protection Commissioner (DPC) received a complaint from a member of the public in relation to the retention of Newborn Screening Cards (NSCs). The basis of the complaint (which was upheld by the Data Protection Commissioner) was that the NSCs should not be retained indefinitely without consent as this constituted a breach of the Data Protection Acts 1998 and 2003. During 2010, a number of meetings were convened with the Deputy Data Protection Commissioner and representatives of the HSE, my Department and Temple Street Hospital. A policy was agreed in conjunction with the DPC to address both the legislative and ethical requirements of the National Newborn Screening Programme.

In accordance with the policy, from July 1st 2011, the blood portion of the Newborn Screening Card (NSC) will be retained for 10 years and disposed of during the child's 11th year (for the purpose of confirming an initial diagnosis should this be deemed necessary). Parents/guardians are provided with specific information on the retention of the NSC's with regard to their use and written consent is sought in this regard. The changes to the NNBSPP since 1st July 2011 bring about compliance with both national and EU data protection legislation, uphold ethical principles and meet ethical obligations with regard to consent, privacy and confidentiality.

The agreed policy also provided for the disposal of archived NSCs older than ten years. Following receipt of representations concerning the proposed destruction of archived Newborn Screening Cards, I requested the HSE to conduct a review of this decision. The report and recommendations of the review group were submitted to my office in January 2012. My Department is liaising with the HSE concerning their publication of the report.

Health Services Staff Issues

177. **Deputy Gerry Adams** asked the Minister for Health further to Parliamentary Question No. 236 of 12 December 2012 if any of the reductions in staffing hours due to cuts in agency and overtime hours have been filled by the employment of full time contracts staff. [57166/12]

Minister for Health (Deputy James Reilly): The employment of staff is a matter for the Health Service Executive, and as such, the Deputy's enquiry has been referred to the HSE for direct reply.

Home Help Service Provision

178. **Deputy Gerry Adams** asked the Minister for Health if he intends to restore the home help hours and homecare packages which he has cut since he came to office from citizens in County Louth; and if he will make a statement on the matter. [57172/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): Protecting the vulnerable, including supporting older people to remain at home and in their communities for as long as possible, is a priority for this Government. The issues raised by the Deputy in relation to services for older people for County Louth are being considered at present in the context of finalising the HSE Service Plan 2013, which will be published in the near future. However, as clearly indicated recently in relation to Social Care services under Budget 2013, the Government will next year restore to 2012 levels core provision of home help, home care packages and personal assistant hours.

Services for People with Disabilities

179. **Deputy Gerry Adams** asked the Minister for Health if he intends to restore the home help hours and homecare packages which he has cut since he came to office from citizens in County Louth; and if he will make a statement on the matter.

Minister for Health (Deputy James Reilly): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Medical Card Applications

180. **Deputy Robert Troy** asked the Minister for Health if he will expedite a medical card application in respect of a person (details supplied) in County Kildare. [57280/12]

Minister of State at the Department of Health (Deputy Alex White): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

Medical Card Applications

181. **Deputy Robert Troy** asked the Minister for Health if he will expedite the review of a medical card in respect of a person (details supplied) in County Limerick. [57281/12]

Minister of State at the Department of Health (Deputy Alex White): The Health Service

Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

Medical Card Applications

182. **Deputy Robert Troy** asked the Minister for Health if he will expedite a claim for a medical card in respect of a person (details supplied) in County Kildare. [57283/12]

Minister of State at the Department of Health (Deputy Alex White): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

HSE Funding

183. **Deputy Paudie Coffey** asked the Minister for Health if he will provide in tabular form, the total amount of capital funding his Department has allocated to Waterford for the years 2011 and 2012; and if he will make a statement on the matter. [57291/12]

Minister for Health (Deputy James Reilly): While my Department has not allocated capital funding to Waterford it has provided capital funding to a number of directly funded agencies that provide a national service. The following table shows the actual capital grants paid in 2011 and the estimated 2012 grants.

Agency	2011	2012
Health Research Board	€7.711m	€7.049m
Health Information and Quality Authority	€0.154m	€0.203m
National Cancer Registry	€0.022m	€0.010m
Corú	€0.052m	€0.023m

Your question has been forwarded to the Health Service Executive for direct reply as the Executive is allocated an annual capital allocation.

Question No. 184 answered with Question No. 55.

Hospital Acquired Infections

185. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which steps are taken to prevent the spread of various hospital bugs including MRSA, all air borne and other infections; if the major cause or causes of such infections have been identified; if the visit of children to hospitals has been restricted; the extent to which normal preventative measures are enforced; and if he will make a statement on the matter. [57315/12]

Minister for Health (Deputy James Reilly): I would like to assure you that the management of Healthcare Acquired Infections (HCAIs) is a key patient safety issue for my Department and a number of significant initiatives have been developed to address that important public health issue. Isolation precautions are used to reduce transmission of micro-organisms in healthcare and residential settings. These measures are designed to protect patients/residents, staff and visitors from contact with infectious agents. There are two categories of isolation precautions: standard precautions and transmission-based precautions.

Standard precautions are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another. Because we do not always know if a person has an infectious disease, standard precautions are applied to every person every time to assure that transmission of disease does not occur. These precautions were formerly known as “universal precautions.” Standard precautions include:

- Hand hygiene
- Personal protective equipment
- Environmental and equipment cleaning & disinfection
- Safe injection practices

There are three types of transmission-based precautions;

- Contact precautions (for diseases spread by direct or indirect contact)
- Droplet precautions (for diseases spread by large particles in the air) and
- Airborne precautions (for diseases spread by small particles in the air).

Each type of precautions has some unique prevention steps that should be taken, but all have standard precautions as their foundation. Each hospital should have mechanisms in place to detect clusters/outbreaks of infections in a timely manner and notify to public health. The outbreak control team then agrees the appropriate preventative measures that need to be implemented which may include visitor restrictions as appropriate.

Hospital Services

186. **Deputy Bernard J. Durkan** asked the Minister for Health if members of the public have ready and easy access to all preliminary procedures preparatory to surgical or medical interventions with particular reference to obtaining the necessary appointments with consultants to ensure the minimisation of waiting times in all public hospitals; and if he will make a statement on the matter. [57316/12]

Minister for Health (Deputy James Reilly): Immediately following my appointment, I established the Special Delivery Unit, as set out in the Programme for Government. The aim of the SDU is to unblock access to acute services by improving the flow of patients through the system.

The initial focus for the SDU’s Scheduled Care Team has been on waiting times for inpatient and daycase elective surgery. For adults, the target waiting time is that no-one should be waiting more than nine months for inpatient and day case treatments. By 13 December last, the number of adults waiting more than 9 months was just 434 compared with 3,706 patients waiting longer than nine months at the end of December 2011. For children, the target is that by the end of 2012 no child should be waiting for inpatient or daycase treatment for more than 20 weeks. Again, huge progress has been made towards this target – on 13 December, there were just 234 children waiting longer than 20 weeks compared with 1,759 at the end of December 2011.

Improving access to outpatient services is the next priority for the Government and for the SDU Scheduled Care Team. Building on work already undertaken by the HSE, the NTPF has now taken over the reporting of outpatient waiting time data. For the first time, clear and

comprehensive data on this problem is being reported. In the first instance, the data now being collected will allow the SDU and NTPF to target their resources towards those patients who are waiting longest and ensure that they are seen and assessed. A maximum waiting time target has now been set of 12 months for a first time outpatient appointment by 30 November 2013.

Hospital Services

187. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which patient numbers in public and private hospitals continue to be monitored with a view to ensuring that the public hospital system is not used as a means of direct or indirect support to the private area; and if he will make a statement on the matter. [57317/12]

Minister for Health (Deputy James Reilly): With regard to patient numbers in public hospitals, data is collected on each in-patient and daycase discharge from the public hospital system. With regard to patient numbers in the private system, the CSO Quarterly National Household Survey (QNHS) collects and publishes data on private hospital activity; note that this is survey data.

With regard to the issue of direct or indirect support from public hospitals to private hospitals, if the Deputy wishes to raise a particular issue in this regard I will be happy to address it.

Question No. 188 answered with Question No. 20.

Hospital Services

189. **Deputy Bernard J. Durkan** To ask the Minister for Health the number and nature of surgical and or medical procedures carried out in the public hospital sector in each of the past five years and to date in 2012; the extent of any trends emerging; and if he will make a statement on the matter. [57319/12]

Minister for Health (Deputy James Reilly): In relation to the specific query raised by the Deputy, as this is a service matter it has been referred to the HSE for direct reply.

Health Screening Programmes

190. **Deputy Bernard J. Durkan** asked the Minister for Health the number of referrals for further psychological or medical attention following school medical examinations in each of the past five years and to date in 2012; the full extent to which the procedures required received attention within reasonable time; and if he will make a statement on the matter. [57320/12]

Minister for Health (Deputy James Reilly): The policy on school health examinations forms part of the Best for Health for Children guidelines, produced in 1999 and revised in 2006. These guidelines were produced after rigorous evaluation of international literature, and a review of good practice in Ireland and abroad.

New governance structures are also being put in place in relation to child health screening and surveillance in the HSE which will further improve the quality assurance of the process. The World Health Organisation in 2007, in a review of child health in Europe, commended the Best Health for Children approach adopted by Ireland as an example of good practice.

As the number of referrals for further psychological or medical attention following school medical examinations is a service matter the question has been referred to the HSE for direct reply.

Nursing Home Services

191. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he has carried out an evaluation of the various public nursing homes throughout the country with a view to ensuring the retention of the maximum number of such facilities to meet current and future requirements in the public health sector; and if he will make a statement on the matter. [57321/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): There are at present 129 public units providing residential care (long-term and short-term) for older people in Ireland. The Health Service Executive has recently completed a review of each of these units. The review has focused on a number of areas including each unit's ability to meet the Health Information and Quality Authority standards in terms of staffing availability; environmental matters such as the age & structure of the home; and factors including location and stock.

The review will provide a basis for discussions between the Department and the HSE with a view to developing an overall set of proposals for the future delivery of residential care to my colleague Minister Reilly.

Question No. 192 answered with Question No. 15.

Community Care Provision

193. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which community care facilities are likely to be made available to older persons in the future with particular reference to those with a higher degree of mobility; and if he will make a statement on the matter. [57323/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Hospital Staff Issues

194. **Deputy Bernard J. Durkan** asked the Minister for Health if he is satisfied regarding the availability of an adequate supply of junior hospital doctors in 2013, 2014 and thereafter; the extent to which this supply will relate to the number of doctors qualifying in each of the years; and if he will make a statement on the matter. [57324/12]

Minister for Health (Deputy James Reilly): Under the provisions of the Medical Practitioners Act 2007 it is the responsibility of the Health Service Executive, in co-operation with the medical training bodies and after consultation with the Higher Education Authority, to undertake appropriate medical practitioner workforce planning for the purpose of meeting specialist medical staffing and training needs of the health service on an ongoing basis. It must also assess on an annual basis the number of intern training posts and the number and type of specialist medical training posts required by the health service.

In 2006 the Government agreed a programme of reform of medical education and training which resulted in a significant increase in the intake of Irish and EU medical students with the objective of achieving self-sufficiency in terms of medical staffing.

In July 2012 there were 572 medical intern posts available in Ireland, an increase of almost 70 posts since 2007. The intern year is recognized as the first year of postgraduate training. It is anticipated that in 2013 a further increase in intern places will be required to cater for the number of doctors graduating from medical schools in that year. The HSE in co-operation with my Department is developing a strategy to cater for next year's intake of interns.

I have asked the HSE to reply directly to the Deputy in regard to their assessment of the number of junior hospital doctors required in the future.

Health Services Provision

195. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the relevant authorities within his Department or within the Health Service Executive have examined the need for the upgrading of health centres throughout the country in the coming year in keeping with population demands; and if he will make a statement on the matter. [57325/12]

197. **Deputy Bernard J. Durkan** asked the Minister for Health if his attention has been drawn to the need to upgrade the health centres in north west Kildare with particular reference to the growing centres of population; the extent to which the current health centres require upgrading in line with demographic trends; his plans to address this issue; and if he will make a statement on the matter. [57327/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 195 and 197 together.

The upgrade and refurbishment of health centres including those located in north west Kildare are considered by the Health Service Executive in the context of its roll-out of primary care infrastructure. There are always more construction projects than can be funded from the Exchequer's capital health care allocation. The Executive is required to prioritise infrastructure projects within its overall capital envelope taking into account the existing capital commitments and costs of completion over the period. The method and timescale for the delivery of primary care infrastructure is dependent on a number of factors; it is a dynamic process constantly evolving to take account of changing circumstances, including the feasibility of implementation. Work is underway on the Executive's multi-annual Capital Plan 2013-2017 and consideration of projects for inclusion in this Plan is an evolving process. The draft Plan will be submitted to my Department in due course. My Department will then review the proposals and follow up with the HSE where further details may be required. The draft Capital Plan 2013-2017 will require my approval with the consent of the Minister for Public Expenditure and Reform.

Question No. 196 answered with Question No. 15.

Question No. 197 answered with Question No. 195.

Nursing Home Accommodation

198. **Deputy Bernard J. Durkan** asked the Minister for Health if his attention has been drawn to the ability of St Brigid's Nursing Home, Crooksling, County Dublin to accommodate up to 120 patients; that such numbers have been accommodated there in the past and that with

very little upgrading and very little cost the same capacity remains; if he will ensure that Health Information Quality Authority reports and guidelines in respect of safety standards are not used as a self-fulfilling prophecy towards reduction of patients capacity; if he will further ensure the continued provision of adequate resources to maximise the capability of the nursing home with adequate staff in the future [57328/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): St. Brigid's Nursing Home, Crooksling was registered as a designated centre for older people by the Health Information and Quality Authority on 25 June 2012.

Prior to registration, significant remedial works were carried out at St. Brigid's to meet fire safety requirements. The Deputy will be aware that the upper units were closed as HSE considered them not to be in a good infrastructural condition.

The HSE has confirmed that 66 beds will remain at present in the newly upgraded lower units and where vacancies arise they will be filled to maintain this capacity. In addition, in-patient respite care and day care services are continuing to be provided at St. Brigid's.

Finally I would like to assure the Deputy should there be a concern for the future of any public nursing home, the HSE will engage fully in a local consultation process with all stakeholders before any decision is taken.

Health Services Provision

199. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health the full details of the service level agreement entered into by the Health Service Executive Dublin North East with a company (details supplied); if he will confirm his assent for this agreement; if he will confirm his awareness of and assent for the work to be undertaken by the company; if he will confirm his awareness of and assent for the terms of reference of this agreement and the cost terms of the contract to the HSE; if he will confirm that the contract cost is fixed at €125,000 plus VAT at 23%; if he will advise if there is any other financial consideration involved that is a payment or payments based on a percentage of the so called savings identified and or delivered as a result of the work undertaken by this outside consultancy across all three identified hospital groups; and if he will make a statement on the matter. [57331/12]

Minister for Health (Deputy James Reilly): I have referred this matter to the Health Service Executive for direct reply. Service Level Agreements are formal arrangements between the HSE and a provider for the provision of services to service users under specific terms and conditions. The HSE in allocating funding to such agencies is conscious of its obligation to ensure that the resources available to it are used in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

Registration of Nurses

200. **Deputy Liam Twomey** asked the Minister for Health the steps being taken by the Health Service Executive to ensure that nurses have access to six weeks adaptation placement courses available in a recognised paediatric hospital to allow nurses to upskill and receive An Bord Altranais registration; and if he will make a statement on the matter. [57342/12]

201. **Deputy Liam Twomey** asked the Minister for Health if his attention has been drawn to the fact that paediatric nurses who wish to come back to nursing cannot get An Bord Altranais

registration because there are no adaptation placement courses available for them and therefore they are not allowed work as nurses; and if he will make a statement on the matter. [57343/12]

Minister for Health (Deputy James Reilly): I propose to take Questions Nos. 200 and 201 together.

The information regarding adaptation placement courses for paediatric nurses who wish to return to general nursing is a service matter. I have forwarded your request to the HSE for direct response.

Home Help Service Provision

202. **Deputy John McGuinness** asked the Minister for Health if home help hours will be restored in the case of a person (details supplied) in County Kilkenny; if he will expedite a response. [57344/12]

Minister of State at the Department of Health (Deputy Kathleen Lynch): As this is a service matter it has been referred to the Health Service Executive for direct reply.

HSE Investigations

203. **Deputy John McGuinness** asked the Minister for Health the timeframe involved for the National Incident Management Team to complete its review of the circumstances surrounding the death of a person (details supplied) in County Kilkenny; the names of those appointed to investigate this matter and their respective qualifications; the date on which this work commenced; the number of occasions on which the family were consulted; the date the report will be completed; if the report will be published; and if he will make a statement on the matter. [57345/12]

Minister for Health (Deputy James Reilly): It would not be customary for my Department to be routinely advised of deaths which have occurred in hospitals, nor to be informed of inquiries being carried out by the Health Service Executive (HSE) into such deaths.

It is HSE policy that incidents that result in death or serious injury are investigated thoroughly using systems analysis investigation methodology. The review of the care and treatment of the named person (RIP) is being carried out in accordance with this policy.

A local Incident Management Team has been established chaired by a senior manager and comprising of clinicians, service managers and competent investigators. The Team held its first meeting on 10th December last and is currently reviewing the documentation and care processes involved in this case.

This aspect of the investigation will be completed shortly, after which the Team will schedule a series of interviews with key staff involved in the care of the named person (RIP). In order to complete the investigation and to give full consideration to all aspects of the case the Team will offer to meet with the family as part of the investigation process.

The Consultant involved in the case met with the family approximately one week before the inquest. Local management have also offered to meet with the family and the family are being kept informed of the progress of the investigation being undertaken by the local Incident Management Team.

The investigation will be overseen by the National Incident Management Team. On completion of its investigation the Team will forward its report to the National Incident Management Team for its consideration, including any recommendations that may be required to put in place arising from this sad case. The report will be shared with the family on its completion.

I hope the Deputy will understand that further comment at this time would be inappropriate.

General Practitioner Services

204. **Deputy Liam Twomey** asked the Minister for Health his plans to ensure equal access to general practitioner services in all Health Service Executive regions; and if he will make a statement on the matter. [57358/12]

Minister of State at the Department of Health (Deputy Alex White): The Government is embarking on a major reform programme for the health system. The aim of this reform is to deliver a single-tier health service that will deliver equal access to care based on need, not income.

A fundamental element in the reform process involves significant strengthening of primary care services to deliver universal primary care (UPC) with the removal of cost as a barrier to access to General Practitioner (GP) services.

UPC will be achieved on a phased basis over the lifetime of the Government. The first phase will provide for the extension of access to GP services without fees to persons with illnesses or disabilities to be prescribed by regulations under the new legislation. The legislation is currently being drafted by the Attorney General's office and is expected to be published shortly.

At present, approximately 40% of the population are eligible for free GP care under the General Medical Services (GMS) Scheme. The current GMS contract stipulates that General Practitioners "shall provide for eligible persons, on behalf of the HSE, all proper and necessary treatment of a kind usually undertaken by a GP and not requiring special skill or experience of a degree which GPs cannot reasonably be expected to possess"

The Programme for Government provides for the introduction of a new GMS contract with an increased emphasis on the management of chronic conditions, such as diabetes and cardiovascular conditions. It is envisaged that the new contract, when finalised, will focus on prevention and will include a requirement for GPs to provide care as part of integrated multi-disciplinary Primary Care Teams.

The Department and the HSE are currently examining the changes that need to be made to the GMS contract to facilitate the introduction of Universal Primary Care.

The Health (Provision of General Practitioner Services) Act 2012 came into effect on 12th March 2012. The Act provides for the elimination of restrictions on GPs wishing to obtain contracts to treat public patients under the GMS Scheme by opening up access to all fully qualified and vocationally trained GPs. By 30th November 2012, 97 GPs had been granted a GMS contract by the HSE under the provisions of the Act. 33 further applications are currently being processed.

Hospital Waiting Lists

205. **Deputy Liam Twomey** asked the Minister for Health if he will instruct all hospitals to abolish catchment areas, publish the waiting time for all consultants and publish the efficiency

measurements of all hospitals in view of the fact that this will allow general practitioners to refer to the most efficient hospitals and drive the concept of money follows the patient; and if he will make a statement on the matter. [57359/12]

Minister for Health (Deputy James Reilly): The Deputy has raised a number of issues with regard to hospitals.

In relation to the collection of waiting time data, the National Treatment Purchase Fund (NTPF) collects information on (a) hospital in-patients and day case waiting times and (b) outpatient waiting times. In relation to in-patient and daycases, information on the median (average) waiting time in each hospital for the top surgical procedures on the waiting list is published on the NTPF website. In regard to outpatients, the numbers of patients waiting for a first appointment at a consultant-led clinic, by hospital, by time band are published and available on the NTPF website and through the HSE Performance Reports. HIQA's Tallaght Hospital Investigation Report 2012 recommended the benchmarking and publication of outpatient department (OPD) appointment wait times across all hospitals at a national, regional, local and consultant level. National, regional and local wait times are now available and I am advised by the NTPF that it is the intention to publish consultant level waiting time during the course of 2013/14. In relation to the efficiency of hospitals, the HSE currently publishes two separate monthly reports addressing the efficiency of all hospitals. The Performance Report is a monthly report published on the HSE website and it details performance against the HSE Service Plan and contains some hospital level information. HealthStat is a comprehensive databank of performance information which provides detailed monthly results from hospitals and from Local Health Offices responsible for providing health and social care services in the community. The results are also published on the HSE website.

In 2013, HealthStat will be replaced by CompStat, which is a performance management and reporting system which will operate on a monthly cycle. It is built around a balanced accountability framework of Quality, Access and Resources wherein each HSE Region will be the locus of control. It supports the migration towards autonomous hospital groups and incorporates a score-card performance report on a suite of relevant metrics. CompStat will focus on Acute Hospitals metrics from an In-patient, Out-patient and Day-case perspective and on Community metrics from a Local Health Office representative of all care groups perspective. CompStat will deliver higher quality efficiency measurements for all hospitals and community services.

The Programme for Government commits to introducing a prospective-based "Money Follows the Patient" (MFTP) funding system to replace the current block grant allocation system. Under MFTP, hospitals will be encouraged to provide services more efficiently and will be paid on a fair and transparent basis for the needs they address, the quantity and quality of the services they provide and the outcomes they deliver. They will be liberated, subject to overall budgetary ceilings, to pursue the most cost-effective means of achieving this standard of performance. A Hospital Financing Subgroup, established under the auspices of the Universal Health Insurance Implementation Group, has prepared draft policy and implementation proposals, and these are currently being considered by the Minister.

With regard to catchment areas, I have asked the HSE to respond directly to the Deputy on this matter.

Departmental Funding

206. **Deputy Paudie Coffey** asked the Minister for Transport, Tourism and Sport if he will provide in tabular form, the total amount of capital funding his Department has allocated to Wa-

terford for the years 2011 and 2012; and if he will make a statement on the matter. [57296/12]

Minister for Transport, Tourism and Sport (Deputy Leo Varadkar): The following information is available within my Department:

Sector	2011 Capital Expenditure for Waterford	2012 Capital Allocation for Waterford
Regional Airports	€795,582	€3,271,500*
National Sustainable Transport Office	€745,633	€619,500
Public Transport Investment	€1,892,000	€660,000
Sports Capital Programme	€400,000	€1,018,250

* €3,271,500 is the total allocation for Waterford Airport for the years 2011 to 2014. Draw-down to date in 2012 is €670,831.

Further information is available as follows:

In relation to capital funding for Roads the information sought by the Deputy is outlined in the road allocation booklets which are available in the Dáil Library.

In relation to capital funding for Tourism, the matter raised is an operational matter for Fáilte Ireland. I have referred the Deputy's question to Fáilte Ireland for direct reply in this regard. Please contact my private office if a reply is not received within ten working days.

Tourism Industry Issues

207. **Deputy Finian McGrath** asked the Minister for Transport, Tourism and Sport if his attention has been drawn to the potential in the hostel tourism both nationally and internationally; if he will consider developing this industry in 2012; and if he will make a statement on the matter. [57302/12]

Minister for Transport, Tourism and Sport (Deputy Leo Varadkar): The matter raised is an operational matter for Fáilte Ireland. I have referred the Deputy's Question to Fáilte Ireland for direct reply. Will the Deputy please advise my private office if a reply is not received within ten working days.

National Lottery Funding Applications

208. **Deputy John Browne** asked the Minister for Transport, Tourism and Sport if he will provide a detailed explanation to a club (details supplied) in County Wexford on the reason it was refused national lottery funding in 2012 for club developments in view of the fact that it met all of the criteria required. [57339/12]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Michael Ring): My Department has no record of an application being received under the 2012 SCP from the organisation referred to by the Deputy.

National Lottery Funding Applications

209. **Deputy John Browne** asked the Minister for Transport, Tourism and Sport the reason a National Lottery grant application was refused in respect of an organisation in County Wexford (details supplied) that caters for a population of more than 4,000 people in the County; and if he will make a statement on the matter. [57340/12]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Michael Ring): The application received from the club referred to by the Deputy was unsuccessful as it was invalid. It was deemed invalid on two grounds. Firstly, the applicant did not sign the section of the application form certifying, among other things, that the information supplied was correct and that the club would not deny anybody access to the facilities. Secondly, the evidence of title to the property where the proposed facility was to be located did not state that the applicant's lease is registered in the Property Registration Authority or is pending registration. These requirements were clearly set out in the application form and the guide to filling out the application form.

Tourism Promotion

210. **Deputy Kevin Humphreys** asked the Minister for Transport, Tourism and Sport the nature of the €230,000 grant to Kells Town Council for the creation of an interactive display with a virtual Book of Kells, the programme from which the funding was provided; if he will provide a breakdown of the costings for the project and if cheaper alternatives were considered; and if he will make a statement on the matter. [57350/12]

Minister for Transport, Tourism and Sport (Deputy Leo Varadkar): The matter raised is an operational matter for Fáilte Ireland. I have referred the matter to Fáilte Ireland for direct reply to the Deputy. Will the Deputy please contact my private office if a reply is not received within ten working days.

Tourism Promotion

211. **Deputy Kevin Humphreys** asked the Minister for Transport, Tourism and Sport if his attention has been drawn to the fact that the Book of Kells iPad app available for download at €11.99, created by Trinity College Dublin, which provides a virtual interface with the book would provide a cheaper alternative than a customised interactive display which is currently being funded by his Department for Kells Town Council; and if he will make a statement on the matter. [57351/12]

Minister for Transport, Tourism and Sport (Deputy Leo Varadkar): The matter raised is an operational matter for Fáilte Ireland. I have referred the matter to Fáilte Ireland for direct reply to the Deputy. Will the Deputy please contact my private office if a reply is not received within ten working days.