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Northern Ireland Assembly

Tuesday 29 May 2012

The Assembly met at 10.30 am (Mr Speaker in the Chair).

Members observed two minutes' silence.

Assembly Business

Mr Speaker: Before we start today's business, let me say that it seems it is going to be another warm day. If Members wish to take their jacket off in the Chamber, they may do so.

Executive Committee Business

Finance Bill: Second Legislative Consent Motion

Ms Ní Chuilín (The Minister of Culture, Arts and Leisure): I beg to move

That this Assembly agrees that the provisions in clause 49 of and schedule 14 to the Finance Bill, as introduced in the House of Commons on 10 May 2012, dealing with gifts to the nation should be considered by the UK Parliament.

Go raibh maith agat, a Cheann Comhairle. Passing this motion will ensure that local interests are represented in the operation of a new cultural gift scheme. The scheme is proposed by the Treasury, HM Revenue and Customs and the Department for Culture, Media and Sport. The scheme will enable individuals and companies to donate objects of national artistic, scientific or historical interest to an institution for the benefit of the public. In return, the donor's tax liability will be reduced.

This legislative consent motion will allow the British Government to confer power via the 2012 Finance Bill on the local Culture Minister. This will ensure that, in respect of donations related to the North, the local Minister will be consulted and will make a determination on whether an object or collection of objects should be accepted into the scheme. The details of the scheme and its operation are being finalised, and I intend to write to the Department for Culture, Media and Sport to reflect the outcome of local consultations.

I think the scheme will have a positive impact on people here, as it may serve to widen access to cultural objects and could broaden the use of our cultural institutions as they diversify in their collections. If the Assembly is minded

not to approve this legislative consent motion, the scheme will proceed and the Minister for Culture, Media and Sport in Westminster will determine whether an object related to the North should be accepted under the scheme. I commend the motion to the House.

Miss M McIlveen (The Chairperson of the Committee for Culture, Arts and Leisure):

I welcome the opportunity to speak in today's debate as Chair of the Culture, Arts and Leisure Committee.

The Committee agreed to produce a report on its deliberations on the legislative consent motion to the cultural gifts scheme provisions of the Westminster Finance Bill. The report was agreed at the Committee meeting of 17 May and laid in the Business Office on 18 May, when it was also circulated to all Members. The report outlines the Committee's discussions on the legislative consent motion, which I will summarise this morning.

The Minister initially advised the Committee of her intent to table a legislative consent motion regarding the charity and philanthropy measures contained in the Finance Bill on 5 April. The Committee then arranged a briefing from the Minister's officials on the background to and the need for a legislative consent motion. That briefing took place on 19 April. During that briefing session, the Committee questioned officials and sought additional information on several aspects of the legislative consent motion. In addition to seeking clarification on definitional issues, the Committee sought assurances that the Department had consulted the relevant organisations, particularly National Museums Northern Ireland and the Northern Ireland Museums Council, about the proposals outlined in the legislative consent memorandum. The Committee was satisfied that the Department had had informal discussions with those bodies and with PRONI, as those are the organisations that are likely to be the recipients of any donation. Officials also took on board the Committee's comments to discuss the proposals with the Arts Council of Northern Ireland.

The Committee also enquired about the outcome of the equality screening exercise that had been undertaken as part of the process. Officials informed the Committee that the legislation impacts on companies that wish to donate in lieu of tax, individuals who wish to donate in lieu of tax and individuals who have increased

access to cultural objects through visiting galleries and museums. The memorandum states that the equality impact assessment identified no different impact on any equality group, and there were no implications for equality of opportunity.

The Committee also sought assurances that Northern Ireland would have input to the panel that considers applications for the gifting of pre-eminent objects in exchange for tax reductions. It is satisfied that the proposals put forward by the Department here do not differ from the proposals put forward in England, Scotland and Wales.

As the Committee recognises the importance of our cultural tourism product and the significant role that our museums and galleries play in developing and growing that product, it explored the implications for Northern Ireland, should the motion not receive Assembly approval today. In that scenario, it would be the Minister for Culture, Media and Sport, and not the Department of Culture, Arts and Leisure, who would decide whether an article in Northern Ireland is pre-eminent. Furthermore, Northern Ireland would not have any significant involvement in identifying objects of interest to us.

On the basis of that evidence, the Committee was content that the Minister continue with the process of seeking Assembly support for the legislative consent motion. Therefore, on behalf of the Committee, I support the motion.

Mr McGimpsey: As a member of the Committee, I, of course, support its decisions, as laid out by the Chairperson of the Committee. This is a national matter. As part of the kingdom, Northern Ireland would be foolish to step away from it, so we support it.

I have a query about an issue that might arise. In the event of a pre-eminent property being gifted in England, Scotland or Wales, it is clear where the home of that pre-eminent property will be. However, if a prominent person or someone with wealth or assets in property gifts a pre-eminent property in Northern Ireland and it falls within the scheme, it must be clear that that property stays in Northern Ireland and does not go to an exhibition on the mainland. That is my only query. I fully support our taking part.

Mrs McKeivitt: As a member of the Committee, I support the motion, and I welcome the opportunity to comment on it.

I commend the measures outlined, which seek to encourage a culture of charity, particularly with regard to the cultural gifts scheme, as set out in clause 49 of and schedule 14 to the Finance Bill. The cultural gifts scheme contains provisions for a personal tax liability to be reduced in return for giving pre-eminent property to the nation. Pre-eminent property accepted under that scheme is considered to be property that is of artistic, historical and scientific interest. The legislative consent motion will ensure that DCAL will play a pivotal role in deciding the pre-eminence of an object that is of sole interest or partial interest to the North of Ireland.

The profile of the arts must be raised in the North of Ireland. It should be acknowledged that the current economic climate is likely to have an effect on charitable giving. The reduction of tax liabilities to those who gift pre-eminent property to the nation provides the necessary incentives to encourage such giving. I welcome the cultural gifts scheme provision outlined in schedule 14 to the Finance Bill as a means by which to raise the profile and encourage the retention in Northern Ireland of artefacts that might otherwise end up in public auctions and be lost to us.

Incentivised schemes such as these will play an important role in boosting charitable giving in the arts. Reductions for individuals and organisations in income tax, corporation tax and inheritance tax will encourage both lifetime and legacy giving. It will encourage people to look again at their collections and consider donating a significant object to one of our museums. That, in turn, will improve our collections without any outlay from our resources. That has the potential to add to our cultural heritage, which has to be welcomed.

Ms Lo: I welcome the legislative consent motion. I love the arts and appreciate the potential cultural and social benefits of the proposed provisions. While the encouragement of philanthropic and charitable giving is undeniably important, I believe that, in making culturally valuable objects available to all members of our community, we further the endeavour of a shared heritage in our society.

Although we support the motion, there are some reservations that should be highlighted. I understand that this is a UK policy and we can perhaps have very little influence on it. We should speak out, all the same. The cap of an

annual £30 million tax write-off is relatively low, given that it is handled on a “first come, first served” basis and is a scheme for the whole of the UK. That figure seems quite small, and there would be more potential for businesses and individuals to gift objects to the public if the limit was extended.

We welcome the transfer of some responsibilities to the Minister and ask that she ensures the speedy passage of objects, so that they may be made readily available to the public in Northern Ireland. I also take this opportunity to encourage the public and businesses who may wish to avail themselves of this chance to reduce their income, capital gains or corporation tax.

The arts can play a key role in shaping our future. There is a danger in surrounding ourselves with mirror images of the past. Stereotypes are born when we fail to see beyond what we know. The arts allow us to question our ingrained cultural assumptions. In doing so, we can break through these barriers and develop more understanding and a shared future.

Ms Ní Chuilín: I thank the Chair of the Committee for Culture, Arts and Leisure and the Members who have spoken to the motion. I am pleased that the information that was requested from my officials was forwarded to the Committee and provided assurances. Although some reservations have been expressed, I think that the consensus is that it is better that the powers are transferred to our institutions here, so that a locally based panel can make decisions about what artefacts or gifts are based within the DCAL family — in the arts, libraries, museums and PRONI. This is a worthwhile initiative that we can all support to encourage charitable giving by companies and individuals for the benefit of everyone here. I commend the motion to the House.

Question put and agreed to.

Resolved:

That this Assembly agrees that the provisions in clause 49 of and schedule 14 to the Finance Bill, as introduced in the House of Commons on 10 May 2012, dealing with gifts to the nation should be considered by the UK Parliament.

10.45 am

Committee Business

GP Surgeries: 0844 Telephone Numbers

Mr Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer will have 10 minutes to propose the motion and 10 minutes to wind. All other Members who wish to speak will have five minutes.

Ms S Ramsey (The Chairperson of the Committee for Health, Social Services and Public Safety): I beg to move

That this Assembly calls on the Minister of Health, Social Services and Public Safety to outline the actions that he will take to bring to an end the practice of GP surgeries using 0844 telephone numbers and the associated high call charges for patients.

Go raibh maith agat, a Cheann Comhairle. I am delighted to move this motion today on behalf of the Committee for Health, Social Services and Public Safety.

For the benefit of Members, the Minister and the Department, I want to provide some background information on 0844 numbers. Such numbers are not linked to a particular town or county. They are used by a wide range of organisations, from businesses and agencies to TV shows, which use them for voting. For 0844 numbers, there is a limit on how much BT can charge for the call. Other providers are not restricted in how much they can charge, but, in many cases, the landline providers set their call charge around BT's prices. For landline customers, that usually works out at somewhere between 1p and 13p per minute. However, the problem comes when people use a mobile phone to ring an 0844 number. Calls from mobile phones typically range from 20p to 41p per minute.

The main issue in today's debate is the fact that 23 GP practices still use 0844 numbers rather than ordinary landline numbers. The issue came to the Committee's attention because constituents had contacted members to tell them about the high call charges they are racking up when trying to get through to their GP's surgery on the mobile. The Committee began to dig a bit deeper into the issue, and

what we have discovered is very worrying, particularly when one of our key aims is to address health inequalities. As I said, 23 GP practices still use 0844 numbers. We all know how long it can take to get through to a health centre receptionist. Sometimes, people end up on hold for 20 minutes or more or are asked to go through a number of options before they even get talking to someone. That has resulted in some constituents being charged £8 to make a phone call to their surgery. That is clearly unacceptable.

When we first raised the issue with the Minister, he replied that, if people ring an 0844 number from a landline, they will only be charged the local landline rate. However, the point is that many families, particularly in low-income households, may only have a pay-as-you-go mobile. Ironically, they do that to try to ensure that they do not have another bill at the end of the month so that they can deal with their money better. The response from the Minister and the Department about using landlines just does not wash with us. We live in a time when technology is everywhere, and many mobile-only households use the mobile to call essential services such as councils, utility services and, of course, doctors' surgeries. Mobile operators are often keen for us to opt for inclusive call plans. Plans can help manage spending on calls and many people take up those offers, but, unlike 01 or 02 numbers, 0844 calls are never included in the inclusive minutes.

We in the Assembly support the principle of a health service being free at the point of use. That has to become a reality, and we cannot have people being charged £8 to make an appointment with their GP. We already know that social deprivation leads to health inequalities, and yet we have a situation where the least able to pay end up paying the most to access a basic health service. The result is that people potentially do not ring their GP and do not get the right treatment at the right time. We talk about early intervention and prevention being the key to transforming our health service, so we cannot have obstacles such as 0844 numbers being put in people's way.

The Minister also made the point to the Committee that the Health and Social Care Board had written to the GPs who use 0844 numbers to ask them to consider providing a callback service to patients at the practice's expense. That is all well and good in theory, but

the reality is that patients are often put on hold for a long period before they even speak to a receptionist and, therefore, are already incurring a charge. It also puts the onus on the patient to say that he or she cannot afford to stay on hold, and I do not think that that is fair. It is not what we want in this day and age, when everyone should be treated equally.

Another aspect is that GP practices using 0844 numbers receive 2p per call from the provider. Although that income is ring-fenced and can be used only to support the maintenance of the telephone system and make other improvements to the surgery environment, it is an indirect profit for the GP practice, and the Committee believes that that is totally unacceptable.

The Committee has written to the BMA and the Royal College of General Practitioners to ask what they have done to encourage their members to stop using 0844 numbers. Both replied that they have issued circulars to their members to remind them that they must keep the price of calls for patients to a minimum. The Committee believes that that kind of voluntary approach is not good enough. Therefore, we move the motion today for two reasons: first, we want to ask the Minister to outline the further action that he will take; and, secondly, we want to bring the issue to wider public attention. I assume that the Minister will get a copy of the Hansard report of the debate. I do not know whether his officials are in the Officials' Box, but I would be disappointed if they were not.

Our actions seem to be having some effect already. Just yesterday, Ofcom, the communications regulator, contacted me to say that it had seen today's motion. It has the same view as the Committee on 0844 numbers and believes that the current system does not work. Ofcom's suggested new approach to the use of 0844 and other numbers went out to consultation last month. Therefore, Ofcom is doing its bit by looking at the call providers. The Minister and Department must now do their bit and take urgent action to stop GP surgeries using 0844 numbers. I urge the Assembly to support the motion.

Ms P Bradley: As a member of the Health Committee, I support the motion. The NHS was founded on the principle that healthcare should be available to everyone, regardless of their ability to pay. As a former NHS worker, I am very proud of the system that we have here, where

no one is turned away from GPs or hospitals because their economic situation means that they lack the ability to pay for their treatment.

Patients contacting GPs want to be able to access their primary caregiver in a manner that is timely, easy and without fuss. For many users, the 0844 number represents an additional charge for seeking medical help, whatever that might be.

A number of benefits are associated with using the 0844 phone system. First, it allows GP surgeries to ensure that users do not hear an engaged tone but are placed in a queue. Secondly, the facility to reroute calls to the appropriate department can reduce the stress on doctors' receptionists and ensure that people are put through to the right department as quickly as possible.

We are all concerned that the most vulnerable are not unduly hurt economically by having to contact any Department. Therefore, it is right that we continue to look at these numbers to assess whether there are better ways for GPs to offer the same benefits while costing users less. It may be better, for example, for GPs to offer a repeat prescription service by e-mail. That would reduce the number of phone calls that the practice has to answer and ensure that those who need repeat prescriptions have an alternative way of requesting them. Most telephone users have some internet package, whether through their mobile or landline. Using the expanding IT option may be one way to mitigate the cost of phone calls and reduce the time that people have to spend in queues.

It is important to note that GP practices that use the numbers are not doing anything wrong. Any revenue that they receive goes directly back into the practice environment, effectively meaning that users get some of the benefit. Of course, that in no way negates the extra cost or helps people such as those on a low or fixed income who feel the extra cost more acutely than others. We should also remember that the Minister is restricted in what he can force GP surgeries to do. In an ideal world, no one should have to pay for the cost of a telephone call to their GP, but, sadly, we live and deal with the realities of the world that we live in. Telephone systems can be costly, and the GP service is not the only government service that affects some of the poorest. Tax credit offices, for example, use non-local numbers. I am glad to note that

only one surgery in my constituency utilises such a system. In Northern Ireland overall, the use of such numbers is the exception rather than the norm. I also welcome the fact that the Minister has written to the surgeries affected, reminding them of the policy context of telephone systems and their obligations. I support the motion.

Mr Gardiner: I welcome the opportunity to speak on the motion and support it.

I agree with other Members that the use of 0844 numbers is not a widespread problem. It occurs in only 23 of the 355 practices, which is just over 6.5%. Nevertheless, no matter how small the number, the fact is that there are still people in Northern Ireland who have no choice but to phone the 0844 number, if they want to speak to their local clinic. Although I understand that the figure is likely to decrease over time, especially as the Health and Social Care Board continues in its efforts to persuade practices to adopt a new phone system, it is vital that the Department of Health ensures that people are not taken advantage of unintentionally.

People phoning their local GP clinic will often be too worried about their own health or that of a loved one to think of the price of a phone call. However, people who, because of their illness, have to phone their local clinic quite often and for long periods are exposed to a potentially clear financial disadvantage. It is not only people who need to phone a lot and for longer periods who may have a problem with 0844 numbers; it also affects those who are signed up to what may seem like a normal telephone package but charges often very high rates for 0844 numbers.

When the Department legislated in 2005 to ban the use of premium rate numbers in GP clinics, that was a positive step. However, I have concerns about what exactly the Department can or cannot legislate for in relation to this matter because, in this case, it is unable to enforce the ban.

People expect a service when they phone their local GP. Instead of them being the customer, it is more a case of the National Health Service being the provider. I absolutely agree, and believe that members of the public should not incur costs that are unfair when compared with the ordinary local rate. Offering advice not to renew, extend or enter into contracts unless practices were certain that patients would not

be charged more than a call to a local number was a very positive step. I am also pleased that the Health and Social Care Board has advised practices that continue with the 0844 numbers to offer patients the chance of a callback service and that the cost should be borne by the practice.

As the provision of primary and secondary healthcare in Northern Ireland continues to change, the Ulster Unionist Party is keen to promote the use of telemedicine and people remaining in the comfort of their own home for as long as it is safe and practical to do so. The use of 0844 numbers may not be a big problem, but it should be addressed. The Department is working toward this. However, it is vital that it works closely with GPs and their practices to address it.

Mr Durkan: As a former member of the Health Committee, I support the motion. From my time on the Committee, I know that this was a particular bugbear of Gordon Dunne's and of other members whose constituency is affected.

Healthcare should be free at the point of use but, as Ms Ramsey said, the 0844 numbers place a cost on people getting access. The fact is that those worst affected are those dependent on pay-as-you-go mobiles — generally, those who can least afford it. That is a blatant inequality in our system, and we should move to eradicate it.

11.00 am

The Department of Health in England has changed the GMS regulations to ban 0844 telephone numbers that charge patients more than a standard geographical telephone call. We should follow suit. Ms Ramsey cited a cost of up to £8 for some mobile users to get in touch with their GP. However, I am sure that we have all heard from people who have run out of credit mid-call, resulting in their being not only out of pocket but embarrassed and very anxious, which, in some situations, compounds their medical condition. Fortunately, the problem is not widespread, with just 23 practices still using 0844 numbers, so it should certainly be reasonably easy to solve, if it is the Minister's will to do so. We support the motion.

Mr McCarthy: As a member of the Assembly's Health Committee, I fully support the motion today and fully concur with the sentiments expressed by the Committee Chair, Sue Ramsey, and, indeed, all the Committee members. The issue has been discussed at the Health Committee on several occasions. Quite obviously,

the use of the 0844 telephone system by 23 health centres is having a detrimental effect on their patients, who have to find the money to pay shockingly high tariffs. In our opinion, it is high time that practice was ended. I have to say I am deeply disappointed to discover that three of those 23 practices are in Newtownards, which is in my constituency.

*(Mr Principal Deputy Speaker [Mr Molloy]
in the Chair)*

We all know that we are living through very challenging times in respect of paying bills and, indeed, have been doing so for the past number of years. However, as yet, there is very little light at the end of the tunnel. In these circumstances, the last thing that local doctors should be doing is supporting high charges for telephone calls by people — their patients — who are sick. There is simply no need for this, and it should stop immediately.

From the information provided by our Research and Information Service, for which we are extremely grateful, I understand that Westminster and the local Assembly, including the Health Minister, have indeed asked that the practice should cease, but they simply cannot force the minority of surgeries to end the use of 0844 numbers. The Assembly is asking the Minister what actions he will take to end these unscrupulous charges. In his response to Gordon Dunne in January 2012, the Minister was certainly on the side of the patient. He said that he had issued letters to 17 Northern Ireland practices stating their obligation to try to ensure that patients do not incur high call charges when contacting GP practices. Then on 15 March, the Minister again wrote to the Health Committee advising that the offending practices were reminded of the need to change to normal BT charging for patients but that there is no legal power to require those practices to stop using 0844 numbers.

On behalf of the Alliance Party, I support the motion and await with interest to see what else the Minister can do and what his next move will be. In the meantime, I appeal to the GP practices concerned, including the three in Newtownards, to stop using the 0844 system in the interests of their patients and our constituents.

Ms Brown: As a member of the Health Committee, I also support the motion today. My colleague Gordon Dunne brought the issue to the

Committee some time ago. The use of 0844 numbers is now quite common for businesses, providing extra phone functions for customers and increasing efficiency. You can, for example, get put through directly to the person or the department you wish to speak to. Numbers beginning with 0844 provide consumers with a flat call charge rate, which nowadays is, in actual fact, more expensive than calling a telephone number beginning with, for example, 028. Going by the BT business price plan, it is clear that the use of a 0844 telephone number can be cheaper for a business, with savings made on monthly costs. However, calls to 0844 numbers, as we have heard today, are more expensive for customers, especially when dialling the number from a mobile phone, which can cost between 20p and 41p per minute, compared with between 1p and 13p per minute for a customer using a fixed landline.

Such phone numbers are regularly used by banks, credit card companies, internet providers and any other major business with a customer service department. As fixed landlines are becoming less common, and as more people adopt mobile phones, those costs can, therefore, build up significantly, in addition to the cost of monthly price plans.

In a letter from the Health Minister dated 15 March 2012, Mr Poots informed the Chair of the Committee that approximately 6% of practices in Northern Ireland used 0844 telephone numbers. The Minister also stated that his Department had informed GP practices three times since September 2011 that patients should not incur charges above the equivalent of a local call when contacting their GP practice; that, having taken responsible steps to ensure that excessive costs are not passed on to the patient when contacting their local GP practice, all practices should bring into being a callback system whereby the caller can ask to be called back at the expense of the practice; and that a practice should not enter into long-term or extended contracts with telecommunications firms if that results in additional costs being passed on to the patients that are greater than the cost of a local call.

The Minister also informed the Chair that his Department had no power to stop GP practices using 0844 numbers, but he did ask his Department to look into what can be done to raise awareness of the issue and limit additional

costs being passed on to patients when they contact their local practice.

In a public consultation by the Department of Health in GB in 2008, stakeholders were consulted on the use of 0844 numbers. The Department stated that it wished to hear people's views on the issue, but understood that 0844 numbers offer patients and users additional functions, including, as we have heard, the use of call waiting, ending the engaged tone, push-button choices, redirection services or access to automated booking and appointment systems. Benefits, therefore, can exist for the patient and the GP practice in bringing about efficiency and easy access. However, as a result, the consumer ultimately ends up footing the bill.

Eighty-seven per cent of respondents to the consultation believed that patients should not be charged more than the local rate, and we fully agree with that. No person accessing healthcare should be charged more than a local rate, so I am pleased to support the motion.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. I also support the motion. It demonstrates a proactive approach by the Committee and shows that it is taking steps to address a number of problems raised by Committee members and constituents. I know that Gordon Dunne raised this particular issue in Committee on several occasions, and it is good to see that it has now been brought to fruition in the motion by the Committee.

I apologise for missing the start of the debate. I was in another meeting, but I think most of the stuff has been covered by other Members. I think it is accepted that only a small number of GP practices continue to use those particular numbers. As has been mentioned, the Minister, in reply to the Chair, stated that it was 23 out of 355, or approximately 6% of practices. Obviously, the reason why there is a continuing problem is because patients who use the 0844 numbers are paying more than the equivalent cost of a local rate call.

If the services offered by those numbers were not more expensive, people would have no particular problem using them. There may be benefits of being held in a queue and accessing push-button choices. They may be good and effective to some degree, but if the patient did not have to pay more for them, it would be even better. People who use those services are

often on benefits and on low incomes. The GPs who continue to use those numbers may argue that they provide a better service, but they cost more. If someone is using a mobile, as a lot of people do now, it costs a lot more to access those numbers than it should. I know that social security offices had the same problem. They were offering free calls, but if someone was using a mobile and not a landline to contact them, it was costing a huge amount of money. I know of one case where it cost a woman £17 to call a local office while she was held waiting. That was out of a £20 top-up card. It is expensive to access these numbers, and it is something that needs to be addressed urgently.

The bottom line is that patients need to access their GPs. Such access should be efficient and not costly. It has been mentioned, as it was in the letter that the Minister sent to the Chairperson, that people can order prescriptions online, and so on, but if you do not have access to a computer and cannot get online, it becomes more expensive to use these particular numbers. Patients should be given the opportunity to have quick, low-cost telephone contact. As far as I know, Ofcom supports the motion. I am sure that the Minister will give his views on how he will deal with this issue.

Mr Hussey: I apologise to the proposer and to other Members for my late arrival. Unfortunately, I was on the phone, but not to an 0844 number.

When I saw the motion on the Order Paper, I felt that I had to come down and get involved. Many people have referred to the fact that it applies to only 23 out of 355 GP clinics. The use of 0844 numbers in GP clinics may have come as a surprise to some in this House, but it is no surprise to me in Omagh. My GP's telephone number is 08444773513; the sort of number that rolls off the tongue. If you are an elderly person, will that number resonate with you and will you remember it always? You will not; it is far too long and too complicated.

The number is used whenever you contact the health centre, and when you do so, you contact it immediately; it is not engaged, that is quite true. You get to choose an option, 1, 2, 3 or 4; you will then get other options; and you will eventually get through to sort out whatever you need to do. If you are using a mobile phone, the cost is excessive. I have to use the mobile phone to sort out prescriptions and various things for my mother, so I know the cost. Many

sitting around will say; "you can well afford that". Maybe I can, but there are many who use their mobile phone who cannot afford it, and a lot of people have a mobile phone as their only source of contact.

You can also use the internet to contact your health centre. Again, that is a wonderful system, but how many older people can use the internet, have access to it or understand it? A lot of older people depend on their families to make the calls for them.

We have to have a situation in which health centres must use a local number. Most people will remember a local number, and I think that the time has come to do away with 0844 numbers for good. The cost of using them is excessive and they do not work. Older people do not remember the numbers, and we have talked about this issue for too long. Maybe I am being charged too much for the call, I do not know, but I think the time has come for 0844 numbers to disappear.

Mr Poots (The Minister of Health, Social Services and Public Safety): I am grateful for the opportunity to hear Members' views on this issue. I fully appreciate their concerns about the cost of telephoning those GP practices that continue to use 0844 numbers. High telephone call charges impact on the most vulnerable members of society; the elderly, the disabled and those on low incomes. For many patients, calling their local GP surgery can be very stressful and worrying, and concerns about high call charges only serve to add further stress.

We fully appreciate that, out of the 355 GP practices in Northern Ireland, only 23 use 0844 numbers, which represents approximately 6% of practices. Nonetheless, telephone systems used by GPs should not place undue financial burdens on patients. The cost of telephoning 0844 numbers can be very expensive for patients whose landline telephone packages do not treat calls to 0844 numbers as local calls. It can be even more expensive for those patients who use their mobile phones to telephone 0844 numbers. The use of mobile phones in our everyday lives has increased, and for many, they have replaced landlines.

In the industry, 0844 telephone numbers are known as non-geographical numbers or number translation services. When a call reaches the network, the number dialled by the caller is translated by the network to a geographical

number to deliver the call to its destination. In 2008, the use of 0844 numbers was examined by way of a consultation exercise by the Department of Health in England. Although the consultation demonstrated that there was overwhelming support for the banning of 0844 numbers, the Department of Health concluded that banning the numbers would not necessarily solve the real issue; that some patients are paying more than the cost of calling a normal geographical number to contact the NHS.

11.15 am

The lessons learnt in relation to 087 numbers were that banning a specific number range simply led to the use of other number ranges and the same issues persisted. The Department of Health decided that, rather than banning 0844 numbers, it would put in place a legislative framework to prohibit the use of any number or tariff that resulted in patients paying more than a geographical number to contact health service providers. The legislative framework that the Department of Health put in place included the issue of directions in December 2009 and the amendment of its National Health Service (General Medical Services Contracts) Regulations 2004, which came into effect on 1 April last year.

The directions and the amendments to the regulations directed NHS organisations and GPs not to enter into, renew or extend a contract or other arrangements for telephone services unless it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the NHS body than they would to make an equivalent call to a geographical number. They were also directed to review their existing contract and consider whether, having regard to the arrangement, the patient would pay more than they would to make a relevant call to a geographical number. If they would, the body was required to consider introducing a system under which, if the caller asked to be called back, the body would do so at its own expense.

Action taken by the Welsh and Scottish Departments and my Department in September 2010 mirrors that taken by the Department of Health. On 5 September last year, my Department issued policy guidance regarding the use of 0844 numbers. The policy directed that patients should not incur charges above the equivalent of a local call when contacting their GP practice.

Having taken all reasonable steps to ensure that a patient will pay no more than they would to call a local geographical number, the practice must consider introducing a system under which, if a caller asks to be called back, the GP practice will do so at its own expense. The policy also stated that GP practices should not enter into new contracts or renew or extend contracts for telephone services unless they are satisfied that patients will not pay more than they would to call a local geographical number.

Telephone operator tariffs include many different options. They are very difficult to understand, and they change regularly. Many variables contribute to the cost of a call, including the telephony supplier, the tariff, the length of the call, the time of day at which a call is made and whether the call is made from a landline or a mobile. Given the number of variables, it is not possible to give a definitive estimate of the cost of phoning an 0844 number.

The cost of telephoning an 0844 number is determined by the patient's telephone provider, not by the 0844 service provider. The 0844 service provider gets the equivalent fee that a geographical provider would receive for an equivalent call.

Unlike BT, other telephone providers, including mobile phone providers, are unregulated and, therefore, free to levy charges without approval from the regulator. Neither GP practices nor the 0844 service provider has any control over the charges that the telephone and mobile providers levy.

Mr Wells (The Deputy Chairperson of the Committee for Health, Social Services and Public Safety): Will the Member give way?

Mr Poots: Certainly.

Mr Wells: Although the Minister is right in saying that we cannot be definitive, it is absolutely clear that, from a landline, it can cost anything from 2p to 4p a minute to ring an 0844 number, and from a mobile, the range is 25p to 41p. We cannot be specific, but that clearly indicates the quantum of the problem. If you pay 41p, which, I understand, is an Orange pay-as-you-go tariff, to ring an 0844 number, you can see why somebody like Mr Brady's constituent could rattle up — to use the slang — a bill of £17.

Mr Poots: Yes. Evidently, a higher cost of the calls generates increased income for the telephony service provider. For example, the

current local BT tariff is approximately 8p a minute plus a 13.1p connection charge. In general, that charge will apply unless the caller's BT package specifically includes free calls to 0844 numbers. That rate applies only to BT landlines. It is possible — indeed, probable — that other landline providers may charge more for calling 0844 numbers.

My attention has been drawn to the fact that GP practices that use 0844 numbers receive 2p for each call that is made to the practice. However, I have been advised that the revenue is held in an escrow account, which means that GP practices do not have access to it and it is used to fund the rental cost and maintenance of the system. I am, nevertheless, concerned that patients of GP practices that have an 0844 number are essentially, through their phone calls to the practice, part funding the practice telephony system. That, to me, is unacceptable.

At present, neither the board nor the Department has the legal power to instruct GPs to stop using 0844 numbers. Under the relevant legislation, the GMS contract regulations, GPs are required to provide a telephone number in their practice leaflet, and that is the only reference to telephony in the general medical services contract regulations.

When the practices entered into the telephony contracts with the service provider, the use of 0844 numbers was not banned, and 0844 numbers were not considered premium rate numbers. The menu facility that the service offered was deemed to be innovative and offering a good service for patients. Practices have reported that one reason why they selected the 0844 service was to try to ensure that patients were able to get through to the surgery, because patients had often complained about constantly getting an engaged tone.

As GPs are self-employed independent contractors, to stop practices using 0844 numbers, the Department would have to amend the general medical services contract regulations, which would require consultation. As there were no restrictions on practices using 0844 numbers when they entered into their contracts with the service provider, and given that the practices will incur substantial termination fees, a proposed date for stopping the use of 0844 numbers would have to be flexible to accommodate practices whose telephony contracts have some time to run.

As Members have said, on 15 March, I advised the Health Committee that I had asked Department officials to examine what action had been taken to heighten patient awareness on requesting their GP practice to phone them back, as well as ensuring that patients are fully aware of all other options for contacting their practice, including the use of the internet in seeking repeat prescriptions or making appointments. To help to inform my Department of what action could be taken to heighten patient awareness, officials wrote to the 24 practices on 21 April asking them to provide the following information: the date that their practice's telephone contract with the 0844 service provider is due to expire; the estimated cost of terminating their 0844 contract; confirmation that members of their practice staff are aware of the Department's policy on the use of 0844 numbers and are adhering to it; and confirmation that their practice has not renewed its 0844 contract with the service provider in contravention of the Department's policy.

Seventeen practices have so far provided the requested information. They confirmed that they are adhering to the Department's policy on telephoning patients back if requested to do so. They also confirmed that they have not renewed their 0844 telephone contract. Three of those practices' contracts expire in 2013, in June, September and October; four expire in 2014, in January, June, September and November; six expire in 2015, in May, August, September and December; and four expire in 2016, in February and April. Early termination of contract payments range from £9,500 to £31,000.

I understand that the service provider has offered the 23 practices the option of having a local number that would run alongside their existing 0844 number. It has also offered the option of a call-back facility. If practices were to avail themselves of those options, it would certainly help to resolve the issue of expensive telephone calls for many of their patients. It remains the case that practices cannot be required to sign up to those options, but it is good to know that they are available, and public pressure should be applied on GP practices to respond.

Telephone calls to GP practices should not cost more than an equivalent call to a local geographical number. A proposed date for stopping the use of 0844 numbers would have to be flexible to accommodate practices whose telephony contracts have some time to run.

Mr Wells: That line was in a response to the Committee from the Minister, but the reality is that, for the vast majority of BT customers in Northern Ireland, the cost of a local call to a landline number is nil, because the package that they are in gives free local calls of less than one hour to any landline number. So, it is not much use to those customers to say that it should be the equivalent to the cost of a local call, which is 8p or 9p a minute, when, in fact, it is nothing. That point has been missed by the GPs.

Mr Poots: People certainly pay more to get their calls free for up to an hour, and many are on such contracts. I fully understand what the Member is saying. What I said earlier was that GP practices could offer the local number alongside the 0844 number so that patients would not be paying more in that instance. It is important that we maintain pressure on GPs to respond to this particular issue.

My Department will examine the possibility of amending the general medical services contract regulations, making it a requirement that GP practices use geographical numbers. We will also explore with practices the option of installing a geographical line that patients could use as the alternative to the 0844 number until such times as those contracts expire. We will also explore with them the option of introducing the call-back facility, which the service provider can set up.

I trust that this information is useful to the House and that we can advance this over the course of the coming months and years.

Mr Wells: I had two teenage daughters. For many years, our phone bill was quite small and then, suddenly, it rocketed, and I learned that my daughters had become friendly with just about every boy in the neighbourhood and felt duty-bound to ring them on a regular basis for very long periods. I did not object to this, but the phone bill mounted dramatically. Then I discovered that British Telecom had a package that allowed you to ring an unlimited amount of landline numbers for up to one hour, free of charge. That was a bargain. I signed up immediately, my phone bill plummeted and I did not mind how many boys my daughters phoned, because as long as I could limit them to 59 minutes, the calls were effectively for nothing.

That is the reality for the vast majority of people in Northern Ireland who are on that package, be it with BT or any of the other providers. Equally,

many people in Northern Ireland do not have a landline at all. Indeed, for young people, the concept of a landline is almost foreign to them because they are so used to mobile phone calls. Therefore, when they settle down and get married and have a home together, often they will simply continue to use mobile phone numbers.

Many of us have mobile phones — everyone in this Chamber has one — and we have inclusive minutes. In my case, it is 300 minutes for the grand sum of £10 a month and I think that I got a bargain. Therefore, if I phone a landline number as part of that inclusive package, I pay very little for the call. GP surgeries throughout Northern Ireland know that, but 6% of them, as Pam Brown quite rightly pointed out, have decided to opt for 0844 numbers. This is called revenue sharing.

If you ring an 0844 number from a mobile, as many Members, including Mr Gardiner, Mr Hussey and Mr Brady pointed out, you are in trouble. The minimum rate that I could discover, trawling the internet, was 25p, because those numbers are not included in the landline package. My 300 minutes, or whatever packages other Members may have, do not include calls to 0844, 0845, 0870 or even 0800 numbers. Therefore, when you call your surgery — unfortunately, three of those surgeries are in South Down, in Dundrum, Downpatrick and Newcastle —

Mr Hussey: The Member is quite right about the rates that are charged, but those of us who live in the likes of West Tyrone incur international charges when we approach the border, which costs us an awful lot more.

Mr Wells: Every time I drive from Kilkeel to Newry, I get several text messages from Eircell or Eircom or whatever welcoming me to the Irish Republic, but I have not set foot in foreign soil. I suspect that they are deliberately beaming signals into the North to pick up the roaming charges. In Rostrevor, you can be on O2 in your sitting room and on Eircell in your upstairs bedroom. That is the complexity of roaming charges, which is a problem even for folk in Portstewart or Portrush.

The lowest rate that I could find for a mobile phone call to an 0844 number was 25p, and the highest on a pay-as-you-go phone was 41p.

Therefore, I am not surprised to hear Mr Brady's story of a constituent who clocked up a bill of

£17. When you ring an 0844 number, you often get 'Greensleeves'. You get the first verse and the second and the third — it goes on and on. While that is happening, because you have got a connection you are paying the full 25p or 41p a minute.

11.30 am

Mr Hussey said, quite rightly, that we can afford it, and that is probably true. However, the large majority of people who contact their GP surgery are pensioners, people on income support or people on a low income, and they cannot afford to clock up a large bill. It is a deterrent. If someone is genuinely ill and trying to get through to their GP surgery, the last thing that is needed is to discourage people from ringing. So I am glad that the honourable Member for North Down, Mr Dunne, who, unfortunately, is not with us today, has raised this important issue and has ensured that the Committee has sufficient information to write to the Department.

As I said in my interjection to the Minister, the response from the GPs was inadequate. They do not understand the way that the packages work. Therefore, they do not realise that calls that should be free for most people, when in fact they pay an extra 2p or 4p a minute. It is important that we try to eliminate that process as quickly as possible.

When I approached my local GPs in south Down, they made the point — as the Minister rightly did — that they had got themselves into a contract and that buying out of that contract would be extremely expensive. So, we will have to wait until that situation unwinds. Mind you, I congratulate the GPs in Dundrum: when they moved to a new practice in Clough, which I am glad to say the Minister is coming to open, they agreed not to install 0844 numbers in the new surgery. It will use a standard landline rate, and that is welcomed by the community.

I also accept, of course, that the money generated by 0844 numbers does not go into the pockets of individual clinicians or staff; it is used for the benefit of the surgery. I accept that that provides new facilities, perhaps in waiting rooms or a play facility for children in the surgery. That is to be welcomed. The problem is that it is probably those who can least afford to make such a contribution who are buying the new facilities. The vulnerable, the poor and those on income support should not be paying extra money for no good reason.

The Minister and other Members made the point that there is a halfway house. Granted, these GP surgeries cannot drop out of their 0844 contract at the moment without incurring prohibitive penalty clauses, but they should at least provide an alternative landline number for those who find the cost of ringing 0844 prohibitive. Ms Brown and Ms Bradley made the point that the 0844 numbers gives flexibility to reroute calls etc. You can get exactly the same facility on a standard landline number. Of course, no income is generated for the surgery by doing that. Therefore, there is always the tendency to go for the more expensive option, which, in this case, can rake up quite a large amount of money.

I would love to know — because of the unique relationship between GPs and the Department, I do not think that the Minister is in a position to say — how much money in total is generated by the use of the numbers. It would be fascinating to see how much money is generated by the thousands of people who ring a surgery every day and where it goes. I understand that GPs negotiated separate, very generous contracts through the BMA in 2005 with which the Department is stuck. The contracts were negotiated under direct rule, and, frankly, there is little chance of them being changed, certainly not by the GPs' side. Therefore, in this situation, the Minister's power is limited. I certainly hope that what he has said to us today will see the gradual phasing out of this practice.

In the real world, SayNoTo0870 is a useful website that I use all the time. You look up the expensive phone number and you get a landline alternative. Sadly, it is not possible to look up an alternative number for a GP surgery in Northern Ireland; it is only for the big insurance companies etc.

I have no objection to the principle of 0844 numbers. If I watch 'Britain's Got Talent' or a similar television programme and I am impressed by Pudsey the walking dog — I was very impressed by Pudsey the walking dog — and I wish to spend my hard-earned money to vote for that dog to win by ringing in on a premium rate number, that is fine. However, if I am a 70-year-old pensioner with a heart condition who constantly rings my GP, I should not be worried about the size of my bill. That is the difference. There is no objection in principle to 0844 numbers, but they need to be phased out.

Sam Gardiner is on a good run. I notice that he has been asking some very interesting questions of the Minister. He was the first to point that only 6% of GP practices in Northern Ireland — 23 out of 355 — use the facility. I would like to think that, by 2016, it will be none of the 355. Mark Durkan, who is no longer in the Chamber, made the point that the people who are least able to pay bear the brunt of the cost. He also said that the vast majority of GP surgeries had opted not to go down this route. I will be very careful what I say about Mr McCarthy. Appropriately, he appealed to GP practices to end the situation voluntarily, and I agree with him. Pam Brown brought up a very useful piece of information: a consultation by the Department of Health in Great Britain found that 87% of respondents agreed that the use of the numbers was not acceptable. A survey in Northern Ireland would show similar results, and the practice needs to end as soon as possible.

Question put and agreed to.

Resolved:

That this Assembly calls on the Minister of Health, Social Services and Public Safety to outline the actions that he will take to bring to an end the practice of GP surgeries using 0844 telephone numbers and the associated high call charges for patients.

Single-use Carrier Bags

Mr Principal Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer will have 10 minutes to propose the motion and 10 minutes to make a winding-up speech. One amendment has been selected and published on the Marshalled List. The proposer will have 10 minutes to propose the amendment and five minutes to make a winding-up speech. All other Members who wish to speak will have five minutes.

Ms Lo (The Chairperson of the Committee for the Environment): I beg to move

That this Assembly recognises that the intention of a charge on single-use carrier bags is to reduce bag consumption and the impact on the environment; and calls on the Minister of the Environment to confirm that implementation of the levy, including its current and future scope and further increases, will be conducted in a way that focuses solely on these aims.

On behalf of the Committee for the Environment, I am delighted to move the motion and open the debate. I welcome the chance to speak in this important debate, which will help to clarify a number of key issues with the levy on single-use carrier bags.

At the start of the process, the introduction of a levy was exclusively aimed at the impact of single-use carrier bags on the environment. It was communicated as a tool for encouraging people to do their bit for the environment by using less plastic and other manufactured materials. However, as the levy's financial implications come to light, it is seen by many as less of an environmentally motivated mechanism and more of an additional revenue stream for both the Department of the Environment and the Executive as a whole. This is illustrated by the fact that the Executive have set the target revenue at £4 million, which is the amount that has been removed from the Department's baseline budget in anticipation of levy receipts.

The Committee for the Environment received a briefing from the Department on 2 February 2012 at which it outlined its proposal that the levy be set at 5p in the introductory year, rising to 10p from April 2014. The Committee followed up on that by receiving a briefing from a delegation made up of the Northern Ireland Independent Retail Trade Association, the British Hospitality Association and the Northern Ireland

Retail Consortium. The delegation indicated that a significant reduction in single-use carrier bags could be achieved with a relatively low charge. It highlighted the fact that the Welsh Government introduced a mandatory charge of 5p in autumn 2011 and early indications are that it has resulted in reductions in usage of over 80%. The fact that the evidence from Wales suggests that the 5p charge has had a huge impact on the environment through the reduction in single-use carrier bags further calls into question the Department's decision to increase the levy to 10p in April 2014.

Of particular concern to the Committee was the suggestion that the initial levy would encompass bags made from plant-based or natural materials such as cornstarch. Those bags are generally considered to be an acceptable and environmentally friendly alternative to regular plastic bags. In fact, many councils issue them for disposing of biodegradable waste. The Committee is worried that this will give out a mixed message.

Similarly, the Committee is concerned about the proposed extension of the levy to lower-cost reusable plastic bags in the second phase of the levy in 2014. The Committee recognises that there is a risk of people increasing their use of lower-cost reusable bags and that that might have an impact on the environment. However, what exactly is a lower-cost reusable bag? How that is defined in legislation will need to be carefully considered, and the Department must make sure that it gets its message across to retailers and consumers alike, so that there can be no misinterpretation of the levy, which is about reducing the environmental impact and is not a means of raising revenue.

An important part of the introduction of the levy will be how it is communicated to the public. It is essential that the Executive play a full role in communicating how and why the scheme will operate. It is vital that the potential for confrontation at the supermarket till is eliminated. That can only be done with the correct message being delivered to the public.

I will touch briefly on the exemptions that will apply to the levy. The Committee encourages the Department to look closely at the exemptions that operate in Wales, which cover a range of areas, including unpackaged food, mail order goods and the supply of medical products. Once again, it is imperative that those exemptions are

effectively communicated to the public to avoid further confusion and confrontation.

The Committee for the Environment recently embraced the latest technology by becoming the first Committee to launch a blog on the Northern Ireland Assembly website. We used the blog to ask for comments from the public on the proposals for a single-use carrier bag levy. The blog ran for two weeks, and a number of comments were posted. The vast majority of the comments were in support of a levy but for the right environmental reasons. Some comments also focused on the exemptions to the levy and asked for them to be extended to include bags made from recyclable and natural materials. I put on record the Committee's appreciation to those who took the time to post their comments on our blog.

The Committee for the Environment wishes to see a reduction in the consumption of single-use carrier bags and ensure that everyone enjoys the benefits that that will bring to our environment. Although the key thrust of the Committee's motion was to encourage the Minister to keep environmental impacts to the fore as he introduces and manages the levy in Northern Ireland, the Committee supports and welcomes the amendment as a further indication of how that might be achieved.

If I may, I will say a few words as a Member for South Belfast. The concept of introducing a levy on reusable bags to fund the Department's environmental programmes is fundamentally flawed, particularly in light of the £4 million deduction from DOE's budget in anticipation of the income from the levy. It sends out a message to the public that the Department does not see allocating funding to protect and improve our environment as a priority, and that is the wrong message.

11.45 am

Moreover, it is anticipated that the first year of levying at 5p a bag — from April 2013 — will yield revenue of only £1.5 million, and it falls to the Minister to bid through monitoring rounds for money to fill the deficit. If a bid is not successful, we face cutbacks in the protection of our natural environment that impact on all our daily lives. It seems that the Executive are prepared to fund environmental projects only when extra money is found through levying reusable and environmentally friendly bags. That is a far cry from the actions of our counterparts

in Wales, where businesses donate money raised through the levy on plastic bags to fund local charities and organisations to instigate environmental initiatives —

Mr Principal Deputy Speaker: I apologise to the Member: the clock was not set, so you have one minute left.

Ms Lo: I have one minute left? OK.

Those initiatives complement existing statutory environmental programmes.

The levy must be seen primarily as a means of discouraging consumers from throwing away millions of plastic bags every year. That increases our carbon footprint, and disposing of the bags damages our environment. The levy should not be used as revenue to pay for the very important duty that DOE exercises to safeguard and enhance our environment. I look forward to the rest of the debate.

Mr Kinahan: I beg to move the following amendment: Leave out all after the first "environment;" and insert

"calls on the Minister of the Environment to clarify the scope and type of carrier bags that will be subject to charging and to confirm that the list of exemptions will include environmentally friendly reusable bags; and further calls on the Minister to take into consideration the concerns of the retail trade, so that the method of collecting the charge, the size of the charge and the point at which the charge is collected are all taken into account."

I welcome the motion, as it was something that I put forward when I was on the Committee. There were so many differences on matters that we wanted to discuss that I felt that a motion was the way forward. However, when this motion was tabled, I felt that we could do a little bit better and expand on it with our amendment.

We must remember, as the motion indicates, that we have to strike a balance between the environment and taxation. We need to know from the Minister today the size of the tax, exactly how it will be levied and how it will be paid for. The more I looked at the motion, the more I felt that we needed the amendment. The motion is right to state that we want to see a clarification of the charge so that it benefits us and the environment first, as that was the intention of the original Bill. I call on the Minister to confirm that that will still be the case.

Think about the litter on the ground — plastic bags and other single-use bags — and the damage that it does to birds and wildlife that choke on it. Think about the litter that we see in our hedges, our rivers and our lakes. I think that it was two years ago that 11 lorry loads of litter were taken out of a corner of Lough Neagh. On Ram's Island, I was involved in collecting 36 bags of rubbish. I wish to point out that that rubbish was not all made up of bags: it was bottles, crisp bags and masses of other things, so perhaps we should look in time at a tax on one or two other things or at becoming better at recycling and dealing with our waste.

The Ulster Unionist Party tabled the amendment so that we might expand on what is being discussed today, and I am glad that the Chairman of the Environment Committee has accepted it. We really wanted to clarify the scope and type of bags involved. What types of single-use bag are we looking at? There are plastic bags, biodegradable plastic bags, paper bags, hessian bags and cloth bags. If we take cognisance of the research paper that came out in February 2011 when I was on the Committee and keep it in mind that the intention is to limit damage to the environment, we will know that paper bags are worse than plastic bags. They take four times as much energy to produce, and, of course, there is the deforestation that comes with cutting down trees or using pellets. Turning the pellets into paper produces toxic materials. There is also the fact that paper bags generate 70% more waste and 50 times more water pollutants. On a smaller point, it takes seven lorries to carry as many paper bags as you can carry in one lorry of plastic bags. You then think of the pollution that goes with all the lorries moving everywhere. So, the Minister should really also target paper bags.

We should not forget that plastic bags take between 400 and 1,000 years to decompose and that many different conditions come into how different bags decompose. We should also keep it in mind that, although cloth bags are much better for the environment, you can only get 30,000 cloth bags in a 20-foot container, whereas the same container holds 2.5 million plastic bags. We have to keep all that in mind when we think about how to protect the environment. We also have to keep recycling in mind and consider which bags are easier to recycle. When you recycle plastic or paper, you are, of course, halfway there, as that causes less damage to the environment. That is partly

why we wanted to table the amendment. We wanted to reiterate those points and make sure that we really look at how we can protect the environment.

I also want to touch on the list of exemptions to see whether environmentally friendly, reusable bags will be included. They should not be. The Chair of the Committee touched on the Welsh exemptions, and they do not charge for cloth bags, jute bags, cotton bags, hessian bags or the permanent black bin bags that we all rely on so much. They have other exemptions, and I want to touch on a few of those. They include bags for unwrapped food items; bags for seeds and bulbs; bags for uncooked fish and poultry; bags sealed before the point of sale; bags containing live aquatic animals or fish, such as goldfish at fairs; bags used for mail order purchases; and many more. I would like to hear from the Minister whether we will adopt all the same exemptions or have some ideas of our own.

We in the Ulster Unionist Party want to make sure that we protect the environment first and then make the whole system work. However, we are concerned about the retail trade, as the levy will impose an extra burden on a trade that already suffers high fuel prices and many other things. We need to keep all that in mind. We could maybe even look at having graded charges depending on a business's turnover or no charge at all if a businesses' turnover is at a certain level or below. We also want to know how the levy will be charged. Will it be charged at the till or, as some wanted originally, at the source, when companies such as Tesco or Asda are buying the bags in bulk? They would then share the cost over everything else that they sell. How will we advertise it and get the message to the public and the shopkeepers? Will the Minister look at a pilot scheme, or will we go straight in across the whole of Northern Ireland? How will it be collected? Will it be HMRC, Land and Property Services or our poor councils, which are already overstretched without any more resources? How will we enforce it? Will it again be the councils, which have the responsibility for food safety, or the NIEA, which is also stretched? How will the resources be put into those bodies?

If I can take you back to how we actually got here, I remind you that it was the Climate Change Act 2008 that gave us this power and that the Ulster Unionist Party has always been behind the driving principle that we must try to

save the environment. I also remind you, as the Chair of the Committee has done, that there is a hole in the budget and that we need money from the tax on plastic bags to pay for work on our rivers, the marine environment, heritage, non-governmental organisations (NGOs) and much more. We have to be very clever in how we make it work, and I look forward to hearing how the Minister thinks the levy will achieve both aims of looking after the environment and raising enough money.

We should keep it in mind that we were using 246 million plastic bags and the hope was to get that down to 40 million before the Bill changed its title and exactly what it would do. We are also told that it will cost £820,000 to administer. There are a lot of things that we want to know more about, and that is why we put our amendment forward.

We want to see things getting better for the environment in Northern Ireland. We should charge for plastic bags and paper bags. Maybe we should charge a bit less for reusable and recycled bags and not charge for those that are better for the environment. There is a great deal we still want to know, but we want to see a better environment. I like the idea of raising funds for charities, particularly those that help the environment. We should look at that. So, I move the amendment.

Mr Weir: I welcome the motion. I will deal with the amendment first. It is a little unusual for a party to table an amendment to a Committee motion. I am not quite sure about the exact necessity for that because I felt, in many ways, that the points raised by Mr Kinahan could be brought out in the debate. However, the DUP favours the broad sentiments of the amendment and, from that point of view, would be happy to support it.

In the previous Assembly, of which I and many others were Members, we agreed to bring this matter forward through legislation, people rightly saw it as a win-win opportunity. Principally, the purpose of this is environmental. It is about changing cultural behaviour and, therefore, impacting in a positive way on the environment.

Concerns were raised about revenue generation. I do not have such concerns. If this is, to a certain extent, a tax on bad behaviour, ring-fencing it into environmental concerns and having additional income going into the Department on that basis is worthwhile. We have to be careful,

though, to ensure that the primacy of any scheme is in tackling environmental problems. It is about changing cultural behaviour.

Mr Kinahan highlighted the length of time that plastic bags survive. I choose an example that may resonate from a historical point of view: if plastic bags had existed in those days and King Billy had come across the Boyne with one, it would still be degrading today. Indeed, if William I had had one at the battle of Hastings, it is quite possible that even it could be in existence. That gives you an idea, to some extent, of the scale of the problem.

A key issue also is to ensure that we get this right. If we take the principal driver as protection of the environment, the crucial point becomes the exemptions and what is practical. Reusable bags were mentioned. I practise what I preach: on the rare occasions that I go shopping I make sure that I use a reusable bag. We have to ensure that they are treated in a different fashion. That can be drawn clearly in legislation. Penalising people who are simply reusing a bag and treating it in the same way as other bags would be rather foolish.

Indication must also be given from the practical point of view of, for example, the hot food industry. It is perfectly practical for me to go to a supermarket with the same bag. I cannot go to any of the popular hot food carry-outs with the same plastic carton as I used on the previous occasion. That is simply not practical. So, we have to make sure that there are not undue burdens on particular industries, and the fast food industry is, obviously, one that we need to look at. There is also a range of other concerns, which I assume the Minister will address, such as prescriptions, where there is a certain need for privacy, and a range of other exemptions.

As the Chair indicated, there are good examples of where this has been brought in. Wales is often used as a model, and, to a large extent, it provides useful guidelines. I would just be a little cautious that we do not take everything wholesale. One concern raised by a major supermarket is that, in the Welsh situation, using plastic bags for their online sales is not explicitly covered by the legislation. They do not charge for bags online but do charge for bags in stores. So, we need to ensure that there is clarity and consistency.

12.00 noon

We also need to ensure that, from a pricing point of view, this does not become an additional tax on the poor. Concerns have been raised that this may disproportionately hit the poorest. Therefore, we need to make sure that we have something that is simple and straightforward.

Finally, on the same vein, we need clarity on how this is going to be done, from the retailer's point of view and from the Government's point of view. I look forward to the Minister's remarks on that. We need a simple system: one that is easily collected; one that is difficult to evade or avoid; and, therefore, one that bears that dividend. The real dividend that will be shown, and how successful this will be, is how it changes consumer attitudes and behaviour.

Mr Principal Deputy Speaker: Please bring your remarks to a close.

Mr Weir: If we can lead to fewer bags being out there damaging our environment, the Assembly can say that it is a job well done.

Mr Boylan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I rise to speak in favour of the motion and the amendment. When I looked at the amendment, I was slightly concerned, but I think Mr Kinahan has brought it with genuine interest. I am willing to support it on behalf of the party.

As we know, there is consultation ongoing on the process. With your indulgence, Mr Principal Deputy Speaker, I brought in a white plastic bag, just in case I would offend anybody. What started out as a simple process of trying to reduce the use of plastic bags has turned into a complicated Bill. However, the Minister might disagree with that. There is confusion out there in relation to reusable bags, and the Chair and other Members have touched on that matter. We need to get the message out to the industry and the consumer of exactly what we are trying to do. We need to send across the message that this is a levy as opposed to a tax, and it is about the reduction of the usage of plastic bags. That was my colleague's intention when he brought forward the Bill in the first place. It has changed somewhat, but we are certainly in favour of it.

There are a couple of key issues, and Members have mentioned some already. I would like to talk about the charges and collection. Minister,

I was looking at one thing in the consultation paper in relation to regulation 2, which is about interpretation. I am concerned. I do not propose to read it all, but, at one point, it says that sellers may choose to charge customers more than the minimum amount and that the proceeds of any additional income will not be forwarded to the Department. The whole aim of it is to have a small charge, but it is also to eradicate the use of these bags. I would like to hear your thinking in relation to that, because I think that that is going in a different step. I would like to hear your thinking on why that is in the consultation document.

There are concerns about the collection. The council has been on to me and would like more clarification on that. I understand that there is consultation ongoing, and we await a synopsis of the responses coming to the Committee.

In relation to the exemptions, the Welsh model is a good model, but I agree with Mr Weir that we should not go down the route of all of that. Pharmaceutical companies have raised issues and want more clarification. There is also the issue of hygiene and fresh foods and cooked foods. Obviously, there have been responses from those groups in relation to that. Maybe the Minister has been contacted by those groups and has had some communication with them.

The key element for us as a party is the revenue that is generated. We would like to see any revenue that is generated put back into environmental projects. That is the main aim of it. We would not like to see it just put in a pot. We feel that the Minister should come out clearly and identify the revenue that is generated and address the issues of environmental impact and environmental concerns.

Mrs D Kelly: I welcome the opportunity to speak in the debate on behalf of the SDLP. I lend my party's support to the motion and to the amendment tabled by the Ulster Unionist Party. Concerns have been raised across the sector. It is right and proper that they are addressed, and I am confident that the Minister will do so during the course of the debate.

The Committee Chairperson clearly set out the concerns that arose as a result of the consultation that the Committee carried out on the Assembly website by way of the blog. I support the Chairperson in establishing that the sole thrust of the legislation is the

environmental initiative and that it is not designed to generate income. I am sure that the Minister will speak further on that matter. It is an opportunity for all parties in the Assembly to set out their green credentials in relation to protection of the environment and, therefore, I look forward to future contributions from other parties supporting the establishment of national parks and the Climate Change Bill. That will be a greater test of parties' environmental credentials than the single-use carrier bag levy.

It is interesting that, over the weekend, there were reports of some five tons of litter being left at a beach in Comber. That is absolutely disgraceful and shows that there is a great need for cultural change right across our society in relation to litter. This initiative will be something of a cultural change in shopping practices, but there is a greater need for enforcement and change to the culture of society in the North that thinks it acceptable to leave litter lying around public spaces.

There are a couple of other points that I would like to raise with the Minister. I hope that he will respond to them. I believe that many of the retailers' associations have raised a number of concerns and there is a need for clarification as to the duties and responsibilities that the legislation will place on retailers, particularly with regard to enforcement and record-keeping. We all know how difficult it is for retailers, particularly small retailers struggling with the current recession. I urge the Minister to take a light-touch approach towards enforcement and record-keeping.

I want to mention the issue of the £4 million of revenue that was not raised in the Budget this year because the legislation has not yet been approved. What impact will that have on the Department's budget, given that the £4 million was included in the past year's financial delivery plan? Perhaps the Minister will say something about that. I hope that members of other parties, in speaking to their Executive colleagues, will urge them to support the Environment Minister in meeting any shortfalls that he highlights in the June monitoring rounds and other monitoring rounds that are coming up over the course of the year ahead.

Many Members have spoken of the need for this legislation to be seen in the context of a wider initiative in protecting the environment, energy efficiency, sustainable economy, minimisation of

waste and efficient use of resources. I hope that the Minister will lay out very clearly that that is the thrust behind this legislation and I look forward to the clarifications that the Minister and the Department will offer in the summation of the debate.

Mr Campbell: I join with other Members to support both the motion and the amendment, however unusual the timing.

With regard to the background of this issue, there was a broad consensus, which I think remains, regarding the pollutant nature of plastic bags. That transcends all sectors of society. People want to see action taken. The genesis of the Bill was to try to address the problem of the 240 million plastic bags that are in use, the potential harm that they cause to farm animals and their general unsightliness. However, I am afraid that the consensus started to break down when we ran into the issue of whether it was purely an environmental consideration or whether it was a revenue-generating scheme dressed up as an environmental approach. Many in the community are still coming to terms with how it will pan out in that respect. The Member for Upper Bann and others referred to what will be done with the £4 million revenue that will, potentially, be generated and how best that should be utilised. I remain to be convinced of the extent of the revenue that will be generated, as, I think, do many others. Therefore, we await the Minister's deliberations on the £1.5 million from the initial year, how revenue will be generated thereafter and what the net effect will be.

Much reference has been made to the Welsh model. Most comments were supportive, and Members saw it as beneficial. Many people want any net benefit of the levy to be diverted to good causes so that it becomes a genuinely environmental approach from which those across society benefit. However, the Minister must address the issue of online sales, which my colleague and friend from North Down Mr Weir raised. I do not know what the Minister's view is on that, and, hopefully, he will respond. The Minister would be in a win-win position if he addressed this issue, perhaps even going beyond simply treating everyone equally and giving the high street a boost by asking its shops to pay less tax than online stores. Their sales are increasing year on year, much to the detriment of the high street.

Many fresh food, vegetable and meat sales in Northern Ireland's high streets will be significantly hit by the tax on plastic bags. It will also add unnecessary bureaucracy, albeit minimal. Hopefully, those matters will be addressed. There is broad consensus, although there is a bit of concern and uncertainty about how the net proceeds will be spent. Hopefully, we can get clarification on that today.

Mr Hazzard: Go raibh maith agat, a Phríomh-Leas Cheann Comhairle. As a member of the Environment Committee, I welcome the opportunity to speak on this motion and, indeed, support it. We all recognise the growing awareness of the amount of waste that we continue to produce. Indeed, carrier bags have become symbolic of that problem. In the North of Ireland, we use more than 200 million carrier bags every year, and the environmental impact of such blasé reliance is severe. That includes carbon dioxide emissions and the air and water pollution associated with their production, as well as the cost of removing discarded bags from public spaces and disposing of them.

For much of the past decade, people have been asking what could be done to reduce the environmental impact of our reliance on the plastic bag and what supermarkets and shops should be doing about it. In my opinion, the answer is quite straightforward. We need to create less waste, which means that we have to reuse bags and remember to bring bags with us when we go shopping. For supermarkets and shops, it means encouraging us to bring our own bags while using the fewest resources and least energy to produce the bags that they give out.

Those are the broad principles that gave rise to my party colleague Daithí McKay's private Member's Bill, which the House passed as the Single Use Carrier Bags Act last year. At that early stage, the introduction of a levy on single-use carrier bags was aimed exclusively at their environmental impact. However, as the commercial dynamics of the levy evolved, it has been viewed by many as a catalyst for creating additional revenue for the Department and not the environmental check and balance it was intended to be.

Increased environmental protection must be the primary motivation for such a carrier bag levy. Moreover, any funds raised should be invested in that. We also need further clarity, and an effective communication strategy, on

the Department's plans to extend the levy to reusable bags and, indeed, to those bags viewed as environmentally friendly.

12.15 pm

Some Members have previously expressed the desire for biodegradable bags to be exempt from the levy as they are held by many to be the answer to the problem. However, even that is a very complex situation, because, to a large extent, biodegradable bags can also have a serious environmental impact. Our landfill sites are not designed to break down our waste products effectively; they are more an attempt to hide society's excesses, which, unfortunately, means that even biodegradable products take years to decay. Even when they do, they release levels of methane and carbon dioxide that are inconsistent with our attempt to reduce greenhouse gases. Most biodegradable plastics will not decay at an acceptable rate in compost systems. In fact, it is said that they could take up to five times longer to do so than food and garden waste. Biodegradable plastics can go unnoticed in recycling systems and, as a result, they regularly contaminate an entire quantity of recycled plastic.

Clearly, there are complex problems around the issue. I share the concerns of previous Members who spoke that mixed messages will be delivered to the public and that our hedgerows and rivers will become strewn with biodegradable bags that do not decay overnight and, indeed, will be just as destructive to the environment that we are trying to protect.

Like the Committee Chair, I agree that the Department must ensure that any confusion and potential conflict is nullified and that the environmental context of the levy remains at the forefront of the Department's plans.

Mr Beggs: I, too, thank the Chairperson and members of the Environment Committee who tabled the motion. It is healthy to have this debate on the Floor. However, I am pleased that my colleague brought forward an amendment, which, I believe, improves the motion. From listening to what everyone has said, it seems that that has been widely recognised. Although it might be unusual to amend a Committee motion, surely it is correct to do so if it brings about improvement, and it has been widely recognised that this amendment has improved the motion to a wider basis.

There was a danger that the tax on single-use bags would get caught purely in the focus of a tax-raising capability. Therefore, it is important to widen the motion and refocus it on where the need arose and on the original purpose, which was to address the misuse of the frequently disposed single-use plastic bags that litter our countryside. As someone who has taken part in a number of beach cleans, I am well aware that, ultimately, many plastic bags go down our streams and rivers and end up on our beaches at a time when we are trying to improve the environment and encourage tourists to come and enjoy our wonderful environment. It is important that we focus on the environmental aspect of the purpose behind the levy, and I am pleased that the motion and amendment have helped to do that.

Originally, there was talk about a green new deal. Of course, that has gone by the wayside. No funding from this issue will go towards the green new deal as there is no proposal for a green new deal at present. In any case, I am concerned about the economics and the figures that are coming out. The administrative costs will be £820,000 a year. Surely, we must look at that very carefully to see how we can better manage such a proposal so that we are not simply raising money for more bureaucratic systems. We need to do better than that.

I agree with the content of my colleague's amendment, in that we need to look very carefully at which bags are included. If we are going to simply place a levy on every bag without any thought, including reusable bags, there is the danger of a very mixed message being sent out. I, too, support the concept of looking more closely at the practice used elsewhere, particularly the Welsh model that was mentioned by a number of Members, in which very careful consideration is being given to environmentally friendly reusable bags so that there is a clear focus on them and that the producers of those bags are not penalised. Where it is possible to make reusable bags, we should not tax them, because there may be some additional costs in their manufacture. By looking at very careful practices elsewhere, it is possible to refocus on what is happening here.

When I was researching for the debate, I was interested to discover that it is projected that 242 million plastic bags will be in use in 2012. However, by introducing some sort of levy, that could drop to 40 million, which is still a

considerable number. Clearly, the use of 242 million disposable bags is unacceptable, and there is a need to bring about improvement. Nevertheless, there is a need for certain bags; mention has been made of fresh food, etc. Clearly, some items require disposable bags and bags that do not disintegrate when they come into contact with moisture. So, there will always be exemptions, and I think that those were going to be in the original proposal. The area clearly needs to be looked at more carefully.

Also, on the issue of administration, I have a concern about the undue burden that could be placed on smaller corner shops. Big supermarkets can reprogram their tills relatively efficiently and produce an extra button for this. However, what will happen to the small guy who is already working very long hours to survive in business against such large competition? It is very important that we do not introduce a system that results in more corner shops being closed. I suggest, for instance, that we look at introducing some thresholds if we cannot charge at source.

Mr Principal Deputy Speaker: Bring your remarks to a close.

Mr Beggs: We do not wish to put an undue burden on small shops. I support the amendment.

Mr Principal Deputy Speaker: The Business Committee has arranged to meet immediately upon the lunchtime suspension today. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The first item of business when we return will be Question Time. This debate will continue after the Finance Minister's statement, when the Minister of the Environment will respond.

The debate stood suspended.

The sitting was suspended at 12.21 pm.

On resuming (Mr Speaker in the Chair) —

2.00 pm

Oral Answers to Questions

Health, Social Services and Public Safety

Mr Speaker: Questions 4, 8 and 10 have been withdrawn and require a written answer.

Speech and Language Therapy

1. **Mr Sheehan** asked the Minister of Health, Social Services and Public Safety for an update on the speech and language therapy waiting list. (AQO 2076/11-15)

Mr Poots (The Minister of Health, Social Services and Public Safety): The agreed Health and Social Care target for speech and language therapy (SLT) provision is that no patient should wait longer than nine weeks from referral to commencement of treatment. As at the end of April 2012, 292 patients across Northern Ireland were waiting over nine weeks for their initial assessment, which equates to 11% of the total. The majority of those cases relate to the Belfast Health and Social Care Trust, with 139 patients, and the Southern Health and Social Care Trust, where a further 115 patients were waiting. To help to address the current SLT waiting times in the Belfast Trust, the Health and Social Care Board has made available non-recurrent support of £88,000 to reduce the waiting time from an 11-week average to nine weeks. It is anticipated that the nine-week maximum wait will be achieved by the end of September. The board has also provided non-recurrent support of £70,000 to the Southern Trust to help to address the current waiting times and to support the delivery of the nine-week maximum wait.

Mr Sheehan: Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra sin. I thank the Minister for his answer. I am sure that he would agree that, for children with communication difficulties, it is an enormous disadvantage to start school without having received appropriate speech and language therapy. In my constituency, the Twinbrook and Poleglass areas, in particular, have the longest

waiting list in the North. Does the Minister have additional plans to put more resources into speech and language therapy to ensure that children can overcome communication difficulties before they start school?

Mr Poots: In this instance, we have taken action to reduce waiting lists. In 2007, there were 326·1 whole-time equivalent speech and language therapists, and there are now 385, so there is a genuine commitment to speech and language therapy. We get really good value from our allied health professionals, and we need to support those services. The Department has recognised and demonstrated that that is the case. The additional funding for the Belfast Trust and the Southern Trust should help to clear the backlog and ensure that children are seen quickly and appropriately, with the vast majority seen within the nine-week target.

Mr Weir: In the past year, what progress has been made on waiting times for all treatments?

Mr Poots: From April 2011, no more than 50% of patients have waited for more than nine weeks. No patient should wait for more than 21 weeks for a first outpatient appointment. As at 31 March 2012, the number of patients waiting for a first appointment stood at 103,000. There was a decrease of 21,000 people — 17% — on the figure at the end of December 2011 and a decrease of 3,000 — 3% — on the number waiting at the end of March. So the figures are coming down. Of the total number waiting for a first outpatient appointment at the end of March 2012, 27·5% — 28,000 people — were waiting for more than nine weeks, and 5,900 were waiting for longer than 21 weeks. All in all, the figures are going in the right direction. Much work remains to be done, but we are making good achievements and progress.

Mr D Bradley: Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire as ucht a fhreagra. The Minister mentioned the number of personnel who work in speech and language therapy. Over the past three years, what percentage of SLT graduates have gained permanent employment as speech and language therapists in Northern Ireland?

Mr Poots: Our Department continues to support speech and language therapy students in the universities because we recognise that we will need them. Not all of them get a position after they leave university. Many of them will go to other countries, for example, to gain experience

and come back here at a later point armed with that experience. I cannot create jobs for the number of people who are coming out of university; what we need to ensure is that we meet the need. There is certainly an effort being made to deal with that and to have the need met. My focus and my challenge will be providing the appropriate number of speech and language therapists for those who need them.

Mr McCarthy: The Minister will be aware that last year his Department, along with the Education Department, disgracefully allowed an excellent speech and language therapy centre in Ballynahinch, the I CAN centre, to close. Does the Minister agree with me that, because of that closure, extreme pressures have been put on waiting lists for youngsters? In fact, the closure has deprived a number of those youngsters of the speech and language therapists that they were entitled to have.

Mr Poots: Perhaps I should let the Member know that it was actually two years ago that the centre in Ballynahinch was closed, and it certainly was not this Minister who allowed that to happen. In fact, in the last year, the Department of Education proposed to close another facility, and my Department objected because we have seven speech and language therapists in that facility. It is important that we maximise the services that we get from our speech and language therapists, and, therefore, in facilities such as that described, the I CAN in Ballynahinch or Knockmore in Lisburn, it is important that those services receive the appropriate support from both Departments. I can assure the Member that they receive that appropriate support from my Department.

Health Service: Royal College of Nursing

2. **Mr Durkan** asked the Minister of Health, Social Services and Public Safety whether he has had any engagement with the royal college of nurses to discuss the concerns raised in the recent survey on the state of the health service. (AQO 2077/11-15)

Mr Poots: I am aware of the comments made locally by the Royal College of Nursing (RCN), which draw on the data that the RCN used in its national survey, 'Frontline First'. I will meet the RCN in the near future to discuss a range of issues. We share a desire to ensure that

patients and clients have access to safe and effective services.

Mr Durkan: I thank the Minister for his answer. I wonder if he could inform the House what steps he plans to take to address the concerns raised by the RCN, particularly over our over-reliance on band 5 nurses.

Mr Poots: In terms of meeting the demands of the RCN, I will meet the RCN and have discussions with it, and they will be reasoned, sensible and rational discussions. Our nurse workforce is very important in the healthcare system, and we need to ensure that we have the appropriate staff carrying out the appropriate job. My view of the health service is that we need to upskill all our services, where that is possible. Over the last number of years, that has been happening with our cadre of nurses, and I would like to see that continue, so that we can get as much out of the nurses as possible in terms of the services that are provided. However, it is also important that we provide them with the support for doing that. If you ask someone to carry out more responsibilities, it is also important that they are paid accordingly. They will still come considerably cheaper than consultants.

Mr Campbell: I know that, later today, the Minister will respond to specific questions about nurses and other services in a particular part of Northern Ireland, but, in a general sense, can he give a response in terms of the numbers of nurses available in acute hospitals in Northern Ireland now, compared with when he took up office?

Mr Poots: I thank the Member for the question. There are currently 16,168 qualified nurses employed in HSC. Some of them are part-time, so that works out at 13,822 whole-time equivalents. That represents an increase of 1.3% in the whole-time equivalent from March last year to March this year, so there has been a significant increase in this period. Over the period of 2008-2012 there was a 0.6% decrease. So, in previous years, there had been a decrease in the number of nurses, and in the last year there has been an increase in the number of nurses. I greatly appreciate the work that our nurses do on the front line, saving lives on a daily basis.

Human Papilloma Virus

3. **Ms Ruane** asked the Minister of Health, Social Services and Public Safety for an update

on the human papilloma virus vaccine, including when the quadrivalent vaccine will be made available. (AQO 2078/11-15)

Mr Poots: In line with the rest of the United Kingdom, the quadrivalent HPV vaccine, Gardasil, will be provided for use in the HPV vaccination programme for girls in school year 9 from September 2012. There is no change in the programme for the current academic year, with Cervarix being the vaccine offered. The HPV vaccination programme remains very successful in Northern Ireland, and I urge all eligible girls to take up the offer of vaccination to help protect themselves against cervical cancer.

Ms Ruane: Go raibh maith agat as an fhreagra sin. Will the Minister update us on what he is doing to increase uptake of the vaccine?

Mr Poots: We will continue to press for a high uptake of HPV vaccinations. It has been a very successful programme thus far. The UK is the world leader, and Northern Ireland leads the UK in the number being tested. From 2012, HPV testing is being rolled out in England for the triage of women with borderline or low-grade cervical abnormalities and as a test of cure in those treated for abnormal cervical cells. We will watch and consider that work very carefully in due course.

The number of young people taking up the HPV vaccination has been excellent, and we will continue to press ahead with that. There will be a programme for those aged up to 18 who did not fall into the categories last year. We will encourage those young ladies to partake of the HPV vaccination.

Ms P Bradley: What is the latest update on the possible introduction of screening for HPV?

Mr Poots: The Public Health Agency prepared a report on proposals for introducing HPV testing into a cervical screening programme that was presented to the Northern Ireland screening committee (NISC) in January 2012. A final report from the PHA was received in April 2012, and NISC members have endorsed the report's proposals and recommended that HPV testing be incorporated into Northern Ireland's cervical screening programme. The one-off cost for the programme is estimated at £314,000 in year 1 and £122,000 in year 2. Officials are in negotiations with the Public Health Agency to see whether the costs can be met within the PHA's current programme

budget allocation. We also have a policy letter on the introduction of HPV testing in the Northern Ireland cervical screening programme that will be issued to the health service once we have agreed the approach and timing. We aim to issue that policy letter by June 2012, with an implementation date for HPV testing of sometime between October 2012 and January 2013. I trust this information is useful.

Mrs McKeivitt: The Minister mentioned that there was an extension to the programme for those who did not make it last year. Was that extension based on the success of the HPV pilot programme?

Mr Poots: Yes, it will be based on that success. It has been a very successful campaign. The treatment that we have eradicates the risk by such a high margin that we strongly encourage young women to take it up. We still lose too many people to cervical cancer, but something can be done about it, and something is being done about it. We can go so far in our actions, but we cannot force people to get a vaccination. I am delighted at the numbers that are getting the vaccination. I encourage others who have not got it up to now to get it, and I encourage those who have not had the opportunity to get it to do so at the earliest possible point.

Mr Kinahan: In 2009, the uptake for screening of HPV was 90%. Does the Minister have the figures for the intervening years?

Mr Poots: In the intervening years in Northern Ireland, the percentage uptake rates for all three vaccinations, as opposed to just a single vaccination, remained in the mid-80s, which is high compared with the rest of the UK. Although that is good, we will pursue higher figures because the vaccine is a real lifesaver.

Mr Speaker: Question 4 has been withdrawn.

2.15 pm

Health Service: Consultants

5. **Mr McNarry** asked the Minister of Health, Social Services and Public Safety what steps have been taken to deal with the shortage of consultants and the impact that this is having on health service delivery. (AQO 2080/11-15)

Mr Poots: Apart from the occasional vacant post in smaller specialities, there is no shortage of consultants in the health service. The

consultant workforce has grown steadily — by about 15% in the past four years — and the vacancy rate is comparable with other parts of the workforce. In line with the year-on-year increase in consultant numbers, turnover rates are also normal and have remained consistent, with very few reported problems filling vacancies at consultant level. The retirement or resignation of consultants in highly specialist areas can, on occasion, impact on service delivery, but such impact tends to be short-term. Trusts have the capacity, and I expect them to manage such situations effectively through, for example, changes to the job plans of other consultants, rotation, the appointment of locum consultants and, in exceptional circumstances, the use of an external locum agency.

Mr McNarry: I thank the Minister for his answer. Do I take it that he rules out considering any merit in using emergency weekend teams to deal with the waiting list backlogs that we are told about in specific trusts?

Mr Poots: Quite frankly, we have backlogs in a number of areas, such as orthopaedics, neurology and a small number of others. I will seek to eradicate backlogs where they exist. On some occasions, it would not be in Northern Ireland's interest to have a team that provided 110% of the service requirement. Very often, it is better to have teams in place that can deal with 90% or 95% capacity and to acquire that thereafter because it makes financial sense. We also need to ensure that the capacity of theatres is maximised so that all those who can make a real difference to people's lives have the opportunity to do so. I will continue to impress that on the trusts to ensure that that is the case.

Mr Gardiner: There are 95 unfilled consultant posts in Northern Ireland, including 12 in the Craigavon Area Hospital. Will the Minister tell us how many of those 95 posts are in accident and emergency, where there is a national shortage, and how many are in other specialisms in hospitals?

Mr Poots: The figure of 95 came from September 2011. It should be noted that, at March 2012, there were 84 more consultants, so a lot of those consultant posts have been filled. Four consultants have recently been appointed in Craigavon hospital, which continues to operate very effectively. Recent news showed that waiting times in that facility's emergency department compared very favourably with other

hospitals in Northern Ireland, so the Member can draw some comfort from that. Nonetheless, it should be said that attracting consultants to emergency departments is always more challenging because staff there work weekends or nights. Very often, the people who get that service do not show much appreciation. Sometimes, they show violence towards the people who care for them. People need to recognise that we, as a community, need to take a stand and say that violence or abusive language against hospital staff is unacceptable. When people go to hospital for care, they should treat staff with the respect and courtesy that one would expect in any other field.

Ms Brown: I thank the Minister for his answers thus far. Will he support trusts offering posts that require consultants to work part of their week at a smaller hospital?

Mr Poots: That issue has certainly come up on a number of occasions, and we need to ensure that our smaller hospitals can operate effectively and provide a good local service that is sustainable, safe and resilient. Asking consultants to work in more than one hospital is not in the least bit unreasonable. In many other fields of expertise, people are not dedicated to a single location and perform their services in more than one. I am very comfortable with the idea of trusts encouraging consultants to provide services for part of their time in some of the smaller locations.

Ms Gildernew: Go raibh míle maith agat, a Cheann Comhairle. I am delighted to hear the Minister's answer to that question, and I am glad that he is amenable to the idea. However, does he not agree that it should be written into contracts that consultants spend some of their time in regional hospitals to ensure that what happened a number of years ago, when obstetrics and gynaecology had to close in the Erne Hospital because of a lack of consultant cover, does not happen again?

Mr Poots: Through 'Transforming Your Care', we wish to create centres of expertise, with more people treated locally. For example, we may have a centre of expertise on diabetes that is not local, but 85% of people with diabetes will still be seen in a local facility. Therefore, it is incumbent on us to ensure that the people who are seen in that local facility are seen by capable staff. Although consultants may not normally work on more than one site, that can

happen, and, in my opinion, it should happen where it is the appropriate level of care. It is a matter for the trusts to negotiate in the contracts with consultants, and they should make that clear when they advertise the positions and engage to ensure that we fulfil 'Transforming Your Care' by taking as much care close to the person's home as possible.

Alcohol: Minimum Pricing

6. **Mr Craig** asked the Minister of Health, Social Services and Public Safety for an update on plans to introduce minimum pricing for alcohol. (AQO 2081/11-15)

Mr Poots: I have no doubt that the price at which some supermarkets sell alcohol, which is sometimes cheaper than bottled water, is damaging to individuals, communities and families. Therefore, I am determined to take action to address the affordability of alcohol. I believe that that is vital. Alcohol is 67% more affordable than it was in 1980. My Department has been working closely with the Department for Social Development, and together we led a joint consultation on the principle of introducing minimum unit pricing in 2011. We are now commissioning research to model the likely impact of minimum unit pricing in Northern Ireland. That research is essential and will help to inform our future decisions in this area. It will also allow us to bring forward proposals that will have a proportionate and positive impact on physical and mental health and well-being in Northern Ireland. However, minimum unit pricing is only one part of our approach to the issue, and it is important that we take a range of actions to address alcohol misuse across the population.

Mr Craig: I thank the Minister for his answer. I hope that he will also take on board the experience in Scotland, where, after consultation with the police, the minimum unit price was increased. What other parallel actions will the Minister take to try to reduce this blight on society?

Mr Poots: A number of Departments are working across the issues, and the management and monitoring of clubs and the happy hours create problems in themselves. I was speaking recently with people who work in that sector, and they indicated the problems that they face with, for example, people arriving at their premises at 11.00 pm already well inebriated. They also have to deal with other problems such as fights

and people leaving the bars and causing disturbances. An awful lot of that is a consequence of people having already consumed in their home large amounts of alcohol supplied cheaply by supermarkets and off-licences. The consequences are very damaging, in that people take far too much drink. Drink is not a social thing; people are drinking to be drunk and are doing their body real damage as a consequence.

Mr Copeland: Minimum alcohol prices have been set in other parts of the United Kingdom. I believe that in England it is 40p and in Scotland it is 50p. There is a suggestion, seemingly, that the minimum price here will be between 45p and 50p a unit. What criteria were used to arrive at that figure?

Mr Poots: We could charge anything up to 70p a unit. The higher the unit price, the better the results, probably. In the first instance, however, it was suggested that we should not go all the way at the outset and should make it very clear that it is something on which we intend to take action. I recently saw a leaflet offering two two-litre bottles of dry cider for £2.50 and 500 millilitre bottles of vodka for £1. Those prices will incentivise people who do not have much money to drink until they are blitzed and absolutely drunk and do real damage to their body and to their liver and lose control of their own actions. The sale of alcohol by those organisations, companies, supermarkets and businesses at such a low price will have really damaging consequences for the health of our community and for the justice system, and they really should hang their heads in shame for making offers like that to the public. I will not advertise those companies by naming them.

Mr Rogers: I thank the Minister for his responses thus far. When does he expect the research to be completed? Have any scoping exercises been carried out in Scotland or elsewhere that would help to determine the impact of this proposal?

Mr Poots: Yes, scoping work has been carried out in Scotland. We have been working quite closely with the Scots. I have met Nicola Sturgeon on the issue, and she knows that she has my support in what she is doing. I have also met colleagues in the Republic of Ireland and have been very encouraged by the work that they are doing. We have agreed to move forward so that one country is not ahead of the other,

and we will seek to introduce the measure as close to simultaneously as possible. That is very important.

The research work will be completed later this year. It is absolutely vital that we have that research to sustain us as we move forward to a public consultation and the introduction of legislation. The Scots are that bit further ahead of us, and we will learn from their experience and the challenges that they face as a consequence of that and will work closely with them.

Skin Cancer

7. **Mr McQuillan** asked the Minister of Health, Social Services and Public Safety what actions he has taken to reduce the number of deaths from skin cancer. (AQO 2082/11-15)

Mr Poots: In July 2011, my Department published a new 10-year strategy aimed at reducing the incidence of skin cancer and deaths from it in Northern Ireland. This strategy focuses primarily on the prevention and early detection of skin cancers. A multidisciplinary implementation group has been established by the Public Health Agency to ensure delivery of the strategy action plan.

One of the factors linked to the rising number of skin cancer cases is the increased use of sunbeds. On 1 May 2012, I introduced new subordinate legislation making it an offence to allow anyone under the age of 18 to use a sunbed on commercial premises or to hire or sell a sunbed to someone under 18. My Department has also endorsed updated NICE guidance on improving outcomes in people with skin tumours including melanomas. The health and social care sector is expected to take account of the guidance in the delivery of services to patients with skin tumours.

Mr McQuillan: I thank the Minister for his answer. How widespread is the problem of skin cancer, and how many deaths are caused by it every year?

Mr Poots: Sometimes, people do not take skin cancer as seriously as they should. In Northern Ireland, melanoma cases have more than trebled, from 80 cases in 1984 to 282 cases in 2009. The latest mortality figures for 2010 show that there were 66 deaths from the disease, compared with 30 deaths in 1998. Therefore, I encourage people to take seriously the Public Health Agency's messages on these

issues and ensure that they have protection. In particular, young people should not be next to or near sunbeds.

2.30 pm

Office of the First Minister and deputy First Minister

Mr Speaker: Question 13 has been withdrawn.

Social Investment Fund

1. **Mr Durkan** asked the First Minister and deputy First Minister what is the estimated date for the publication of the finalised social investment fund zones. (AQO 2091/11-15)

3. **Mr Storey** asked the First Minister and deputy First Minister how educational underachievement will be addressed by the social investment fund. (AQO 2093/11-15)

Mr M McGuinness (The deputy First Minister): Mr Speaker, with your permission, I will group questions 1 and 3 for answer.

The proposals on the formation of social investment zones received Executive approval on 17 May 2012. Following that, we announced the zones, along with other proposals that allow the fund to become operational. Details are on the Office of the First Minister and deputy First Minister (OFMDFM) website.

There will be nine zones in total: four in Belfast, based on Assembly constituencies, and one in Derry, with the four remaining zones to follow health trust boundaries. The issue of the zones featured strongly in the consultation responses. We have considered all the views and opinions that were expressed and we are confident that the final choice made is the right one to allow those most in need to benefit fairly from the fund. Of course, not all areas in a zone will receive funding. However, those that can identify and evidence objective need will benefit. The strategic objectives of the fund are to support communities, build pathways to employment, tackle the systemic issues linked to deprivation, increase community services and address dereliction. Educational underachievement may be considered under the objectives focused on building pathways to employment and tackling systemic issues linked to deprivation.

It will be for communities, working through the steering groups, to identify, prioritise and evidence need and to propose associated interventions for inclusion in their area plans. Now that the final operational decisions have been reached, our main purpose is to get moneys on the ground as quickly as possible and to establish the structures that are needed to do that. I assure you that we are working to make this happen. Our officials will very soon hold a series of public seminars to provide further information on the fund and advise on steering group formation, following which a nomination and selection process for steering group membership will commence.

Mr Durkan: I thank the deputy First Minister for his answer and welcome the identification of these zones. Can he give an estimate as to when the first tranche of these moneys will be released from the Department into the communities?

Mr M McGuinness: We are obviously conscious of the pressures that are clearly out there. Processes are in place to establish the steering groups and to develop the plans in a way that will see delivery on the ground. It is important that we all recognise the need to engage in a sensible way with local communities and to ensure that, in engaging with them, we identify projects that will add to the many other processes and projects that are in place through other Departments. So, producing and delivering against comprehensive, needs-based, strategic area plans is the ultimate goal, but we recognise that zones will need support to get to that stage. Our aim is to have some form of steering group, whether that is a collaboration of existing structures or something completely new, to oversee the development and co-ordination of such plans.

The steering groups will consist of a maximum of 14 members drawn from four key sectors: community and voluntary, political, statutory and business. We recognise that communities will have differing levels of capacity. Some will require additional support to help identify the priority needs and develop proposals to tackle them effectively. That is the primary reason for the technical assistance element of the fund, and it is absolutely essential that we get that right. Only when that is right and there is a proper relationship between projects proposed on the ground coming through the steering groups, can we ensure that the funding is going

to them. I suppose that the timing of the funds going to projects will depend on how quickly we get the steering groups established and how quickly they engage with the local community.

Mr Storey: Will the deputy First Minister explain to the House that if underachievement has been identified by his Education Minister and by the Executive as an issue that needs to be addressed, how does that square with the decision to remove funding from areas such as the Achieving Belfast project, which was clearly dealing with underachievement? Given that he said that underachievement “may be” addressed, will that be re-addressed and dealt with under the fund that he referred to?

Mr M McGuinness: Obviously, some of the question that has been put to me would be more appropriately put to the Minister of Education, but I understand the point that has been made. When decisions are being taken on how funds will be used, particularly in the context of how we address educational underachievement, it will be very important that people who can identify what might be a gap in particular areas put that forward through the steering groups so that the issue can be addressed and financial support can be given. Whether we can go all the way towards meeting what might be a gap in funding for the type of projects that you raised will be a matter for some consideration when the final decisions are taken on what size of funds will be given to the projects that are being proposed at grass-roots level.

Mr A Maskey: Go raibh maith agat, a Cheann Comhairle. Obviously the Minister is aware that there is concern in some communities about getting money out onto the ground, and there is a process that has to be gone through. Has the Minister given consideration to allocating any funds to groups that, in the first instance, meet the strategic objectives of the fund but which might also form part of the area plan proposals in advance of the area plans being agreed?

Mr M McGuinness: The Member has raised an important point, and I reassure him that we will put in place mechanisms to allocate money for technical assistance as quickly as possible so that areas can proceed with assembling their plans. We recognise the need to be flexible to the needs and capacities of individual zones and that some areas may be in a position to have plans in place earlier than others. Therefore, we are looking to develop

possibilities that will allow these areas or projects to receive early funding and not be disadvantaged or held back while still giving sufficient time to those areas with less capacity to ensure that they get the full support that they need. In addition to that, the point that he made about funding projects and plans that are likely to meet the strategic objectives of the fund is under very active consideration.

Mr Cree: On the question of membership, has consideration been given to offering a place on the social investment fund groups to members of local area communities?

Mr M McGuinness: Yes, that is very important if this is to succeed in the way that we would like it to succeed. It is very important that community groups are fully represented and that we are dealing with the issues that are coming up from grass-roots level. That is the beauty about this fund. We are saying to communities that we are absolutely willing to work with them to identify the issues that they think can make a difference to their local community. Given the level of interest in the SIF, many community groups will be searching to find how they will play a role. We are determined that they will play a role and that this approach will be inclusive.

Integrated Education

2. **Mr Lyttle** asked the First Minister and deputy First Minister for their assessment of the importance of additional investment and specific targets for increasing integrated education opportunities in promoting good relations and reconciliation. (AQO 2092/11-15)

Mr M McGuinness: Mr Speaker, with your permission, junior Minister Anderson will answer this question.

Ms M Anderson (Junior Minister, Office of the First Minister and deputy First Minister): Mr Speaker, with your indulgence, as this is quite likely to be the last time that I will fulfil this role, I will take the opportunity to thank you, the Deputy Speakers and your staff for the assistance that they have given me. I thank Members for their questions, and I thank Office of the First Minister and deputy First Minister officials for their help. I thank junior Minister Bell for the professional working relationship that I have had with him, and, in particular, I thank the deputy First Minister for his guidance. I thank our private staff members, particularly

Carol Morrow. Thank you for allowing me to say that, Mr Speaker.

We in the Office of the First Minister and deputy First Minister believe that creating more opportunities for sharing education can play its part in improving good relations among and for children and young people. We also recognise that the nature of our education provision means that the vast majority of children and young people of school age are educated in a single identity setting with little or no opportunity at all to meet and build relationships with their peers from other traditions or identities. The First Minister and the deputy First Minister have already shown their commitment to addressing that through our partnership with Atlantic Philanthropies, an investment of £4 million over a three-year period to encourage greater sharing in interface areas and areas of contested space. Many of the projects already under way involve early years provision, primary schools and post-primary schools, and we are already seeing evidence of very serious outcomes.

The Executive are committed to building a more shared learning environment. That is reflected in the Programme for Government, which commits to ensuring that, by 2015, all children will have the opportunity to participate in shared education programmes. There is also a commitment to substantially increase the number of schools that share facilities. The Programme for Government also commits to progressing work on the plans for the Lisanelly shared education campus site in Omagh and to establishing a ministerial advisory group to explore and bring forward recommendations to the Minister of Education to advance shared education. That work will be taken forward in parallel with the implementation architecture of the finalised good relations strategy.

Mr Lyttle: I wish the junior Minister well in her new role and welcome the shared education opportunities that have been brought forward to date. Does she support the Good Friday Agreement principle, endorsed by the majority of people on the island of Ireland in 1998, that essential to national reconciliation is the delivery of integrated education? If so, does she genuinely believe that one shared education opportunity per year is sufficient delivery of that principle?

Ms M Anderson: Obviously, without doubt, I fully endorse the essential good relations element

in the Good Friday Agreement. That said, the Executive, as I have already pointed out, are very committed to building a more shared learning environment. It is remiss of you to try to reduce that to one learning experience a year, because nothing could be further from the truth.

If we look at education as part of the revised curriculum for instance, we can see that good relations, reconciliation, cultural diversity and citizenship are addressed through the personal development and mutual understanding parts of it. You have area learning communities, where schools are sharing resources and expertise to break down barriers. You have the extended schools programme, where 96% of schools are working in partnership with neighbouring schools, and many of those are doing that with schools associated with what is called "the other tradition". You also have the entitlement framework, where you have 27 subjects for each pupil, which will require more collaboration and sharing.

So, that work, taken in parallel with the implementation architecture of the final good relations strategy, will ensure that we reach the target of greater sharing. I must say to the Member, given that he asked the question, that it was most disappointing that his party left the working group, where we were making very good progress on this issue and on many other issues.

Mr Molloy: I thank the junior Minister for her answers and wish her well in her job in Europe. I am sure that she will ensure that more funding is brought into the Assembly.

On the point that she just made about the Alliance Party's withdrawal from the cohesion, sharing and integration (CSI) working group, will the Ministers and the Department continue with the work that has begun?

Ms M Anderson: Without doubt, we will. There is a commitment to do so in the Programme for Government. As I said, we were deeply disappointed by the Alliance Party's decision to withdraw from the cross-party working group on cohesion, sharing and integration. The purpose of the working group's establishment was to facilitate a process whereby all the Executive parties could continue to shape the final strategy. All parties have had the opportunity to do that throughout the document's development. We have been revising and rewriting the document, chapter by chapter. Throughout the process, the Alliance Party had

an equal opportunity to provide comments and input to the document, which were discussed in the same manner as all the other contributions.

The eight points that we were handed by the Alliance Party representatives at that meeting before they walked, which were subsequently given to the media, had either been addressed or accepted in the context of the document or were subject to continuing discussion in the cross-party working group. For instance, there will be a motion brought before the Assembly about a review of segregation in housing. That is already in the document. We remain absolutely committed to the cross-party working group process and to bringing forward a robust final community relations strategy and high-level action plan.

2.45 pm

It has been the subject of much discussion, so we put on record that the Alliance CSI representative missed two meetings. He found a replacement for one, and maybe you can see that in people's diaries there would be pressure on those meetings, but on seven occasions, he asked for CSI meetings to be postponed or cancelled.

Mr Kinahan: I, too, wish the junior Minister all the best in her future job.

Mr Lyttle touched on this, but will the junior Minister confirm that the First Minister and the deputy First Minister are working towards a single, shared education system?

Ms M Anderson: I think that I have been quite clear that the First Minister and the deputy First Minister, through the commitment in the Programme for Government, are working towards a shared system. Therefore, although all of us would like to see more integrated education, I would not like to think that the UUP is at all suggesting that the Catholic education sector or the Irish-medium sector should be abolished. People have got choice. The system that we have was born out of history, and we will not go over that history that we all have come through.

Through the Programme for Government, all children will have the opportunity to participate in shared education programmes, and I outlined all that the Education Department is doing. We will have a substantial increase in the number of schools sharing facilities, the Lisanelly site in Omagh and the establishment of an advisory

group that will explore and bring forward recommendations to the Minister to advance shared education.

Mr Speaker: Question 3 has already been answered.

Queen Elizabeth II: Diamond Jubilee

4. **Mr Allister** asked the First Minister and deputy First Minister what plans they have to mark Her Majesty's diamond jubilee by way of a gift on behalf of her subjects in this part of the United Kingdom. (AQO 2094/11-15)

Mr M McGuinness: We recognise that many people here wish to celebrate the occasion, and we understand that there are many opportunities to enable those who wish to celebrate to do so. I understand that the First Minister wishes to make a proposal that there should be a gift. Any proposal for a gift brought to the Executive will no doubt be considered alongside other Executive business.

Mr Allister: Is it the case that, after the phoney words of the weekend, this will be something of a test of whether the republican veto will be exercised? One is surprised that it has taken so long to get a proposal.

The Queen Elizabeth Diamond Jubilee Trust has been set up, receiving contributions from Commonwealth countries across the world. No doubt Northern Ireland will in due course expect its citizens to benefit from the trust, so what contribution have the Northern Ireland Executive made to the jubilee trust, or what contribution do they intend to make?

Mr M McGuinness: If the Member thought that the words at the weekend were phoney, how will he work out whether the words that I am about to utter are phoney also?

I have not heard of that particular fund but I absolutely understand that, in our society in the North, there are many hundreds of thousands of people who hold Queen Elizabeth in very high esteem. I respect their right to do so. I have passed, I hope, many tests over the past 20-odd years of the peace process and I intend to continue to work in a very sensible and reasoned way with political colleagues on the Executive. As I said, I have not heard anything about the particular fund that the Member mentioned, but if issues come up that we need to deal with, such as that which the Member

raised, the Executive, as always, will consider all those issues very responsibly indeed.

Mr Campbell: I suppose that most people would accept that the present position is better than murdering the Queen's uncle.

Does the deputy First Minister accept that the best gift that Her Majesty could give to the people of Northern Ireland is for both her and her successors to continue to reign over the people of Northern Ireland?

Some Members: Hear, hear.

Mr M McGuinness: The Member for East Derry is as positive and constructive as ever.

Mr Campbell: East Londonderry.

Mr M McGuinness: He reminds me that he represents East Londonderry. *[Interruption.]*

Mr Campbell: That is correct.

Mr Speaker: Order.

Mr M McGuinness: Anyway, over the past months, there has been a determined effort by the First Minister and me and the Irish and British Governments to recognise the importance of commemorating events, many of which we face over the next 10 years. Thus far, I think that we have successfully managed to ensure that we send a powerful message to the community that we all have to move forward while respecting each other's diversity.

The Member who asked the question has different political allegiances from me. However, the beauty of the agreements that his party and my party have entered into with other parties in the Assembly is that, through them, we have transformed the political and security situation in the North to the enormous benefits of citizens. That work has to continue, and, without attempting to score political points, we have to try to move forward sensibly and recognise that enormous change has occurred and that more enormous change will occur in the future. The agreements are there, and I respect the agreements. I absolutely respect the Good Friday Agreement, the St Andrews Agreement, the Hillsborough agreement and all the other agreements that I have made with the Democratic Unionist Party and other parties in the Assembly. That is the way that we need to go forward, and it would be of great service to the House if the Member who just asked the

question in a very negative way were to join in that spirit.

Mr D Bradley: Go raibh maith agat, a Cheann Comhairle. How and why has the deputy First Minister's attitude to the Queen changed over the years?

Mr M McGuinness: I do not know what that question is based on. However, through my involvement in this institution, the North/South institutions and the east-west institutions, I have worked with many other political leaders to move the political process forward and to bring about an end to conflict. I think that we have been particularly successful in that because our peace process is considered to be one of the most successful peace processes in the world.

People will obviously have their own views about Queen Elizabeth. There will be many views in the broad nationalist and republican community about the monarchy. Many in that community will not support the monarchy and, certainly, many will not support a monarchy that reigns over what those people consider to be this part of Ireland. There is no doubt that we are dealing with a tricky situation and that many of the questions asked today — whether by the Member for East Derry, or East Londonderry as he prefers, or by the other Member for East Derry — were asked in such a way as to trip people up. I think that it is important that we recognise that, in dealing with these highly sensitive situations, we have to do so in a way that is respectful to everyone in our community, whether they are from the unionist/loyalist or the nationalist/republican sections of our community. I am an Irish republican and will be an Irish republican until the day that I die. However, that does not, in any way, inhibit me from being part of processes that move our society forward in a way that brings not only peace but economic prosperity.

Executive: Legislative Programme

5. **Mr Dallat** asked the First Minister and deputy First Minister for an update on when a legislative programme will be published.
(AQO 2095/11-15)

7. **Mr Gardiner** asked the First Minister and deputy First Minister to outline the Executive's legislative programme for the remainder of this Programme for Government period.
(AQO 2097/11-15)

Mr M McGuinness: With your permission, Mr Speaker, I will ask junior Minister Anderson to answer that question.

Ms M Anderson: With your permission, Mr Speaker, I will answer questions 5 and 7 together.

Members will be aware that six Bills have been introduced in the Assembly during this mandate. Subject to Executive agreement, the potential exists for the introduction of a further nine Bills before the summer recess. The Programme for Government highlights a number of areas in which Ministers intend to propose legislation. The First Minister and the deputy First Minister are confirming the intention of Executive Ministers to introduce Bills during the 2012-13 session. Following that, and to assist the Assembly in its forward planning, the First Minister and the deputy First Minister will advise the Assembly before recess of all the legislation and legislative proposals that Executive Ministers intend to bring forward in the 2012-13 session.

The co-ordinating role that the First Minister and the deputy First Minister are undertaking on the legislative programme in no way impedes progress on legislation. That is illustrated by the Bills that have already been brought forward in this mandate.

Mr Dallat: I am sure that the junior Minister would agree that the Assembly's success is judged in very large part by the quality and quantity of legislation that should pass through it. Does the junior Minister share my disappointment and, indeed, embarrassment that that record has been abysmal to date? Will she reassure the House, and the wider world, which voted for this Assembly, that sleeves will be rolled up so that the work will get done?

Ms M Anderson: There were 65 Bills introduced in the previous term, and all but one were passed. If we were to compare that with the situation in 2002-09, we would find that only 34 Bills were passed then. In the previous term, the Executive also provided assistance to John McCallister and Daithí McKay for their private Member's Bills.

So, the successful passage of 65 Bills during the previous mandate left limited scope for the quick introduction of Executive legislation in the early part of the current mandate. Taking into account where we are with the 13 proposed Bills, as well as the 65 of the previous mandate, we can compare our position with that of other

legislatures, even though they differ from the Assembly. It is interesting to note that the Scottish Parliament, which, unlike us, did not have a five-party coalition, introduced some 45 Executive Bills, while the Welsh Assembly introduced only 19 Government-proposed Bills.

So, I think that it is important to say that Executive business is more than plenary business. We acknowledge the central role of legislation in the Assembly, and although six Bills have been introduced so far, it is important to put on record the full extent and range of engagement. That shows that 75 oral questions have been asked and that there have been responses to eight Statutory Committee motions, 82 private Member's motions, 31 Adjournment debates, and 136 Question Time sessions, for which 2,044 questions were tabled. There have also been six legislative consent motions and responses to five questions for urgent oral answer. That in no way takes away from the fact that the Executive are very conscious and aware of the important role that legislation plays in this Assembly. However, I think that it should be put in context.

Mr Gardiner: Mr Speaker, given that the junior Minister decided to take questions 5 and 7 together, question 7 being mine, may I ask a supplementary question of her?

If there is a sudden rush to bring forward business in response to media criticism of the amount of Executive business that is coming before the Assembly, will the junior Minister assure us that accelerated passage will not be widely used, as it avoids proper debate and scrutiny?

Ms M Anderson: Just to give you some comfort, there is no sudden rush. In fact, I am sure that all Members would know that the Programme for Government included bringing forward legislation in a number of areas, such as reorganising local government, establishing a single education authority, improving access to justice, making any necessary legislative change to tackle crime, particularly against older and vulnerable people, and eliminating air passenger duty for long-haul flights. That is just to give the Member some comfort about that direction of travel. That has been the intent, and it has not been under pressure from the media.

This could, obviously, be the subject of some adjustment, so keep that in mind. However, our estimation for the equivalent number of Bills for

this mandate is that there will be 15 to the end of this session. There are indications of 27 in 2012-13, a rough estimate of 29 in 2013-14, and a final Budget Bill in the short period from 2014-15, which is a total of 72 Bills.

3.00 pm

Peace-building and Conflict Resolution Centre

6. Mr McCartney asked the First Minister and deputy First Minister for an update on the peace-building and conflict resolution centre at the Maze/Long Kesh site. (AQO 2096/11-15)

Mr M McGuinness: On 5 March, we accepted the offer of EU funding from the Special European Union Programmes Body towards the cost of a peace-building and conflict resolution centre at Maze/Long Kesh. We have also applied to the Heritage Lottery Fund for funding and have got through to stage two of the application process. It is intended that the centre will be built by 2015. It will have four key functions: international exchange; education, research, teaching and training; exhibition space and archive; and shared location of facilities. The work of the centre will focus on promoting and encouraging peace-building and conflict resolution here and across the globe.

Assembly Business

Mr Elliott: On a point of order, Mr Speaker. I noticed that Mr Alex Maskey walked in front of Mr Durkan when he was asking a supplementary to the first OFMDFM question for oral answer. I know that you have ruled on that before, Mr Speaker, but clearly it is something that Members continue to do.

Mr Speaker: I am glad that the Member has raised the point of order. I have noticed that it happened on two occasions in the House yesterday and today. I remind Members not to walk in front of the Member who has the Floor. Hopefully, that is the convention that everyone understands.

Ministerial Statement

Public Expenditure: Provisional Out-turn 2011-12

Mr Wilson (The Minister of Finance and Personnel): Thank you, Mr Speaker, for the opportunity to update the Assembly on the outcome of the 2011-12 provisional out-turn exercise. I bring glad tidings of great joy in the statement today, and it is not even Christmas.

(Mr Deputy Speaker [Mr Dallat] in the Chair)

The provisional out-turn outcome is important, since it is the main gauge of departmental spending performance over the past financial year. It is also important because it determines the amount of resources that the Executive can plan to carry forward into the 2012-13 financial year. The key context for the provisional out-turn is the new EYF arrangement, which is referred to by HM Treasury as the Budget exchange scheme. I negotiated that scheme on behalf of the devolved Administrations with the Chief Secretary last year. It allows the Executive to carry forward end-of-year underspends up to a limit of 0.6% resource DEL and 1.5% capital DEL. Without that scheme in place, all end-year underspends would be lost to Northern Ireland, as, indeed, is the case for Whitehall Departments. HM Treasury has confirmed that the Budget exchange scheme limits for 2011-12 amount to £49.5 million in respect of non-ring-fenced resource DEL and £13.6 million in respect of capital DEL. Both those limits exclude the Department of Justice, which is subject to separate end-of-year arrangements. Any underspends above those amounts will be lost to the Executive.

Before I set out in detail the terms of the amount of resources the Executive intend to carry forward into the 2012-13 financial year, I will highlight key aspects of the departmental provisional out-turn position. The departmental provisional out-turn returns resulted in total underspends of £68.5 million in respect of total resource DEL and £30.1 million in respect of capital DEL. That corresponds to departmental underspends of just 0.7% in respect of total resource DEL and 2.1% in respect of capital DEL. The departmental outcome is shown in the tables attached to this statement. I consider that overall spending performance to be excellent.

Let me take one example, because I know that there will be attacks and I will be asked why, at a time of austerity, there are any underspends. The Department of Health delivered a total resource underspend of £13.1 million out of a total budget of £4.4 billion. Now, if we put that in a context that perhaps the man or woman in the street can understand, we can see that it is equivalent to a household budget in Northern Ireland on the median wage of £355 per week. The amount that you would have left over out of that budget, had you achieved that level of underspend, would be just £1. I hope that those who criticise and carp about underspends recognise that that is the degree of tolerances that we work within. I doubt whether very many people could manage their weekly budget and finish up with just £1 of an underspend out of a weekly wage of £355.

There are some exceptions to that excellent overall performance, and I will highlight a few of them. In total resource expenditure, the Northern Ireland Audit Office recorded the largest underspend in percentage terms at 7.7%. That is deeply disappointing, as the Audit Office uses scarce resources that would otherwise be deployed by the Executive to deliver essential front line public services. Unsurprisingly, the capital underspends were greater in percentage terms, with the Department of Agriculture and Rural Development (DARD) having an underspend of 9.8% and the Department of the Environment (DOE) returning one of 10.4%. Those were the largest underspends among the main Departments. The Northern Ireland Assembly and the Food Standards Agency returned capital underspends of some 20%, although we must balance that against the fact that the monetary amounts were small.

The departmental provisional out-turn also shows that administrative expenditure declined by 5.3% in real terms across the Departments compared with the 2010-11 provisional out-turn position. I welcome that development. It demonstrates that significant inroads have been made into the departmental efficiency agendas. It also indicates that Departments have sought to protect front line services in a difficult budgetary environment.

I now turn to the Budget exchange scheme. There are two key points that I will make before going into detail. The first is that the Budget exchange scheme assesses the 2011-12 spending performance at the Northern Ireland

block level. Therefore, account needs to be taken of the various centre items that impact on the overall block position. In addition, although the caps apply to each of the spending categories, the Executive's focus is on the non-ring-fenced capital and resource DEL categories, since the ring-fenced resource DEL is tightly controlled by HM Treasury and cannot be used for any purpose other than that for which it is designated. The second is that the Department of Justice is subject to end-year flexibility arrangements agreed as part of the devolution of policing and justice powers. The Department of Justice should, therefore, be excluded for the purpose of the planned Budget exchange scheme carry-forward. The Department of Justice accounted for a significant amount of the departmental underspends, and I will return to the specifics of that Department later. Departmental underspends, excluding the Department of Justice, amounted to £44.8 million in non-ring-fenced resource expenditure and £7.2 million in respect of capital investment.

As to capital investment, the only centre item was a £1.3 million pressure relating to the asset management unit (AMU) receipts. Although the asset management unit identified and delivered £2.8 million of capital receipts in 2011-12 against a revised target of £2.5 million, those were all below £1 million in value. In budgeting terms, the additional receipts were de minimis and were, therefore, retained by Departments. Hence, they did not address the remaining £1.3 million pressure at the centre. That situation should not occur in future years, as most of the remaining £97.5 million AMU receipts have now been allocated to Departments.

The Executive now plan, therefore, to carry forward £5.8 million of capital DEL into 2012-13. There were four centre adjustments to non-ring-fenced resource DEL. First, the regional rate provisional out-turn outcome was £13.5 million less than was forecast at January monitoring. That was because of a number of factors, principally valuation reductions, increasing levels of rate exemption and an increase in the planned write-off of bad debt. Secondly, £13.2 million of unspent resources were carried forward at the centre following the conclusion of the January monitoring round. Thirdly, we paid £0.6 million less in reinvestment and reform interest payments than we had forecast. Finally, a small balancing adjustment between the ring-fenced and non-ring-fenced categories

added £1.2 million to the total underspend. The combined impact is that the Executive now plan to carry forward £46.3 million of non-ring-fenced resource DEL into 2012-13.

As I mentioned, the Department of Justice has separate end-of-year flexibility arrangements covering this spending review period. Under those arrangements, the Department can carry forward an unlimited amount of resources from one year to the next, and its provisional out-turn return should be viewed in that context. However, any funding carried forward must first be used to address additional security pressures, albeit with certain exceptions applying in each year.

The Department of Justice is allowed to carry forward the capital underspend on Desertcreat in 2011-12 for drawdown in future years within the current spending review period. It is also allowed to carry forward the first £10 million of its 2011-12 underspend for drawdown within the same period to meet any pressure. The Department of Justice now plans to carry forward £20 million of capital investment underspend on Desertcreat and make full use of the £10 million carry forward facility. Any remaining underspends that emerge will be set against security funding pressures.

The overall provisional out-turn position demonstrates that the strong spending performance that has emerged since the restoration of devolution has continued, which, in an increasingly difficult budgetary environment, is commendable. The levels of underspend recorded by Northern Ireland Departments were relatively modest, and, crucially, the total amounts were within the Budget exchange scheme limits. That means that no resources have been lost to Northern Ireland. An important implication of that is that, contrary to what some believe, we do not have large amounts of unspent resource available to meet emerging financial pressures. The caps agreed in the Budget exchange scheme and the very modest levels of departmental underspend mean that the resource available to carry forward from one year to the next is not sufficient to address emerging financial pressures. However, the amount that the Executive now plan to carry forward is a significant funding boost for the 2012-13 financial year, and we can use it to deliver essential public services here. That is good news for all people in Northern Ireland,

and I commend the provisional out-turn outcome to the Assembly.

Mr Murphy (The Chairperson of the Committee for Finance and Personnel):

Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas leis an Aire. I thank the Minister for his statement. The Minister has spoken on this issue before, but, in view of the high level of reduced requirements declared in the January monitoring round, DFP is undertaking a review of Budget allocations for 2013-14 and 2014-15. Does the Minister consider it likely that there will be significant movements of money in this year's monitoring process? How can he ensure that Departments declare their reduced requirements at the earliest possible opportunity? Will Departments have the opportunity to bid for any proposed reallocations for 2013-14 and 2014-15? What criteria will be used to determine any reallocations between Departments?

3.15 pm

Mr Wilson: The exercise that was undertaken looked first at the moneys allocated at the beginning of the Budget period in 2011-12 and at the return of moneys by Departments during that year's monitoring rounds. We also look at the provisional out-turn figures and what Departments had anticipated as underspends for the rest of the year. We will also look at whether those were simply exceptional to that particular year or whether there was likely to be carry-over and the same behaviour repeated in future years in order to see whether there was a systemic issue in the budgets. The appropriate time for me to give details of that would be once we have completed the exercise. I would then reveal to the Assembly the outcome of that review.

We have not decided on definitive figures yet. However, the whole point was that, where we saw that there was an issue with the Budget allocation to Departments throughout this Budget period, money would either be taken back or additional money would be made available to them, and Departments could make a case if they believed that they had a long-term underprovision or we would make an assessment if there was a long-term overprovision. That will be subject to a separate statement in the Assembly. I do not have the detail of that because, as Members will understand, that exercise is still being completed.

Mr Humphrey: I thank the Minister for his statement. How does the Northern Ireland

Audit Office performance compare to the departmental average?

Mr Wilson: The departmental average, if you take ring-fenced and non-ring-fenced, was 0.7%. The Northern Ireland Audit Office was 7.7%. We can draw our own conclusions from that. As I have said in the Assembly before — I am not attacking the Northern Ireland Audit Office — I believe that a body that preaches to other Departments prudence and proper management of money needs to do the same itself. Of course, the money that is used and then not spent is money that was not available for proper planned spend for other front line services.

Mr Cree: I congratulate the Minister on what looks like a very good return. I have two points. Will he clarify when provisional becomes absolute? We have the resource and capital figures and we have the carry forward figures, but, as far as I can see, we do not have the ring-fenced figures. Does he have those to hand?

Mr Wilson: I do have the ring-fenced figures, if I can just find them. The ring-fenced resource is on table 2, which, I hope, is attached to the Member's statement. I am not too sure whether those tables are with each Member. However, we do have a table for the ring-fenced figures. I am sure that the Member does not want me to read out the long list of ring-fenced figures for each of the Departments now. The underspend for ring-fenced resource was £14.2 million or 3.3% of the resource figure.

Mr D Bradley: Go raibh maith agat, a LeasCheann Comhairle. What level of resource has been realised through revenue-raising activity and how does that compare with the Minister's very positive prediction in his pre-Budget statement to the House of December 2010?

Mr Wilson: I indicated that the revised figure for AMU was £2.5 million, and it achieved £2.8 million, which leaves £97.3 million to be delivered over the rest of the budgetary period. We have already had the discussion in the Assembly where we explained that, in the first year, much of the work that had to be done in identifying resources was being done. Given the level of market interest, it was deemed appropriate, in some cases, not to proceed with a sale. In some cases, although some of those sales were progressing, there were legal issues and other issues that still had to be sorted out in the first year, and that then had to be carried over to the second year. However,

the important thing is this: no Department was impacted by the level of asset sales, in so far as Departments were able to live within their budgets. Departments were able to manage within their budgets, and the underspend and, indeed, overspend — there was not a huge amount of overspend in any Department — were kept to a very manageable level. So, I do not think that the service or, indeed, the capital spend was affected in any way. Departments met their planned current spend and capital spend targets. That is what the provisional figures show: what was planned was actually done. I think that the Member is looking for some criticism here. However, the fact is that there was not any negative effect from the revised capital sales.

Ms Lo: I thank the Minister for his statement. Given the considerable amount of underspend, would the Minister consider putting some of it towards supporting the green new deal, which has been shelved for some time?

Mr Wilson: First of all, let us just knock this on the head: there was not a considerable level of underspend. Average underspend for the past seven years — if I can find the figures — was 1.4% and 7% in respect of resource and capital. We have less than half of that; in fact, we have a third of it for this year. So, the level of underspend is well down. The money we are carrying forward — £46.3 million in resource money and £5.8 million in capital money — will be available for Departments to bid for. I do not know whether that will go towards the green new deal, education, health or all the other things. The Executive will receive bids from Departments and, on the basis of those bids, will decide what should be given the highest priority. I am sure that the Member will come to me time and time again during the next year with the many priorities she sees. I think that it would be very foolish of me to say at this stage that the money will be exclusively set aside for one purpose. I want to see what bids come from Departments, the priorities in those bids and how Departments can manage the spend they ask for.

Mr McQuillan: Why did the Department of Justice register such a large underspend?

Mr Wilson: The main reason for capital underspend in the Department of Justice is that the training college at Desertcreat has not yet been started. The Minister, I am sure, will be able to give the Assembly full reasons

why that has not happened. However, following the negotiations that the First Minister and deputy First Minister had with the Government at Westminster, we now have the ability to carry that money forward. Indeed, any underspend in the Department of Justice can be carried through until the end of this financial period. That gives the Department some breathing space to make the decisions that have to be made in respect of Desertcreat.

Mr McLaughlin: Go raibh maith agat, a LeasCheann Comhairle. I also want to acknowledge that this is a very good report. It continues the progress that has been made in recent years.

I note the Minister's specific reference to the Audit Office. I have to say that I am disappointed by that; I think that it is a petty point. We are talking about a reasonably small sum of money — £700,000 — in terms of essential front line services. Perhaps the Minister will comment on the fact that his Department had an underspend of £2.7 million, which is more than four times that amount, and the impact that would have had on essential front line services.

Mr Wilson: Of course, the important thing is what percentage of the total budget that represents, not just the money. My departmental underspend was below the average; it was 1.4%, I think, as opposed to 7.7%. That is the context in which it has to be looked at.

Mr Hilditch: Thank you for your statement today, Minister. What was the gross level of capital expenditure in 2011-12, and what are your views on that?

Mr Wilson: We spent — I hope that I am right on this figure — £1.6 billion in capital spending in 2011-12. Given the calls from various sectors of the economy for the Assembly to do something to alleviate the impact of the recession, especially in the construction industry, and in a year in which budgets were fairly tight, the Executive took actions such as switching some current spending to capital spending, looking at how we could borrow, the sale of assets and a range of other things to spend £1.6 billion. Let me put it in context. Again, I do not have the exact figure, but I remember reading it in one of the journals recently. It probably means that more than half of all construction work in Northern Ireland now depends on spending by the Assembly. It means an awful lot of jobs for people in the building

industry, an industry that has been hit fairly hard by the recession. That is the kind of impact that this has, while improving the infrastructure in Northern Ireland so that we have one that is capable of being used once the upturn in the economy occurs.

Mr Beggs: I concur with others that those who have been managing the finances must be congratulated.

The Minister explained that there is a sizeable capital underspend in the Department of Justice as a result of Desertcreat and that that money can be carried forward. Other than that, the two Departments with sizeable capital underspends are Agriculture with £2 million or 9.8% and Environment with £700,000, which is, I think, 10.4%. In his statement, the Minister used the word “unsurprisingly” about these Departments. I know that there has been a repeated failure in the Department of Agriculture, but what is happening to ensure that lessons are learnt and there is better financial management in such Departments?

Mr Wilson: In my answer to the Chairman of the Committee, I indicated that we were looking at the budget allocations that had been made over the period. We asked whether there were any systemic issues that needed to be addressed and whether there was a need to look at some of the budget allocations that had been made. I suppose that that is one of the areas that we have to look at. Where Departments underspend consistently in a certain area, we have to drill down and find out the reasons for that.

I do not have the specific answer to the Member's question at the moment, but it may well be that, like the Department of Justice, the other two Departments have some huge capital expenditure that they intend to undertake but that has been delayed for one reason or another. If that is the case, the capital money can be brought back to the centre and reallocated at some other stage. I know that some Departments returned money, which would not show up in these figures, during monitoring rounds last year because they could not spend it but indicated that they would be looking for it again this year as they would be capable of spending it then. I do not know why DARD and DOE did not return the money at an earlier stage, and it has been left as an underspend at present.

Mr P Maskey: The Minister mentioned the underspend of £700,000 by the Audit Office. I

suppose it is up to the Audit Committee to go through the figures there. However, there is no mention of the tens of millions of pounds that the Audit Office and its joint work with the PAC, has saved government in recent times, which has been very effective.

Recently, the Minister's Department has attacked the Audit Office. Is that because some senior civil servants are now starting to run scared of the Audit Office and the PAC?

3.30 pm

Mr Wilson: I do not think that anybody is running scared of anyone. The Audit Office has a job to do, which it does, and no one expects it to do its job other than properly. All I have done is highlight the fact that the office, which scrutinises departmental effectiveness and efficiency, consistently — this is not a one-off — year on year, bids for resources that it does not spend and, even worse, waits until the end of the year to surrender those resources. Had that happened with a Department, I guarantee that the Audit Office would have had something to say. It is perfectly legitimate for me to point out that the people who scrutinise should also be subject to scrutiny about how they spend —

Mr P Maskey: *[Interruption.]*

Mr Wilson: The Member, from a sedentary position, says that that is what we do. Perhaps Members could be given an explanation about the recommendations that his Committee has made to ensure that the Audit Office does not return a year-on-year underspend of around 7%, which is certainly above the average. That could be the subject for a debate in the House some time. Perhaps the Member's Committee is not doing its job either.

Mr Girvan: I thank the Minister for his statement. I welcome the pleasant report and the fact that we have spent the majority of the money and are left with a very small underspend: 0.7% in resource DEL and 2.1% in capital DEL. What has driven the reduction in administrative expenditure? Have any Departments breached their budget controls, as set by their original budgets?

Mr Wilson: This out-turn is not being driven by a draconian percentage that has been laid down arbitrarily by the Executive or the Department. That is a good thing. Departments were allocated their budgets, and they then produced

savings delivery plans to show how they were going to live within those budgets. It is pleasing that most Departments took on board instructions from the Assembly that, at a time of budgetary constraint, Members did not want front line services to be cut while Departments and departmental administration stayed fat. The result is a pleasing 5.3% reduction in departmental administrative costs. Some areas have not performed as well as that, and some have had overspends — for example, the Public Prosecution Service (PPS) and the Department for Social Development (DSD). In DSD's case, that might be due to the fact that, as unemployment goes up, more staff have to be employed to administer benefits, and so on. The PPS is ramping up its role, so its administrative costs have probably risen.

Mr Allister: I am sure that the Minister would agree that, in a time of austerity, one would expect the underspend to be at its lowest because, if times are austere, there cannot be much money to spare. Today, the House is being given a retrospective view of the out-turn. For the good conduct of financial management, how important is it that there is transparency from the very beginning of the process, when money goes into Departments, until it comes out, spent or unspent? Will the Minister update the House on the apparent reluctance of the Department of Education to co-operate and give financial transparency? How big a drag is that on financial management?

Mr Wilson: I thank the Member for the question. That is an issue that I have brought to the House. I promised that we would move forward on that during the debates on the Budget last year. I think that it is important that Committees and Members of the House should know when the money goes into a Department, what it is meant to be spent on and whether it has been spent on that. If it is not spent on that, Departments should have to come back to the Executive and ask for the money to be moved from one heading to another.

The Member is quite right. I am disappointed, and I think that the Committee for Finance and Personnel has expressed its disappointment. The new budgetary arrangements would also cut out a lot of the duplication in this House in respect of debate on the same issue time and time again, and it probably would have focused the debate more on where the money is being spent, how the money is being spent

and whether it is being spent on the things that Ministers said it would be spent on. I am disappointed that we have not got that through. I do not know why, as the Member has pointed out, the Minister of Education does not want such transparency. The one thing that I do not believe we can do is compromise on delivering that transparency, and I hope that the matter will be resolved quickly enough for legislation to come through the House and to have the changes for the next Budget period.

Assembly Business

Mr P Maskey: On a point of order, Mr Deputy Speaker. With regard to some of the issues that were raised by the Minister, maybe somebody could explain the workings of the Assembly. It is not actually the Public Accounts Committee that scrutinises the Audit Office; it is the Audit Committee. Maybe the Speaker could write to the Minister about that.

Mr Deputy Speaker: We will put that on the record, and no doubt the Speaker will confirm that it is the Audit Committee that scrutinises the Audit Office.

Committee Business

Single-use Carrier Bags

Debate resumed on amendment to motion:

That this Assembly recognises that the intention of a charge on single-use carrier bags is to reduce bag consumption and the impact on the environment; and calls on the Minister of the Environment to confirm that implementation of the levy, including its current and future scope and further increases, will be conducted in a way that focuses solely on these aims. — [Ms Lo (The Chairperson of the Committee for the Environment).]

Which amendment was:

Leave out all after the first “environment;” and insert

“calls on the Minister of the Environment to clarify the scope and type of carrier bags that will be subject to charging and to confirm that the list of exemptions will include environmentally friendly reusable bags; and further calls on the Minister to take into consideration the concerns of the retail trade, so that the method of collecting the charge, the size of the charge and the point at which the charge is collected are all taken into account.” — [Mr Kinahan.]

Mr Attwood (The Minister of the Environment):

As I have said before in responding to Committee-tabled motions, I welcome the debate, because it again demonstrates, on a very particular point, the vigilance of the Committee and its challenging role of calling the Department and me as Minister to account. It also expresses the concern that an environmental intervention is, in the view of some, being reconfigured as a revenue-raising intervention.

In her opening address, the Chair of the Committee said that there were mixed messages being sent from the Department, and that was touched on by other Members. Let me say clearly, with certainty and definitively, that there are no mixed messages coming from the Department of the Environment (DOE) or from me as Minister in respect of the importance of our environment and the protection of our environment going forward. I have been arguing since I came into the Department that the scale, wonder and beauty of our natural environment is a big part of the character of our lives and a big part, if positively

developed, of our economy going forward, in terms of tourist numbers and tourist revenue.

Indeed, in my view, the role of the DOE is to be the leading Environment Ministry and, at the same time, to be a leading economy Ministry. If we are to grow our tourism by 100% over the next number of years to be a £1 billion-a-year industry, it follows that a big part of that story will be the continued protection, promotion in a positive way and development in a proper way of our natural environment, and so on, for our built environment and our archaeological and Christian heritage.

I believe, as Mrs Kelly touched on in her address, that the next year is the defining year in whether we live up to the standards I have just outlined. If we believe that the quality of our natural environment is so important to us and so important to others, we must be unambiguous in demonstrating, through law and practice, that it will be protected. That is why I hope that, in the fullness of time, this House will endorse a proposal for a marine management organisation when it comes the Marine Bill; that it will endorse national parks legislation as a mechanism to better protect and promote areas of scenic value; and that it will endorse a climate change Bill that will include rigorous and challenging emission targets. If we are to be a world leader in carbon reduction, and if renewables are to be our biggest single industry, we must demonstrate in law, in this House and through the Executive, that we mean what we say when we speak warm words about protecting our environment.

Anna Lo, Mr Boylan, Mr Kinahan and others said that the proposed carrier bag levy would be seen by many as a revenue stream. That was the tone and content of various contributions. Let me explain that it is, first and foremost, solely an environmental intervention. It will have some revenue consequences, but those are secondary and arise from the sole intention and ambition of current and future legislation on carrier bags, which treats the issue as an environmental one. I will explain to the Chair and others why that is the case. Initially, the intervention will set a charge of 5p in the first year. If I was inclined to make this a revenue-generating proposal, I would go a lot further than charging 5p in the first year and 10p in the second year. I would go down the same road as the Dublin Administration; they charge 22 cents for bags captured by their legislation.

I have set the charge of 5p in the first year to encourage a change in culture. As people have indicated, we currently use 265 million plastic bags a year, and we hope to get that down to 40 million, although even that is too high. Setting an introductory charge of 5p encourages a change in culture, and a 10p charge creates a discipline that will, hopefully, maintain a change of culture. I will not go any further than that. I have made the call. Options were put to me to go further than 10p, but because it is an environmental intervention, I made the call that that is the right charge to change culture, maintain that change and ensure that the environmental credentials of the legislation are fulfilled.

As Members know, the Executive endorsed a proposal for further legislation to widen the scope of the current legislation to capture lower-priced reusable bags. A consultation on that is ongoing, the purpose of which is to capture, in a second piece of legislation, reusable bags that might become an alternative to single-use bags but not to consequentially capture those bags that people rightly said are environmentally friendly and should not be captured by a single-use carrier bag levy.

That is the intention of the consultation, and that is my ambition for the legislation; to capture something that may become a cheap alternative to plastic bags, but not to capture the cotton and other bags that people rightly feel should be exempt. I fully agree with them. In that way, I think I am also demonstrating that the ambition of the current legislation and of any subsequent legislation will be to capture what we aim to and exclude those environmentally friendly products that should clearly fall outside of the scope of the Bill. I give that reassurance and undertaking to the House. If the Executive and the Assembly follow those directions, in my view, the concern being flagged up by the Committee and by some outside it will not come to pass.

I will deal with some of the points that have been raised, as the debate clearly went beyond the purely environmental issue of the single-use bag levy. I confirm that the management and collection of the single bag levy will be done in-house. I tried, through the Minister of Finance and Personnel, to persuade HMRC to undertake that responsibility. I made the argument that, as the character of devolution changes and the devolved Administrations take onto themselves more powers, including financial powers, HMRC has to get its head round the fact that it may

have to adjust its systems to accommodate those financial differences. However, it was not minded to do that.

3.45 pm

We looked at subcontracting the work to a private contractor. That was unnecessary and prohibitive in cost terms, so we are doing it in-house. It will cost around £500,000 to create the mechanism and in and around that figure annually to maintain it. There will be 10 jobs, which will be located in Derry. I trust that that will be somewhat good news for the citizens of the City of Culture. I reassure Danny Kinahan, Dolores Kelly, Cathal Boylan and others that the administrative burden will be the least that we can engineer in respect of the businessman's responsibility. The tills, obviously, will have to be reconfigured to have a charging mechanism in their memory. The businesses will be obliged to do only a quarterly report to government on what the levy has produced. It will not be anything to do with the councils, which was a point that was raised by Mr Kinahan; it will simply be a relationship between the 10 people up in Derry, who will manage that responsibility, and the businesses.

The scale of the project is primarily to capture the plastic bags and other single-use bags offered by the multiples. That is where the problem is: 75% of bags of that character in the North are used and distributed by the multiples. That is where the big issue and responsibility will be in living up to the new regime.

I confirm that the exemptions will be extensive and appropriate. They will be modelled in the image of the Welsh model, which has been live since late last year. Medicine bags, fresh fruit and vegetable bags, fresh meat and poultry bags, seed and bulb bags, bags for knives, and so on and so forth, are not covered under the terms of the current legislation and will not be covered under any future legislation. There is an issue about how we manage unpackaged or partially wrapped hot food. The Welsh have gone down a certain road; I will look at their experience, which has been captured by the current consultation. It seems to be somewhat of an incongruity that somebody on the Falls Road who goes to Fusco's and gets a chip would not have to pay the levy but somebody who comes out of McDonald's up at Kennedy Way with a burger would have to pay for the bag. I

will look at that in light of the consultation over the next short period of time.

I also confirm that the carrier bags intervention is part of a much wider strategy around waste. I have instructed officials to look at our waste strategy and recast it — the term that I have used is “recast-plus”. Given the changes around waste issues, even in the past six or eight years, given the reach of our councils in their recycling targets, given the growing opportunities for recycling on the island of Ireland, not least in respect of plastics, and given the changed environment that now exists around waste generally, we need to recast-plus that strategy to ensure that it captures all the ambitions that we need to move towards being a world leader in reduced carbon emissions. On the far side of the implementation of the current law next April and of any subsequent law a year later — I trust that the Assembly will endorse that approach — I believe that we will go down the road of Wales and the rest of Ireland to reduce the use of plastic bags and single-use carrier bags.

In the Republic, bag usage is now down 94% compared with 2002, and the levy of 22 cents has meant that, on average, 18 bags are now being used per person per year. There was a time recently when I used 18 bags for my weekly shop, never mind over the course of a year.

Lord Morrow: *[Interruption.]*

Mr Attwood: You may criticise, but that is not the case anymore, Lord Morrow. I want to give the reassurance that if you see me going into any local shops, I try to carry a reusable bag and not a cheap one.

In Wales, since the introduction of the voluntary levy in October 2011, the multiples are reporting reductions of anything from 60% to 90% in plastic bag use. I do not believe that the people of Northern Ireland are pathologically different from our Celtic cousins on the rest of this island or in Wales, and the ambition of our legislation should be to reach the achievement of Wales in the first instance and Ireland in the second instance in the reduction of use of plastic and other single-use carrier bags. If we are to boast, rightly so, of our green and clean credentials, and if that is the character of our lives and of our economic opportunity, this legislation and subsequent legislation can define us in that image.

Mr Elliott: I thank all those who have taken part so far, the Committee for bringing forward the motion and the Chair of the Committee for leading on it. I apologise to the Chair; I missed her introduction but I was given details of what she said.

We sought clarification on the issue, and my thanks to the Minister for at least giving a level of clarification on some issues. There are one or two issues that I want to draw out further, and some further information may be required at a later stage. However, I was pleased that quite a lot of contributors focused — the theme has run right through almost every contribution after being led by the Chair, Ms Lo — on the environmental issues. We need to concentrate on the environmental issues of the legislation and not just, as the Minister described it, the add-on to it, which is the financial aspect.

The second issue that I noted running through quite a lot of the speeches today was that we need to ensure that the legislation is not a burden on businesses, at least one that they could not tolerate or handle, or a burden that will not be cost neutral in terms of the environment, let alone the financial aspects. It is important that the thoughts of businesses are respected. I noted that Mrs Kelly called for a light-touch approach to the legislation to allow businesses to manage and utilise it in a way that is reasonable and appropriate.

I was interested to hear the Minister, quite near the end of his speech, talk about the significant reductions in plastic bag use in the Republic of Ireland. Information that I have indicates that, since those charges on plastic bags were introduced, the usage of black bin liners has increased by 1000%. Although we may get rid of one kind of plastic bag, the use of another kind may increase. We need to be wary of that and find methods to overcome it.

Quite a lot of Members talked about the Welsh model, as did the Minister. My impression is that we will use a lot of information from the Welsh model. They did not get everything right, and, at this stage, we, hopefully, have the opportunity to learn from their mistakes and do things better in Northern Ireland. If we do not, we will continue to regret it as well.

Interestingly, Mr Beggs mentioned the green new deal. He said that it would cost quite a lot to introduce some aspects of the deal, whereas we could introduce something here that was

not only cost neutral but would bring in some revenue. That was not the main benefit. The environmental aspects would be significant, and it would be either cost neutral or have some cost advantage. He said that we needed to weigh up the environmental implications of that and, indeed, other policy issues, to ensure that we do not spend quite a lot for very little reward. That was an important issue.

The Ulster Unionist Party tabled the amendment because of our concern about exemptions. I know and appreciate that the Minister has gone to some lengths to explain those. In future, we will look for particular information on what are termed cheaper reusable bags. I have no idea how to define a cheaper reusable bag, because what may be cheap for some may not be for others. I do not want to suggest that supermarkets would try to manipulate the system, but some may take the opportunity to sell bags at what we would call a reduced rate, but those might not be of any better quality than disposable bags are now.

Quite clearly, the Ulster Unionist Party wants to ensure that we get this right.

Mr Deputy Speaker: The Member's time is up.

Mr Elliott: I appreciate the support from all sides of the House.

Lord Morrow: Before I make my winding-up remarks, it has to be said that it is regrettable that some Members felt compelled, having agreed in Committee to the motion, to amend it later. This takes us into new territory for a Committee motion coming before the House. After all, the Committees are all-party, and the motion was agreed. I hope that the Chairperson of the Committee will not take this as a snub towards her in any way, but the Committee on Procedures must look at the situation in which a Committee tables an agreed motion only to discover that an amendment has been tabled by members of the same Committee.

Mr Beggs: Will the Member give way?

Lord Morrow: No.

I emphasise that the amendment does not enhance the motion. Admittedly, it does not damage it, and that is why I and my colleagues will not oppose it, but it certainly does not enhance it in any way. I ask the Members concerned to take note of that. They and they alone know why they tabled the amendment because I suspect

that, outside their group, no other MLA understands why they have tabled an amendment that does not change the motion but just expands it by a couple of dozen words. Having said that, I want to concentrate on the motion.

4.00 pm

From the debate and the Committee's blog, it is clear that this issue is of interest to many. I reiterate the Chairperson's thanks to all who took the time to inform the Committee on this issue. I also pay tribute to the Committee Chair for how she led on the issue and the staff for assisting in bringing this to this stage. It should be said that the motion before the House is purely for debate: it is not a formed opinion. I would like to get that point over.

Before I summarise the contributions that we have heard, I will mention two additional points. First, I was interested to read the research conducted by the UK Government, which pointed to the fact that the poor and socially excluded are less responsive and more likely to pay the charge. I encourage the Department, the Minister and the Executive to do everything in their means to ensure that these groups are not unfairly burdened by this levy.

I will also address the carrier bag levy administration arrangements. The Committee for the Environment is concerned about how the Department intends to fund this team of 10 civil servants. Will that additional expenditure come out of its existing budget or is it part of the £4 million "hole" that requires plugging by the levy? At this stage, I thank the Minister for coming here today. I listened intently to what he had to say. He is still in his place, and I have no doubt that he will take that concern away with him. We will watch with interest how that pans out in the future.

I turn to those who contributed to a quite wide and varied debate, which generated more discussion than many anticipated. Danny Kinahan moved the amendment, as he said, to "expand on" the motion. I do not think that it does that, but that is his view and I have said what I have to say in relation to that. He spoke about how charging would be done and the collection of the charge, and asked whether an overstretched Northern Ireland Environment Agency (NIEA) would be responsible for that function. Those are all valid points that I have no doubt the Minister will take on board, and the Committee urges him so to do.

Peter Weir was quite interesting in that he was able to bring King William III into the debate. That must have been because someone mentioned the fact that it was reckoned that it takes a plastic bag something like 400 years to break down. I suspect that he drew the conclusion since that King William landed on these shores some 400 years ago. In fairness, I do not think that he was blaming him for bringing the plastic bags with him. Anyway, he did not elaborate too much, but it is amazing how some can draw different parallels and different issues into a plastic bag debate.

Mr Beggs spoke on the amendment with great relish and was commanding about how it improved the motion. However, as I have stated, it does no such thing; it just multiplies words, and I think that the motion would have been better left on its own. He talked about the £320,000 cost in administration to be lost per year. It is important that we keep a sharp eye on that, and we agree with him in relation to the costs of administration, etc. That was one of the themes that seemed to grip quite a number of Members: cost, how it was going to be administered and the additionality of the whole thing. I listened to the Minister on that, and I think that he has got the grasp of it OK and has got it into his head. It certainly came out in his speech that this was not an issue that he was going to allow to get out of control; he was going to keep a firm grip on it, because it could undo all that the Bill was ever intended to do.

Dolores Kelly said that the legislation's main thrust is to protect the environment. That, of course, is absolutely right; that is what it should be all about. It should not be a tax on shoppers or another revenue stream. The Member urged a light touch on the responsibilities for retailers, and someone else mentioned that. That point was in relation to enforcement, and I think that we all echo it. As we step into this territory, we would certainly say the same thing as Dolores Kelly.

Gregory Campbell spoke of the polluting nature of plastic bags, and he said that this must be the drive and inspiration of the Bill, or words to that effect. As I make this winding-up speech, I echo those words 100%. Mr Hazzard said that 200 million carrier bags are used here each year, and he also spoke of the polluting nature of that. If that figure is accurate, when you stop to consider it, it is startling and frightening. I was glad to hear the Minister admit that he has turned away from getting perhaps 10 or

12 plastic bags and that he does not do that anymore. As MLAs and members of the public, we should take note of that. If it is good enough for the Minister, it is good enough for the rest of us. He assured us that he will not transgress in that way any longer. So, there is nothing like living by example.

Mr Elliott said in his winding-up speech on the amendment that he was concerned lest the levy become a burden on business. That issue concerns us all. Businesses, particularly small businesses in the retail sector, are struggling. Mr Elliott echoed what the rest of us will want to say about that, which is that if small businesses — the small corner shops — are to have a further taxation with further expense added, it will not bode well for their future. It is easier for the big multinationals to deal with and cope with these issues, but businesses that someone described as the “corner shop” will have much more difficulty doing so.

Mr Speaker, I see that you are going to tell me that my time is up. I would like to say more but I will stop. I commend the motion, as amended.

Question, That the amendment be made, put and agreed to.

Main Question, as amended, put and agreed to.

Resolved:

That this Assembly recognises that the intention of a charge on single-use carrier bags is to reduce bag consumption and the impact on the environment; calls on the Minister of the Environment to clarify the scope and type of carrier bags that will be subject to charging and to confirm that the list of exemptions will include environmentally friendly reusable bags; and further calls on the Minister to take into consideration the concerns of the retail trade, so that the method of collecting the charge, the size of the charge and the point at which the charge is collected are all taken into account.

(Mr Deputy Speaker [Mr Beggs] in the Chair)

Motion made:

That the Assembly do now adjourn. — [Mr Deputy Speaker.]

Adjournment

Causeway Hospital, Coleraine

Mr Deputy Speaker: The proposer of the topic will have 15 minutes. The Minister will have 10 minutes to respond. There has been considerable interest in this debate, so we have had to cut down to four minutes the time that is available to all other Members who wish to speak.

Mr Dallat: I thank my party colleagues, and I thank the Business Committee for selecting this topic for the Adjournment debate. As always, there are competing issues in every constituency, but, in this case, there was no dissent from selecting the Causeway Hospital as an issue that is worthy of debate. Indeed, the fact that so many Members are present and so many individuals are in the Public Gallery is an indication of how seriously the issue is being taken.

The concern felt due to the uncertainty that arose following the Compton report has sent shockwaves throughout the North, well beyond the catchment area of the Causeway Hospital. For decades, people like John Robb, who is in the Public Gallery, and other distinguished members of the medical profession campaigned for a new hospital. When the foundation stone was laid by the late Mo Mowlam, the then Secretary of State for Northern Ireland, we all believed that we had a facility that would serve the people of that area for decades to come.

We could leave behind the appalling history of deception and indecision of the 50s and 60s and the false dawns and piecemeal thinking of the old regime, which thought that it could fool all the people all the time. We could forget the appalling neglect of the 70s, 80s and 90s, when local people had no say and were at the beck and call of non-elected direct rule Ministers. Lord Melchett, the chap in the blue jeans, with neither a vote in Ireland or Britain, was in charge of the health service and contributed to the non-decisions in the north-east.

How wrong we were to believe that we had left the past behind. No sooner had the spanking

new hospital opened its doors than the rumours began. Promised services that were to be provided in the Causeway were not commissioned and other services were downgraded. It came, therefore, as no surprise that the Compton report has re-energised those with a death wish for the Causeway. The plotting is well under way, and options are doing the rounds. One option is to do nothing. How stupid, how condescending, how patronising — indeed, how humiliating — to the intelligence of those who live in the catchment area of this wonderful hospital? Doing nothing is not an option for any hospital.

The rationalisation of acute hospitals and the provision of accident and emergency services in the Belfast area may be appropriate, but we do not have four hospitals on our doorstep. It is not appropriate, sensible or wise to be applying the same rationale when deciding to deprive a whole catchment area, which runs from Limavady and beyond to the glens of Antrim. That suggestion is crazy and misguided, and it should be binned immediately.

The Causeway is a new hospital that is still settling down and it could do without the uncertainty that is currently prevailing. Where are the rights of the citizen? What is this doing to the collective community morale? Has anyone calculated the social cost, the hidden economy?

Minister, you said on the radio this morning that you would make your decision based on population figures. I suggest that population figures are not the only criterion that you need to consider. There are other critical factors that you, as a politician, need to take seriously, which were well articulated by a local GP, Pamela Logue, who was also on the radio this morning. If the decision is based on population figures alone, the bureaucrats and the clinicians would win and have their way. However, that is not democracy, because it disregards the rights of people to have a decent acute hospital and A&E services in their area and compels them to make a tortuous 45-mile journey to the nearest acute hospital with an A&E department.

I have the hospital services configuration options paper, which has been circulating since 11 April. Quite frankly, that is a discredited document, poorly camouflaged to achieve an object that would be a stab in the back to the people served by the new Causeway Hospital. Here is the preferred option:

"Causeway Hospital ... delivering a reduced range of unscheduled hospital services, with extended in-patient elective surgical services achieved through directly additional elective work being directed from Antrim Hospital and Altnagelvin provided under a Trust/secondary care lead model of delivery."

I do not expect everyone to understand that. I am sorry Minister, but intelligent people will not buy that sweetener, because even the authors do not believe that elective surgery from other hospitals, even if it were to happen, is any kind of substitute for a fully functioning hospital that caters for the needs of people when they need it.

4.15 pm

Antrim Area Hospital was designed to accommodate 35,000 A&E patients; it is now dealing with double that number and is failing badly because it does not have the capacity to deal with that kind of unplanned expansion. The local doctors have their backs against the wall and could not, with the best will in the world, replace doctors at the Causeway Hospital, who are constantly training in, updating and specialising in the skills that must be available when that ambulance arrives with its blue light flashing, with precious little time to find a solution to a crisis that in many cases is the difference between life and death.

We are told that this kind of rationalisation has taken place in England, Scotland and Wales, where large hospitals with huge capacity are within easy reach by motorway. Neither applies in the case of the Causeway, because Antrim Area Hospital is relatively small, with no possibility of absorbing additional pressure, and the network of roads is not of a standard to accommodate high-speed blue-light ambulances.

We are told that Coleraine cannot attract the type of clinician needed to work there, but I have evidence to the contrary. Malcolm Brown, brilliantly trained in Australia in vascular surgery, was not allowed to work in the Causeway Hospital.

For years, I have asked the Northern Trust and the Western Trust to encourage the Causeway Hospital and Altnagelvin Hospital to work in partnership to achieve increased economies of scale and a better service for patients in both areas. That has happened but not to the extent that it should have, and further development in that area now appears to be ruled out.

Simply to downgrade A&E services does the very opposite. It erodes the mainstream medical and

surgical departments, which are essential for the proper functioning of a modern hospital. It sets in motion the next stage in the demise of a hospital built at enormous cost just over a decade ago. What shame, what disgrace, what nonsense?

Just a week ago, a petition with more than 28,000 signatures was handed over, calling on the Minister to save the hospital's A&E department. I assure him that that is only a tiny fraction of those outraged, appalled and disgusted by a review that is designed for only one thing: to downgrade and dilute the A&E department at the Causeway Hospital. I repeat that this is not on, any more than is doing nothing.

I look forward to what other Members have to say on the subject and I am delighted that so many are present. I am particularly interested in the Minister's response, and unlike his predecessors during the distant past, I want to hear a political mind. On that point, I suggest that there are still people in the Department and in the trust who would feel more comfortable with Lord Melchett in blue jeans than with our own Minister in a suit, elected to listen to the needs of ordinary people let down so badly in the past but now hoping that the Assembly will make a difference.

It is well known that if you create enough doubt about a project, you will eventually bring it down. Unfortunately, that works, and I fear that if the green light is not given to the Causeway to stabilise, expand and develop its services in a way in which it was prevented from doing from the beginning, a whole community of people, numbering many thousands, will be deprived of a service to which they are entitled, not in Antrim or Belfast but in the heart of the catchment area, stretching from Greysteel to Ballycastle and beyond.

Minister, you are long enough in the tooth to realise that your judgement in this case is best because it is more likely to represent the wishes and needs of people. You know that your fingers have already been burnt by the stupidity of other health trusts that have stretched your endurance to the limit. You can avoid further embarrassment, further anger, additional hurt and unnecessary anxiety by defusing this ticking time bomb.

My plea is primarily for those who will need the A&E department and aftercare, but it is also in the interests of the staff, who have given years of loyal service to making the Causeway

Hospital a sanctuary for people when they are at their lowest, critically ill and in need of urgent medical and surgical care.

Minister, a wise old man once told me that it is much better to be remembered for what you built rather than to be forgotten for what you knocked down. I have never forgotten that, and although you and I have had our differences, I would not want you to be remembered, or indeed forgotten, as the Minister who knocked down the A&E services at the Causeway Hospital.

The bureaucrats in the Northern Trust, fuelled by so-called advice from the clinicians, will tell us on 22 June 2012 that they have plans for the Causeway Hospital, Coleraine. That will fuel the anger that is felt, and only you can stop it. You can end the disgraceful history that I talked about and you can certainly ensure that it does not repeat itself.

Minister, I will take a chance and say that I have confidence. I listened to you on the radio this morning, but you need to go further this evening. I am delighted that you turned up for the Adjournment debate. You could have chosen not to be here but you are. I hope that you will send many people home this evening reassured that the long and turbulent history of getting a hospital in Coleraine will not be undone by those who do not have to go to the electorate for a vote, who do not have to publish a manifesto and who base their decisions purely on considerations that do not represent the people who matter the most: the people of that catchment area.

Mr Deputy Speaker: I have not presided over an Adjournment debate for which there has been such considerable interest. I am very conscious that, given that the issue affects Members' constituents, if we are to allow everyone who wishes to speak the time to do so, we could be strapped for time. On this occasion, I do not intend to allow an extra minute for interventions. However, Members may allow interventions at their discretion if they wish.

Mr Campbell: As so many Members want to get in, I will keep my remarks brief.

Last year, when the issue of the possible winding down of the Causeway Hospital began to surface, a number of colleagues and I arranged to meet the Minister, who kindly agreed to see us in his departmental offices. We met during the Milk Cup. As we met that

morning, the daily newspapers were in front of us and some of their front pages recorded an incident that occurred at the Milk Cup the previous night, when a young footballer had taken seriously ill on the field of play and was rushed to the Causeway Hospital. Of course, had an effective service not been provided at the Causeway Hospital, we may have been met with a front-page headline of a much starker disposition. That was purely coincidental, but, in a particularly stark and individualistic way, it painted the picture of the issue of the services to the north coast.

I will endeavour to summarise those issues as briefly as possible. Over the next few years, the Northern Trust will serve a population of about half a million, which will make it the largest trust in Northern Ireland in population terms. The Causeway Hospital is sometimes described as a smaller hospital, yet, last year, it delivered 35% of total live births in the maternity units at the Causeway Hospital and the Antrim Area Hospital, both of which are in the trust area, and it carried out 37% of all elective and non-elective surgery.

The Compton report and other health service reports that assessed changes in services indicated that a withdrawal of emergency services should result in 80% of an acute hospital's work continuing as before. However, professionals in the Causeway Hospital and elsewhere have indicated to my colleagues and me that that is not the case anywhere else in the United Kingdom. That simply has not happened before, and there is no reason to believe that it would happen at the Causeway Hospital.

My colleagues and I had a series of meetings with the Northern Trust, as it has grappled with the issues that came out of the Compton report. My colleagues and I met Mr Donaghy and the Minister on a series of occasions. Each time we met Mr Donaghy, however, he indicated that — if I were to simplify the problem, as alluded to by Mr Dallat — the issue is the difficulty in attracting surgeons and other senior staff in sufficient numbers to maintain the services required.

Mr Deputy Speaker: Will the Member draw his remarks to a close, please?

Mr Campbell: My understanding is that there is a gap of about 18 months that can be bridged by overseas and other qualified personnel being brought into the Causeway Hospital —

Mr Deputy Speaker: The Member's time is up.

Mr Campbell: — to maintain 24/7 elective surgery and A&E facilities, which need to be maintained.

Mr Ó hOisín: Go raibh maith agat, a LeasCheann Comhairle. I welcome the Member's bringing this debate forward. I hope that the Minister will provide some clarity so that the debate is not self-defeating. There is, I believe, a serious lack of confidence among the staff and nurses at the Causeway, which has sometimes been contributed to by the attitude of the trust in dealing with this. Like others, we, too, met on many occasions the trust and Mr Donaghy, and in the case of the Causeway, we really should have been doing it all together and singing off the one hymn sheet.

Mr Campbell referred to the population issue. Of course, that is the issue we looked at. We have figures of some 458,000 being alluded to within the trust area, with additional visitor numbers of upwards on half a million over the three- to four-month summer period. That is already well through the upper threshold and glass ceiling of the provision of two acute hospitals.

We all know the historical reasons why the Antrim Area Hospital went where it did. If it was being done today, of course, it would not have gone there but perhaps somewhere more central, but that is history, and we now have to look at how best to deal with what we have. The Causeway Hospital deals not only with the boroughs and council districts of Coleraine, Ballymoney, Moyle, Larne, Ballymena, Antrim and Magherafelt but areas such as the other half of my constituency in the Limavady borough, where people will attend the Causeway.

Admittedly, we have a reasonably good road from the likes of Dungiven to Derry, and people will go on the relatively minor mountain road to the Causeway because of the time factor and because of the treatment factor. So, it is the hospital of choice for many people in the Limavady Borough Council area. A neighbour of mine's wee lassie got a fractured wrist at a camogie game the other evening, and they had her down at the Causeway and were in and out within an hour, which in itself stands as a testament because elsewhere that could be increased manyfold.

There are quite a number of Members wishing to speak, but I think we will be saying virtually the same thing: that we believe that there should be no diminution in the provision of

service at the Causeway Hospital, particularly in relation to the A&E and surgery cases. What is needed, perhaps, is a proactive pushing of the Causeway, and there seems not to have been that. Some sort of skewed weighting seems to have been applied to the Antrim Area Hospital, and that has resulted in a differential between the two hospitals that goes into the pay structures and recruitment. That has left a feeling very much of inequality at the Causeway.

Five of the area's six MLAs met the consultants and local GPs at an emergency meeting last night. They reinforced yet again the uncertainty that exists.

Mr Deputy Speaker: Would the Member draw his remarks to a close, please?

Mr Ó hOisín: So, there has to be a radical review of the management of the Causeway, but it is an essential hospital delivery within the area.

4.30 pm

Mr G Robinson: I am glad to be able to speak in the Adjournment debate on the future of the Causeway Hospital, Coleraine. First and foremost, I congratulate and commend all the health service staff on their dedication and service to the health service. I also commend the Unison union personnel who gathered in the region of 26,000 signatures to support the retention of all services at Causeway, including the critical A&E facility.

My colleagues and I have attended meetings with trust officials in the past few months, and we have been reassured at each meeting that all facilities at Causeway are safe. All those facilities must equate to those available at Antrim Area Hospital. The commitment by the trust to the parity of services on a long-term basis at Causeway and parity with Antrim Area Hospital on a 24/7 basis will enable the trust to recruit the appropriate staff to fill the current vacancies. It will also have the positive side effect of boosting morale among the existing staff.

Many have welcomed the news that the Irish Open golf tournament is coming to the north coast and have pointed to the number of visitors that we expect to be attracted to that great event. That is just one event to add to those that annually benefit the north coast, which is in the Causeway Hospital catchment area. We have the North West 200 road race, the raft race and the air show. Sadly, we saw at this

year's North West 200 why the first-class A&E services that Causeway provides are required. In forthcoming years, we will have more sporting events. We must have A&E facilities and the infrastructure to cope with them, as well as with the communities that stretch from Ballycastle to Limavady. A fully functional, 24/7, quality hospital, namely the Causeway, is absolutely critical to the needs and welfare of a large community, plus the needs of the large influx of visitors to the north coast.

Mr McQuillan: I thank the Member for bringing this debate today. I had the pleasure of handing in a petition to the House last week on behalf of the Causeway branch of Unison. The petition had some 26,182 signatures and was the largest petition ever presented to the House. I believe that that extremely high figure speaks for itself in demonstrating the strength of need in the coastal area for this hospital in its current status. I also believe that any change to its current status would only have a detrimental effect on the provision of health services in the area and to the economy. Events such as the North West 200, which is one of the best attended events in Northern Ireland's sporting calendar with over 100,000 spectators, the international air show and the Milk Cup would not be able to meet the very stringent risk assessment criteria to enable them to continue at their current location. Tourism would suffer, jobs would be lost and businesses would fail. That would have a serious, long-term, damaging effect on the area, and economic revenue would fall. Unemployment figures would rise, social deprivation would increase, education would suffer and skills would be lost. The list is endless.

The coastal area has an ever-increasing elderly population, as it is one of the most popular retirement locations in Northern Ireland. It is proven that elderly patients are more likely to present with an emergency need than they are to have an elective appointment.

Regionally, by population, the Northern Trust is the largest trust in Northern Ireland by over 100,000. It currently serves a population of 458,750, which is ever increasing and is predicted to rise to over 500,000 in the next 10 years. The current guidelines recommend that there should be one acute hospital for every 250,000 population, and, with those figures, the Northern Trust justifies the need for two acute hospitals.

The north coast has a very large caravan and holiday let population and a high rise in weekend visitors. The population figures in the Causeway Coast area fluctuate to up to three times the normal residential level, which is well above the recommended figure to require and sustain an accident and emergency department. I sincerely hope that that fluctuation is given serious consideration.

The Causeway Hospital currently handles approximately half the work of Antrim Area Hospital on approximately one third of the budget. Understandably, seasonal variations impact on the Causeway Hospital more than on any other hospital in Northern Ireland, due to its location. When you look at the Northern Trust figures for theatre operations for 2011, you will see that Causeway Hospital carried out 11,402 operations, which is 37·6% of the total for the Northern Trust, compared with Antrim, which carried out 9,636 operations or 31%. The operations at the Causeway were carried out with fewer surgeons and fewer consultants and with a significantly lower budget.

I will look now at emergency medicine. Causeway Hospital handled 37·8% of the total new and unplanned attendances for the Northern Trust in 2011. Those figures more than prove that there is a significant requirement for two acute hospitals in the Northern Trust area. There needs to be an improvement in the network across the two acute sites to provide continuity of service, more efficiency, enhanced budget management and the quality primary care of patients. There needs to be an improvement in the sharing of services and resources, and that can be done through the networking of skilled consultants, surgeons and specialists between the two sites.

I do not disagree that, in some cases, the merging of two hospitals or services can be a viable and sustainable option, provided that the sites are located in relative proximity. However, that is not the case with the Causeway and Antrim Area hospitals. There is not the significant infrastructure to meet the golden hour delivery service that the Compton report recommends. Given the vast rural and remote areas in the Northern Trust area, the distances to be travelled would have a major detrimental impact on the patient. It has become clear that, unless services are delivered as close as possible to the patient's home within the constraints of safety, there is a considerable danger that medical care

will become economically inaccessible to a significant proportion of the population.

Mr Deputy Speaker: The Member's time is almost up.

Mr McQuillan: There needs to be a clear vision for the sustainability of both acute hospitals in the Northern Trust area. Any change to the status quo will have a damaging impact on the service and care provided.

Mr McClarty: I thank John Dallat for securing the debate. No subject in the constituency concentrates minds more. Many of the arguments have been rehearsed, and I will not go over them again.

We all recognise that the Causeway Hospital suffers from challenges, and staffing lies at the heart of them. The European working time directive set the maximum working week at 48 hours, which led to a significant reliance on locum doctors. Furthermore, middle-grade doctors are apparently not attracted to work at Causeway. It is thought that training is of a lower standard because of the lower population. However, from talking to clinicians in Causeway, it seems that this is absolute nonsense. There is no more attractive area for doctors to come to than the Causeway area. How can you attract any clinician when there is a threat of closure hanging over the Causeway Hospital? I have every confidence that the problems can be resolved through the better management of rotas, the rotation of doctors throughout the trust and a determined effort to recruit staff. Perhaps it is not as simple as I make it sound, but that is certainly the preferred option to safeguard an essential service and employment.

Since the publication of Mr Compton's health and social care review, the Minister has seemed very enamoured of it. In an ideal world, the report would certainly be fitting, but there is one problem: we do not live in an ideal world. We live in a world where, when a child falls over and cuts its head badly, the concerned parents take him or her to the nearest A&E. They do not think about which facility will best provide for the child. They simply want to get the child treated as quickly and safely as possible. I suggest that the Minister looks outside the box of black-and-white bureaucracy and considers realistically what A&E means for the general public. Ultimately, A&E is an accessible, on-demand and known service. People know where the nearest A&E is. They know that it is available

24/7, 365 days a year and that they will be treated for whatever ailment they are suffering from. A&E contributes greatly to addressing the inequalities of access to other healthcare, particularly by marginalised and excluded groups, because it is universally accessible. A&E is simple. Of course, other services, such as the GP out-of-hours service and even pharmacies, are more appropriate for many ailments, but knowing where to go and what service to approach is complicated. For most people making decisions while panicking about injury or illness, A&E will be the first service that springs to mind.

Minister, I appeal to you: listen to the 26,000 people who signed the petition against closure and listen to the clinicians at the Causeway Hospital. I conclude by quoting Dr Owen Finnegan, a respected and long experienced senior consultant at the Causeway Hospital:

"Without these services in the Causeway, the local population would be put at significant health risk and the services in Antrim Hospital would be unable to cope, leading to significant deterioration in the delivery and the standard health care model for the whole trust area."

Mr Deputy Speaker: Other Members who wish to speak will have three and a half minutes. I call Daithí McKay.

Mr McKay: I was going to say thank you, a LeasCheann Comhairle, but I do not think I will. I will try not to repeat what other Members have said. I think everyone here is singing from the same hymn sheet, and I hope that the Minister is also singing from the same hymn sheet. It is unusual to have 16 Members from seven constituencies present for an Adjournment debate, so credit should be given not only to the Member for East Derry who brought this issue to the Floor but to those who campaigned and protested and to the 26,000 people who signed the petition.

For me, it is quite simple: this is a good service. You hear of all the horror stories coming from some of our other accident and emergency units, but there are no problems in the Causeway Hospital. The Member for East Antrim, who is to my right, and I visited the A&E one Thursday night, along with council colleagues, and the staff there were doing sterling work. There were no issues of any great concern. The only problem was staff morale. Staff morale has been severely damaged since the Compton report came out,

and the only threat that I can see comes from the trust and from all this discussion. That can lead to a self-fulfilling prophecy.

The Member who brought the issue to the Floor is right that what we have here is a good health product. It is valued greatly by the people of the Causeway area and my constituency of North Antrim, and we need to build on that and make it a more successful hospital. It is a rural area; it is not Belfast. It is not an urban area with a big population; therefore, it needs to be treated differently.

A lot of discussion in the local press has been about what would happen if the Causeway Hospital were to close. People in Ballycastle would have to travel 40 minutes in an ambulance, as opposed to 25 or 26 minutes to Coleraine. That would be longer again if there were an emergency on Rathlin Island, and we need to take the islanders' health concerns on board as well.

Antrim hospital has a capacity of 45,000, and Causeway Hospital has a capacity of 30,000. Antrim hospital is due to have an upgrade, which will increase that to 90,000. However, the combined demand of Causeway and Antrim at the moment is 114,000, and, as some Members said, given the fact that there is a growing population that will reach nearly half a million by 2020, there is no way that Antrim hospital will cope, never mind Altnagelvin to the west. So, we should not rush into any decisions. I urge the Minister to consider the great value that the Causeway Hospital brings to the health service. It is one of our only A&Es that has a clean sheet and a good service record.

The Hinds and Rutter reports that came out last week were quite shocking in what they outlined. There is clearly a need to reflect on decisions that have gone before in respect of Belfast.

Mr Deputy Speaker: Could the Member draw his remarks to a close, please?

Mr McKay: I urge the Minister to take those on board because what we need now is an assurance from the Minister that the Causeway Hospital is not going to follow in the wake of Whiteabbey or Mid-Ulster hospitals.

Mr Kinahan: I am extremely pleased to be speaking here instead of my colleague Robin Swann, who cannot be here today and would also have liked to speak. I am concerned that a

little bit of this debate is caused by the politics of rumour and panic that have been set about by comments elsewhere. However, the Ulster Unionist Party recognises that cuts are needed. I reiterate that one of our Minister's key points all the way through was not to cut hospitals. People should remember that.

What puzzles me is why we have to tie ourselves to Compton's ideas at all times. If we follow them, it looks like the Causeway Hospital and Antrim hospital could be closed in years to come, and then what will happen? I wonder if Paisley Jnr was right when he said that the Causeway Hospital was going to be closed. I would like the Minister to clarify that matter. Compton thinks we should close hospitals because he is comparing 1.8 million people in four acute hospitals in England. Where is he comparing? Is this greater London? Is it the west of England? We should judge and make those calls on our own merits. I shall borrow from Windsor Park: "We're not Brazil, we're Northern Ireland". We should make those decisions on our own merits.

4.45 pm

I will focus on the Causeway Hospital. I talked to Mr Donaghy last week, and the only cut that is coming at the moment, so we are told, is the blue-light service between midnight and 7.00 am. Yet, that means that somewhere between 340 and 440 cases every month will be moved to Antrim. We know that Antrim is struggling to cope at the moment. While I am talking about Antrim, I suggest that someone needs to go in there and talk to staff and take the stress away from them. We have fantastic staff there working in very difficult circumstances.

If we are going to cut those hours, what publicity will be put in place to ensure that the public know what is going on? What ambulance cover will be put there? What paramedic cover will there be, and what cover will there be from the doctors? If even those little cuts are happening, the public must know what is going on.

Running all the way through this is the concern, hidden at the back, that there will have to be a cut to Antrim Area Hospital — even a closure, some have said. I hope that that is completely wrong. However, it will cost more than £250 million to build a new hospital. Surely, we can get our health service running better so that the right people go to the hospitals or to GPs and pharmacies. Surely, we can get a system

where the health service runs at its very best so that we do not have to cut anywhere and we can keep all our excellent hospitals and keep everyone in their job and, particularly, keep the Causeway.

Mr McMullan: Go raibh maith agat, a LeasCheann Comhairle. I, too, agree with everything that has been said by everybody here today. I would like to take the line that, instead of looking at closing the Causeway Hospital, we should ask whether we have got the best out of Antrim Area Hospital. I believe that bad management has led that hospital to where it is today. Look at efficiency and the way that the Causeway Hospital works: that lesson is not in the Compton report. I ask the Minister to look at that and try to get the two hospitals working closer together to get Antrim up to its maximum potential. We have not seen that yet.

We have seen what the trust did for years. It hid the fact that there were trolley waits; it hid trolleys in rooms when people went to visit the hospital; it told lies until it had to come out and tell the truth. I do not think that we have seen the best of Antrim. If we close —

Mr Deputy Speaker: Could I ask Members to be moderate with their language?

Mr McMullan: Sorry, Chairman, it is a very emotive subject. We have to get to the core of the matter.

We talked about not being able to get staff for the Coleraine hospital. When the Mid-Ulster Hospital closed, where did all the staff go? They went to Antrim. It seems to me that Coleraine was penalised for its efficiencies. It met its targets, and it did everything that it was supposed to do. The targets for Antrim were not met. I thank the Minister for answering my question in a letter. We talk about people saying things. The rumour mill is out there. The rumour mill started when a statement was made in a council meeting. It is the kind of thing that will close, and I do not think that we need that.

I come from the glens, and we find the Causeway Hospital vital. One thing that has not been mentioned is that, if the Causeway is to close, it will put the Ambulance Service at breaking point. At present, we have one ambulance unit in Ballycastle to cover everywhere. You could end up with an ambulance coming from anywhere to take you to hospital. More times than enough, people

from the glens are referred to the Causeway Hospital and, at times, to Altnagelvin. We need that hospital there as much as the people in the Causeway area need it there. It is vital.

I can remember when the argument started about building the hospital in Ballymena or where it is today. Some people seem to be bringing that argument back again, and I do not think that it is relevant. We must look at keeping the services that we have. We have an excellent service in Coleraine, we have an excellent working staff, and we have an excellent everything there.

Another thing is that the Causeway Hospital is one of the main places for special needs children, and, when they are statemented, they go there for their yearly reviews and everything. The consistency of special needs provision has been overlooked.

One of the things that the trust is peddling to councils is community plans. Minister, I would like you to tell the Assembly tonight when those community plans will come out. It is my belief that there will not be legislation for community plans until 2015, which is well —

Mr Deputy Speaker: Will the Member draw his remarks to a close, please?

Mr McMullan: — which is well after the plan that the trust is peddling to councils.

I support everything that has been said here. We should retain the hospital.

Mr D McIlveen: I am conscious of time, so I will try to get straight to the point and not labour it unnecessarily. One thing that I have learned quite quickly in my short time in the Assembly is that civil servants have a remarkable ability to get a spreadsheet to say what they want it to say. I mean no disrespect to them when I say that. I would be devastated — I think that that is probably the only word that I can use — if that were allowed to happen in discussions on the Causeway Hospital.

In addition to the permanent population base around the Causeway Hospital, 750,000 people a year come to north Antrim to visit two of our tourist attractions: the Giant's Causeway and Carrick-a-Rede. Tens of thousands of people also holiday there. We have to be careful that we do not base our consideration of the Causeway Hospital just on the static population around it. Doing so would tell only a very small part of the

story of what the Causeway Hospital does and of the large number of people it serves. Tribute has been paid to the staff, and we have to echo that.

I am not suggesting that we do not listen to civil servants, but I suggest that we listen to the medics, doctors and people on the ground at the Causeway Hospital, who know exactly what is going on with that hospital's needs. Dr John Robb, a retired surgeon, said:

"Getting rid of the A&E at the Causeway Hospital would be catastrophic".

Dr Owen Finnegan, a retired consultant, said:

"Without these services in Causeway, the local population would be put at significant health risk and the service in Antrim Hospital would be unable to cope".

We must take note of those statements.

I have spoken to medics. One accident and emergency doctor I spoke to said that, if a patient were transferred from the Causeway Hospital to Antrim Area Hospital in a blue-light ambulance, which happens from time to time, it would be difficult and a challenge for even the most gifted of our doctors to keep that patient alive in the circumstances, given the state of the road between Ballymoney and Ballymena. I saw the Minister for Regional Development in here a few moments ago. I am sorry that he has left, because I would like him to give some indication of whether a conversation has even taken place about that infrastructure. I fear that, if it remains as it is and we realise Sean Donaghy's ambition of moving A&E to Antrim Area Hospital between midnight and 7.00 am, when someone takes ill, it will be like playing a game of Russian roulette. We cannot afford to do that with the health of the people whom we represent. If you get sick before midnight, you are safe.

Mr Deputy Speaker: The Member's time is almost up.

Mr D McIlveen: If you get sick after midnight, you are playing a very dangerous game, given the current infrastructure. I commend the Adjournment topic.

Mr Storey: I agree with most of the sentiments expressed. However, I dispute what the Member for South Antrim said about the previous Health Minister where local hospitals are concerned. I remind him that the previous Health Minister said:

"We can't sustain local hospitals with acute services in situations where it is virtually impossible to recruit."

Turning to the issue that is before us, I think that we need to remember what Bill Tweed, the former chief executive of the Northern Trust, said when the Causeway Hospital was opened in 2001:

"I am confident that this hospital will serve the Causeway residents and its many visitors well into the next millennium."

I have lived in north Antrim all my life and live in the town of Ballymoney, so let me say this: we heard all these arguments before in relation to the closure of the Route Hospital and the Mary Rankin Hospital. The Civil Service gave us all the same arguments and all the same rhetoric. Now, we are back in the same position. In fact, we are almost in a worse position. Here we have a trust telling us, "By the way, we will give you a golden apple. We will tell you that what you need is a brand new hospital in Ballymena costing £500 million". I have to ask the Minister and the other Executive Ministers whether we really have control over senior civil servants who come out with that sort of nonsense. In times when we are being challenged in relation to the economy, they put out an options paper and then go round councils in north Antrim and try to sell that paper, saying, "Here is what you could have. You could have a brand new hospital, but the cost is £500 million".

Let me make it clear that the people of Ballymoney reluctantly gave up the Route Hospital. I pay tribute to Dr John Robb, who is with us today and who coined the phrase "democratisation of the health service". Men such as John Robb, Owen Finnegan and others have given us a service in Ballymoney and subsequently in the Causeway Hospital that we have bought into and look on as our local service. It is our local hospital. This is not a campaign of sentimentality; it is about securing a service that provides for the people of north Antrim, east Londonderry and further afield.

I congratulate the Minister on the stance that he has taken. I congratulate him on the correspondence that he sent to me in October 2011, in which he said that the Causeway was here to stay. Let us be very clear that that will happen, because the message needs to go out to the Civil Service.

In my closing remarks, I want to pay tribute to the clinicians and consultants who are currently at the Causeway Hospital. It is because of them that we still have a service there. It is because of them and the dedication that they have shown, and many of us have spoken to those who are currently there and those who have retired.

Mr Deputy Speaker: The Member's time is almost up.

Mr Storey: My message to the Northern Health and Social Care Trust is this: do the same as the Southern Health and Social Care Trust. Go on a recruitment campaign, not a rationalisation campaign, and that will ultimately mean the preservation of the Causeway Hospital.

Mr Allister: One need only look at the unremitting chaos in Antrim Area Hospital over the past winter and on previous occasions to see why it would be the height of utter folly to consider adding to that chaos by closing the Causeway Hospital. Within the Northern Trust area, we have two acute hospitals. Antrim cannot cope with what it has got — pure and simple. The Hinds report and the Rutter report add to the devastating picture in Antrim. Yet, there are those in the trust who say that the answer, nonetheless, is to take the one acute hospital that is functioning and meeting its targets and in which you do not have to lie on a trolley or wait for interminable hours and close its acute services and put them elsewhere, where they already cannot cope. That is absolute madness. For a Minister to have allowed it to get to that point is, I think, very regrettable. To have a trust that has run away with itself with plans of that nature shows that it is out of control.

This morning, there were indications from some of the things that the Minister said that perhaps he is back-peddalling from his wholesale commitment to Compton. It is Compton that has put us in this position. The Minister needs to do more than back-pedal: he needs to say — I trust that he will take the opportunity to do so today before the trust meets on 22 June — that there will be no closure of acute services in Coleraine. It is not enough to say that Coleraine hospital is here to stay; it must be that Coleraine hospital as an acute hospital with accident and emergency has to be here to stay. It is up to the Minister to say so, and I trust that he will take the opportunity today to say to the board that,

whatever it comes up with on 22 June, it cannot be the running down of A&E at Causeway.

If that is what he is saying, he will have a welcome from all sides of the House.

5.00 pm

I think it is quite appalling that, from within the trust and from others, there has been a rolling campaign to talk down the Causeway, to badmouth it and to say that you cannot get staff. The one way to make sure that you will not get staff is to talk it down. That is a strategy of closure by stealth, and that is what I fear we are seeing: those with an agenda to try to get to the point where they would say that they are terribly sorry, they did not want it to end up like this, but they have no option. We saw that in the City Hospital's A&E and the supposed temporary closure. Now I see the same trend in relation to the Causeway Hospital. I want to say on behalf of my constituents in the upper part of North Antrim that they cannot and will not put up with that. We have a hospital that is valued and necessary and that must be retained.

Mr Deputy Speaker: Will the Member draw his remarks to a close, please?

Mr Allister: The message to the trust and to the Minister is: hands off the A&E in the Causeway.

Mr Poots (The Minister of Health, Social Services and Public Safety): I welcome the opportunity to respond to the debate today, and thank Members for their contributions. Most have been very sensible and rational, and most have been non-political, with the odd exception, but we will learn to excuse those people. I know that the subject of the Causeway Hospital has been a matter of some concern and media speculation of late, and, in particular, the issue of the emergency department has been raised recently in the House. I will try to respond to as many points as I can.

I want to start by commending the work of all the staff at the Causeway Hospital. I am very much aware of the pressures on our health and social care services and the dedication and diligence of the workforce in the Causeway Hospital in ensuring that the treatment and care of patients is of the highest order. The review of health and social care services in Northern Ireland and the subsequent 'Transforming Your Care' report have made it clear that significant changes will be required to the HSC

in Northern Ireland. I support the vast majority of the recommendations in the 'Transforming Your Care' report. It is too soon to say exactly what those changes will mean for the future configuration of services or the implications for individual hospitals, but our aim must be, as I have said many times, to have safe, resilient and sustainable services, with the focus on the individual as opposed to the institution.

A key driver for the HSC review was the very real concern that the system as it stands was not sustainable and that, without change, we could not continue to meet the growing demands on health and social care, with potential consequences for quality of care and, more importantly, patient safety. Those concerns have been borne out by the review, and what we must now do is ensure that we address those issues in a focused, far-sighted and thoughtful way. I have said before that a whole-systems approach is necessary if we are to provide safe and sustainable services in the longer term, not just for the people in the Causeway area but for the entire population of Northern Ireland.

Designing and delivering a new model for health and social care services, one that is built around patient needs, will require engagement with patients. Front line providers and local commissioning groups will play a key role in that by identifying and determining local health needs and ensuring that those are provided for in the most efficient and effective manner. We have recently had a petition handed to the Assembly and the Speaker through Mr McQuillan, gathered by the Unite union. That is certainly a very clear demonstration of where local people's views are about the service that is required in the Causeway Hospital. It is not something that one would lightly ignore.

A key proposal within Transforming Your Care was the development of population plans to identify the projected needs in an area and how best to meet those needs, consistent with the principles of the 'Transforming Your Care' report. The population plans that are being worked up by the trusts and the commissioning bodies are an essential first step in identifying what our services should look like for the future, and it is particularly important that they consider what is sustainable in the longer term. The HSC review is not prescriptive about the service configuration in hospital facilities. However, it sets out expectations of what should be included and what a major acute hospital must

be capable of sustaining. In implementing Transforming Your Care, my priorities are safety and quality of service provision.

I am aware that Members have concerns about the continuation of acute services including an emergency department at the Causeway Hospital. It is important to emphasise at this point that no decisions have been made. It is not helpful for speculation to precede the proper process that I have approved to ensure that the future configuration of acute hospital care services is safe, sustainable and resilient. We have to see what the population plans tell us about the provision of health and social care services in the Northern local commissioning group (LCG) area and what current and, importantly, future needs will look like.

As the process of identifying and assessing options has not been completed, no one can yet say what the full range of options that will be assessed in any part of Northern Ireland will be. However, there will be proper, open and formal consultation on the way ahead that I will propose when I have assessed all the population plans. No decision on major service reconfiguration will be made before that process has been completed.

A key feature in service configuration will be the need to ensure a staffing profile with the necessary and appropriate skills base to deal with the eventualities that will arise. We cannot, for example, support a service where junior doctors deal with life-critical issues. We need to make sure that we have doctors who have the requisite skills to deal with the particular problems that come to an emergency department. Conversely, we cannot overload other emergency departments with large numbers of patients, as that could lead to unacceptable levels of service and staff working under extreme pressure.

It is important that there is engagement at local level in any consideration of services. I want to ensure that people are fully informed and have the opportunity to contribute to the future delivery of services in their areas. I have stressed this point to local representatives to ensure that they participate in the process that is under way to develop a population plan for the Northern LCG area.

I want to see services becoming more accessible to people in their communities and closer to their homes. This will mean changes to how health

professionals work together to break down the barriers and blockages that can adversely affect how health and social care are provided. I also want to make sure that, by moving services closer to home where it is safe and appropriate to do so, we ensure that our hospitals are configured to deal with those who need them most, while those who can be safely cared for in the community are discharged as soon as their health and social care needs permit.

The configuration of our hospital system must reflect and be responsive to the needs of our population. That is why population plans are so important and why we have to get them right. I will be quite happy to challenge the proposals where I do not think that they will meet the needs of the population covered by the Northern Trust. That is why it is crucial that any redesign of the service is done not through a top-down approach but one that involves local populations and professionals working within clear parameters.

As part of the development of a population plan in the Northern Trust area, a number of professional advisory groups, comprising local consultants, GPs, nurses and allied health professional staff from across the Northern LCG area, have been established to work through the issues and identify possible solutions. These groups have identified a number of options, including a reconfiguration of hospital services in the Northern Trust area, which may have implications for the Causeway Hospital. I expect that, as they evolve, the forthcoming population plans will provide further proposals and details on what Transforming Your Care will mean for local areas.

As I said, however, no decisions have yet been made about future hospital services in the Northern Trust area. A range of engagement activities is under way with councils and community groups across the area, and discussion of the options and the future role of the Causeway Hospital is part of the debate in the workshops and meetings. Difficult decisions may have to be made in the future, but our aim at all times will be to ensure that patients are put first and that we have in place a safe and sustainable service that meets the needs of the population it serves.

To that end, the future services of the Causeway Hospital are very much in the hands of the local management and clinicians. The proposals

that they produce need to be safe, sustainable, resilient and, dare I say, innovative. I have, at no point, expressed any desire to remove services from the Causeway Hospital. If I do not receive a safe, sustainable and resilient proposal, there is a serious risk of the withdrawal of services in an unplanned way by the Royal Colleges, which will not allow their members to be compromised by delivering an unsafe service.

We will have the formal consultation processes, which will recognise the significant changes across the system to the services. Key stakeholders and the wider public will have their say. I encourage the local community to engage fully, as it and many of the local MLAs and MPs have been doing, with the development of the population plan. I trust that, as we reach a conclusion on the matter in due course, after giving it all the appropriate attention, detail and thought, we will arrive at the right decision for the Northern Ireland health service and for the people who live in the catchment area of the Causeway Hospital. To that end, we will have to wait until we hear all the relevant information before we can make those decisions. Thank you for giving me the opportunity to speak.

Adjourned at 5.11 pm.



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