The wind across the border

and other award-winning essays from the first four training courses

October 2007
This book of essays is dedicated to the memory of Michael McCartan, who was the joint winner of the first distinction for a written assignment on the North/South and Cross-Border Public Sector Training Programme.
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Front Row, left to right: Steve Mungavin, Tracey Conroy, Dr Martin McAleese, President Mary McAleese, Lord Mayor of Belfast Councillor Pat McCarthy, Belfast City Council Chief Executive Peter McNaney, Special EU Programmes Body Chief Executive Pat Colgan, Alice Quinn, Tony Kennedy.
Foreword

This highly innovative cross-border training programme for civil and public servants from Ireland and Northern Ireland is one of the unsung achievements of the period during which the Northern Ireland and North/South institutions were in suspension from 2002 to 2007.

It has brought together nearly 100 officials from central government, local government and state agencies, North and South, to learn about how public institutions in both Irish jurisdictions operate, and to work together on joint assignments across a range of areas of practical benefit to citizens. The areas featured in the award-winning essays in this report are tourism, the environment, energy and health.

Practical North-South co-operation for mutual benefit is one of the cornerstones of both the Belfast and St Andrews Agreements. In this context, what these young public servants are doing is truly pioneering. Here is the pith and substance of what good government is meant to be about. These essays all outline fresh new ideas, clearly laid out, about how practical cross-border and all-island co-operation can make a real difference to improving the lives of the people of Ireland and Northern Ireland.

I welcome the publication of this important report, and warmly congratulate the writers of the essays contained in it.

Mr Dermot Ahern TD,
Minister for Foreign Affairs
In the spring of 2004 three people met in a café in Belfast to discuss a gap in the market for practical cross-border services. They were Tony Kennedy, chief executive of Co-operation Ireland, the long established North-South peacebuilding charity; Steve Mungavin, a senior official with the Chartered Institute of Public Finance and Accountancy (CIPFA) in Northern Ireland, a major provider of accountancy and training services; and myself, director of the Centre for Cross Border Studies, which researches, develops and manages cross-border co-operation projects.

The gap we had seen was in training courses for public and civil servants in Belfast and Dublin who were for the first time having to work in the new area of North-South and cross-border co-operation. Put simply, there were no such training courses. An estimated 700 officials working in North/South bodies, government departments, state agencies and local authorities in both jurisdictions were being asked to take on this complex and often politically sensitive work with little or no induction or training.

A funding application for two initial courses was made to the EU Peace Programme through the Special EU Programmes Body and was successful. A distinguished group of lecturers was gathered to teach the course: people like the chairman of Bombardier Aerospace and former senior civil servant, Sir George Quigley; Professor John Bradley of the Economic and Social Research Institute; the Fermanagh businessman and former GAA president Peter Quinn; the head of the Northern Ireland Review of Public Administration, Greg McConnell; the chief executive of the Northern Ireland Community Relations Commission, Dr Duncan Morrow; the director of the Institute of Public Health in Ireland, Dr Jane Wilde, and the director of the Combat Poverty Agency, Helen Johnston.

The first course opened with 20 trainees – half from the North, half from the South – in the Canal Court Hotel in Newry in January 2005. Despite the suspension of the Northern Ireland and North/South institutions, the first two courses were both over-subscribed. At ceremonies in April and June 2005 in Newry and Dundalk certificates were presented to the graduates of these first courses by British and Irish government ministers Ian Pearson, Brendan Smith and Dermot Ahern.

The impact of the first two courses was immediate. The independent evaluator recommended that “this unique, innovative and highly successful programme should be repeated and further developed in the future.” Armed with this evaluation, the promoters went back to the Special EU Programmes Body and were rewarded with funding for two more courses, although it was agreed that the funding would be progressively scaled down as the courses moved towards sustainability by charging incremental fees to participants.

Introduction
The third and fourth courses, in 2006 and 2007, signed up 30 civil servants to each, and included a new feature: an overnight session to start each course so that the North-South groups of officials could mix socially and get to know each other. In February 2007 President Mary McAleese presented certificates to successful graduates at a ceremony in Belfast’s City Hall. In June 2007, shortly after the completion of the fourth course, an Alumni Association was formed to help the nearly 100 graduates keep in touch professionally and socially across the border.

One of the key features of this training programme was the twinning of officials from the two jurisdictions to undertake short research assignments on issues of North-South and cross-border significance. This volume contains the six essays – the products of these assignments – which were awarded distinctions by the course assessors. They cover everything from an all-island heritage pass to the cross-border electronic exchange of patients’ records; an all-island service to dispose of waste fridges and freezers to a study of a cross-border stretch of the Ulster Canal; and a cross-border information system for kidney patients to an all-island system for training renewable energy installers.
FROM MIDDLETOWN TO MONAGHAN

A Socio-Economic Study of the benefits of the proposed reopening of the Ulster Canal

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April 2005
1. Project Overview

The reopening of the Ulster Canal is a high profile North - South capital project. There is widespread interest from both the community and public sector, north and south of the Border, in the possible reopening of the Canal, which would be symbolic in creating a North-South link between both jurisdictions.

The Blackwater Partnership has recently secured INTERREG Funding to compile a socio-economic study of the effects of the possible reopening of the Ulster Canal. This will be a major piece of work. As our project title indicates, we have chosen a specific part of the canal, between Middletown and Monaghan town, some 10 kilometers which straddles the border. Our objective is to focus on the value added to the local economy and to community interests in Middletown and Monaghan arising from the possible reopening of the canal. The scope of our project has been confined by geographical boundaries and relates specifically to social and economic issues. This will complement the work to be undertaken by the Blackwater Partnership.

While researching the project, we felt it would be appropriate to look at other similar examples of how the development of a stretch of inland waterway had brought social and economic benefits to a specific area. We have included, therefore, a brief case study on the effects of the reopening of the Shannon Erne Waterway on the town and surrounding area of Ballinamore, County Leitrim.

2. Methodology and Research

To date much research and documentation has been published relating to the reopening of the Ulster Canal. As our project has focused on one discrete part of the canal, it necessitated a significant amount of research and trawling of documentation to refine the relevant information and present it in a concise and interesting manner. Part of our research included two field trips, one to the Ulster Canal between Middletown and Monaghan and one to Ballinamore, Co. Leitrim. Michael, in consultation with Godfrey McCartney of the Blackwater Partnership, gained valuable insight and information into the history, background and current situation regarding the Ulster Canal. He also made a field trip to the canal between Middletown and Monaghan. Caroline visited Ballinamore and carried out a number of interviews with locals to get first hand knowledge of their experience of the reopening of the Shannon Erne Waterway in Ballinamore.

3. A Brief History

The Ulster Canal was opened in 1841 and formed a major strategic link between the waterways of Ireland, linking Lough Neagh to Lough Erne. The canal is approximately 93 kms long with some 26 locks, and extends from the River...
Blackwater at Charlemont in County Armagh, to Wattlebridge on the River Finn in County Fermanagh. The canal passes through or close to a number of small towns and villages including Charlemont, Moy, Blackwater, Benburb, Milltown, Caledon, Tynan, Middletown, Monaghan, Smithboro and Clones.

The canal was relatively unsuccessful mainly because its locks were too narrow, and coupled with inadequate water supply it suffered from lack of commercial use and went into decline in the early 1900s. It was abandoned in 1931 and has been deteriorating since then. However the Ulster Canal remains a valuable asset with immense cultural and historical significance. Reopening the canal for recreational and tourism purposes would benefit all the communities it touches. The six metre wide waterway boasts 56 intact single apron masonry arch bridges, and there are other structures such as lockkeepers houses and canal stores dotted along the canal corridor which provide significant enrichment to the cultural landscape.

A number of feasibility studies have been carried out to access the potential economic and social benefits of the reopening of the entire canal and to gauge the costs involved. It is envisaged that the project would cost some £90 million, split 50:50 between both jurisdictions. The project would take approximately seven years and, once complete, operational and maintenance costs would amount to an estimated £800,000 per annum, with a recommended £100,000 investment required for marketing purposes in the years immediately following its opening.
Notwithstanding this, reopening of the canal would constitute a large engineering project which would provide significant benefits in the areas of tourism and economic development. Its strategic value would lie in its contribution to rural development in a disadvantaged area of the Border region between Northern Ireland and the Republic of Ireland and in its role as a key linkage within Ireland’s existing 1000km inland waterway network.

4. Middletown to Monaghan: Assessment of the impact of the reopening of this section of the Ulster Canal

The stretch of the canal between Monaghan and Middletown is some ten kilometers long and flows through nine locks. The socio-economic landscape of the local area is quite diverse, ranging from a small cross border village, Middletown, through rural countryside and farmland and rising to enter and pass through the ‘hub’ town of Monaghan town at Lock 17. Though only a relatively short section of the canal, the economic and social dividends which may accrue from the reopening of this section could be substantial, and it may benefit a broad spectrum of the community both north and south of the border.

Middletown is a small village in Northern Ireland. The village comprises a main street with a cross roads at the eastern end. There are a number of small housing developments on the approach roads to the village. Service provision in the village is quite limited, comprising a small supermarket, post office, restaurant, public house and a small amenity area and playing field just outside the village. The hallmarks of the North-South divide and those associated with a ‘border crossing’ dominate this small village. While the village itself does have basic service provision, the physical demeanour and general environment and surrounds of the village are in need of substantial upgrading and improvement to entice people to ‘stop off’ and spend some time here.

Though the village itself is lacking in many services, there exists much development potential. It could in fact capitalise on its strategic location as a cross-border point and focus on this unique feature, where ‘North meets South’. Middletown also has good road links to Armagh and Monaghan for people wishing to access the canal at this point. A large stone Market House and Courthouse add to the character of the village and could be redeveloped into an information/heritage centre. The reopening of the canal would provide the impetus to develop a range of services and facilities in the village. Land based recreation activities would help to build a sustainable tourism product by encouraging people to stop off and spend some time in the area, thus generating economic spin off.

From a social perspective, the impact of the reopening of the canal, while difficult to quantify in monetary terms, would also have a very positive effect. Middletown, like many other border villages, has suffered economic and social
degeneration over the past three decades. Absence of economic investment impinges on social development, which can in turn lead to a sense of ‘fatigue’. Undoubtedly the reopening of the canal would provide a cohesive force to bring this community together, by adding value to the community through a cross border project and instilling a great sense of civic pride in this area. This ‘feelgood’ factor is something which is impossible to cost and in many cases can have an even greater reward for the community to which it applies.

As the canal leaves Middletown and makes it way towards Monaghan it travels almost entirely through rural unspoilt countryside. Substantial parts of the canal here have deteriorated significantly and are in need of major refurbishment. This does not mean, however, that the economic and social rewards from a reopening of the canal here are lessened. In fact, the potential here is quite considerable as it would ‘open the flood gates’ for rural enterprise development currently absent in the area. This is particularly important in an area where a declining agricultural base needs to be supplemented by alternative forms of economic activity.

The possibilities in this regard are endless: cottage industries including cheese making, hand crafted goods, development of cycling and walking paths and nature trails, horse riding and golf, to name but a few. Examples from the Shannon Erne Waterway could be replicated: at Swan Island near Ballinamore a pet farm, amenity area and restaurant have been developed and serve as a ‘stop off’ point along the waterway. Opportunities could also arise regarding the development of private berthing facilities along this stretch of the canal and would provide additional income to land owners. At lock No.10, just outside Middletown, a now derelict lockkeepers house (and bridge), if refurbished, could
be transformed into a small heritage/cultural centre, and serve as a ‘stop off’ point along the canal. Similar development potential exists at Lock 17, just outside Monaghan, where a disused lockkeepers house could be developed along a different theme. Such development not alone stimulates economic activity, but adds to cultural, amenity and visual impact.

Rural development opportunities, while generating economic activity, also promote social development and cohesion. This is of particular relevance in an area where communities have been divided by the border. As with urban areas, remote rural areas have also ‘fallen foul’ of the existence of the border and the social fabric is in need of repair. The development of the canal would not alone be visually pleasing but would also help to build and regenerate communities and enable these communities reach their full potential. Such regeneration encourages people to come and live in these areas, thereby building and consolidating local communities on a long term basis which is positive for local schools, services and businesses.

The canal passes through the centre of Monaghan town, which is quite unique in many respects. As the county town, the largest town along the route of the canal with a strategic location on the N2 Dublin to Derry road, Monaghan has a vital role to play in any development along the canal. Monaghan town has also been designated as a ‘hub’ town by the Irish Government in the 2002 National Spatial Strategy.

While tourism is not the main economic driver in Monaghan, recent development strategies at both national and county level have placed increased emphasis on the development of a specific tourism project for County Monaghan. In 2002 Monaghan County Development Board, in its ‘Strategy for Economic, Social and Cultural Development’, highlighted the fact that tourism in Monaghan is ‘largely underdeveloped’ and that the county has ‘no major tourism flagship project’. It goes on to say that ‘the Peace Process offers the county a unique opportunity to develop a modern sustainable tourism project. The potential exists to develop activity-based holidays in a natural unspoilt landscape in addition to the establishment of a major flagship project such as the Ulster Canal’.

One of the drawbacks to the development of the canal in Monaghan town is that in many places the route has become indiscernible and in some cases built over by roads and buildings. This problem is not insurmountable, and the reopening of this section of the canal, though challenging financially and from an engineering perspective, would open up such huge potential for Monaghan town, in terms of economic prosperity, visual amenity, vitality and prosperity, that it would be difficult to fully quantify. Layers of development, including hotels, restaurants, pubs, general retail outlets and a range of service providers, would benefit significantly from an increase in tourist numbers. The reopening of the waterway would provide a quality visitor destination and it would also unleash the potential for the development of street back-lands, where a range of
accommodation, recreation and other services could be developed and provided for tourists to the town. Adequate mooring/berthing facilities developed in close proximity to the town centre would encourage tourists to stay overnight, generating further economic spin off.

While the immediate economic gains relating to the reopening of the canal would accrue to Monaghan town itself, it would also stimulate the development of business and services outside the town, some of which have been mentioned earlier: golfing, cycling, smaller cottage industries and so on. A specific opportunity also exists to focus on health and general ‘well being’ which ties in well with the peace and solitude associated with canal travel.

The social rewards to be reaped from such development are in some ways more difficult to quantify than those in rural areas. However large scale capital projects such as this one require a driving force to sustain momentum and drive further development. It is in this regard that social and community involvement is important and a key to the success of the project. People like to be associated with success, which instills a sense of pride. This pride is often translated into a positive welcoming atmosphere which is something that no amount of marketing or investment can achieve. Yet again it is that ‘feelgood factor’ which simply exists within an area.

5. Case Study: The Ballinamore success story

The town of Ballinamore in County Leitrim is home to a population of just under 1,000 people. The town itself is built on the banks of the Shannon Erne Waterway, formally known as the Ballinamore - Ballyconnell Canal. The canal itself was built between 1853 and 1860 but only operated for 9 years. In 1961 the Inland Waterways Association of Ireland (IWAI) called for a survey of the canal. However it was three decades later before sufficient community, political and financial support culminated in the reopening of the canal. The canal took five years to reconstruct and was reopened in 1994. The project cost some 33 million euro and was sponsored by the Irish and British Governments, the European Regional Development Fund, the International Fund for Ireland and the ESB.

The development of this waterway links Ireland’s two most significant river systems, the Shannon and the Erne, and has created some 750kms of cruising waterway. Since 1994 over 3,500 boats have gone through the link each year. The number of boating tourists is about 15,000 per season, which in economic terms is worth about 14.5 million euro and has generated some 3000 sustainable jobs. Ballinamore, being one of the urban thoroughfares on the canal, has benefited significantly from this economic spin off. Prior to the opening of the canal, Ballinamore, like many small urban centres in the Border region, was suffering from population haemorrhage and lack of any significant capital investment. The reopening of the canal has reversed this situation and Ballinamore has been
transformed into a bustling urban centre with much of its rejuvenation stemming from the reopening of the canal.

As part of the development of the canal, a modern, fully equipped marina was opened in 1994. The marina, which holds 30 boats, is currently leased to a French company who are responsible for its upkeep and maintenance. The marina provides an idea stop off point along the canal and generates the economic spin off which has transformed the town over the past decade. The key to this success lies in the fact that facilities have be provided to justify why canal users should stop off at this particular point and be encouraged to stay. In Ballinamore and its surrounding area particular emphasis has been placed on the development of local places of historical interest. A genealogy centre has been established to provide a full time professional genealogy service for County Leitrim. A town trail (walking trail) has also been developed and a new children’s playground is nearing completion. On visiting the town one is immediately drawn to the obvious range of signposting for picnic areas, walking trails and areas of historical interest. The town itself has undergone a complete ‘facelift’, with old-style shop fronts adding to the character of the town.

While meeting with the members of the Ballinamore Development Association during our field trip there, we were struck by the immense pride which they took in the development of their town, and in particular, the success of the development of the canal. It is obvious that such success would never have materialised were it not for the great sense of community spirit and drive, spearheaded by one or two individuals, who succeeded in getting this project up and running and have sustained it since its opening in 1994.

The group which we met also referred to the many changes and diversification in the provision of goods and services which had taken place over the past ten years. Retail outlets are now catering for wide and varied tastes, providing a range of cheeses, wines and barbeque provisions previously unavailable in the town.

Along the whole length of the canal there are eight moorings, each of which has public toilets and picnic facilities. The locks are open between 9am and 9pm. A Riverside Barge Company has also been established from which members of the public can hire out barges. The Ballinamore Development Company also has a number of boats available to hire for shorter trips along the canal. Although most of the tourists here are French, the market continues to expand with increasing numbers travelling from Austria and other parts of Europe. The potential for opening private berthings along the canal has not yet been fully exploited and, if managed effectively, could open up a new area of rural diversification for landowners.

The future of Ballinamore looks very positive. Although the spin off from the canal is quite seasonal (March to September), continued community spirit and
drive, innovative thinking and development have made this part of the Shannon Erne Waterway a great success and a fine example for other inland waterway towns to follow. While the economic dividends in Ballinamore are obvious and easy to quantify, the social impact is equally important. The town and surrounding area have been transformed, with much new housing development which helps regenerate and bring new life to the area. The coming to fruition of this project has brought the community together with a sense of pride, and there is continued determination to respond to the needs of changing markets and tastes. While it is often difficult to quantify this type of success and the social dividends stemming from it, our trip to Ballinamore and the surrounding area gave us a real sense of a community with drive, determination and above all pride in their success story.

6. Can this success be replicated?

Having examined the positive effects of the reopening of the Shannon Erne Waterway in one specific area, Ballinamore, the question must be asked whether this success can be replicated along the stretch of the canal between Middletown and Monaghan. While the geographical make-up of both areas, in terms of population dispersal, social fabric and economic development, may not be identical, both areas share a common denominator, the presence of the canal.

In considering the reopening of the canal between Middletown and Monaghan, a number of key issues arise. Most of these stem from the experience of the development of the Shannon Erne Waterway and provide valuable guidance for similar canal projects.

1. It is imperative that an integrated approach is taken regarding the development of the canal and the tourism product which ensues. It is not sufficient to simply restore the canal in the hope that amenities will eventually follow. There must be an integrated development plan put in place to provide the necessary facilities and amenities to attract and maintain tourists. This would include adequate berthing facilities, development of places of historical and cultural interest, adequate signage, and perhaps most importantly, the drafting and implementation of a robust marketing plan, which would be imperative to the success of any project of this nature.

2. Community education and involvement from an early stage, in partnership with the landowners along the route, is essential. By applying this ‘bottom up’ approach, it instils a sense of ownership in the project; greater commitment by those involved to bring the project to completion and reinforces the stability of the project.

3. The successful reopening of the Ulster Canal and, in particular, the stretch between Middletown and Monaghan, will depend heavily on close
cooperation between the administrative bodies, government departments and agencies on either side of the border. The Shannon - Erne Waterway and its organisational and development structure have put in place a suitable template which could be replicated in the case of the Ulster Canal.

There is no reason why the Ballinamore success story cannot be replicated. In many ways the redevelopment of the Ulster Canal has a considerable ‘head start’ in that it can learn from the experiences of the Shannon Erne Waterway. The reopening of the stretch of the canal between Middletown and Monaghan would revitalize communities, enhance property and land values along the route, open up considerable potential for farm diversification and rural tourism initiatives, as well as contributing to cultural, heritage and environmental prosperity.

7. Summary and Conclusions

The reopening of the Shannon Erne Waterway in 1994, which linked the Shannon navigation in the Republic of Ireland with the Erne system in Northern Ireland, stimulated significant interest in the reopening of the Ulster Canal. If restored, the canal would link the Erne and Shannon systems (which link Limerick, Waterford and Dublin) to Lough Neagh and the Lower Bann systems in Northern Ireland. The route of the canal is in a disadvantaged and long neglected rural area and the section of the Ulster Canal between Middletown and Monaghan which we have examined typifies much of the remainder of the canal in terms of geographical and social characteristics.

The economic and social returns arising from the reopening of the canal between Middletown and Monaghan are potentially enormous. The area in question has been devoid of investment in either economic or social infrastructure and is in dire need of a major capital project to boost morale and regenerate faltering communities. The presence of the canal provides the ‘natural’ answer. The restoration of the canal will help revitalise and regenerate communities, stimulate the provision of goods and services currently unavailable, and, most importantly, stimulate the development of a thriving sustainable tourism product. While it is easy to evaluate the success of any project in terms of economic or monetary gain, there are numerous benefits not readily quantifiable which can be applied to this stretch of the canal.

They include:

- **Community benefits**: adding value to a community and instilling a sense of pride;
- **Regeneration benefits**: regenerating rural and urban areas in a disadvantaged border area;
- **Heritage and cultural benefits**: developing areas of heritage and culture previously dormant, e.g. architectural heritage;
• **Environmental benefits:** development and safeguarding of an integral part of the landscape in a managed, inclusive and sustainable way.

In May 2000 Waterways Ireland commissioned ESB International and Ferguson and Mc Ilveen, in conjunction with Tourism Development International and Price Waterhouse Coopers, to update an earlier feasibility study on the Ulster Canal. The final report indicated that the restoration of the canal is feasible. The capital costs of the restoration, including land purchase, was estimated at £90 million at 2000 prices. The project would take seven years to complete and, once complete, annual operational and maintenance costs would be in the region of £100,000 per annum. An investment of £100,000 in the early years for marketing the waterway was also estimated.

However the report did not quantify the wider socio-economic benefits which would emanate from this project, including the potential to regenerate a disadvantaged cross border area. There is also the fact that it forms an important strategic link between the waterways north and south of the Border and would contribute to the tourism product on the island of Ireland.

The current campaign advocating the reopening of the canal has encountered mixed fortunes. While the Inland Waterways Association of Ireland failed in their application for £5 million funding to reopen a section of the canal, the Blackwater Regional Partnership has recently secured INTERREG funding to carry out a socio-economic study of the possible reopening of the whole canal. The absence of current political and economic support for the project further compounds the situation. The reopening of the Ulster Canal would appear, therefore, to be haunted by the same problems which resulted in its closure in 1931, a lack of financial and political commitment.

The future of the Ulster Canal is uncertain at present. Its reopening is challenged by engineering, financial and political constraints. The British and Irish Governments do not regard it as an economic priority. Despite this, it is difficult to ignore the economic and social dividends which would accrue from its redevelopment, even in the short stretch of the canal we have focused on between Middletown and Monaghan.

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A TANGIBLE DIVIDEND OF NORTH-SOUTH CO-OPERATION?

An all-island service for the recycling of waste fridges and freezers

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June 2005
A Tangible Dividend of North-South Co-Operation?

1. Introduction

The overall purpose of this project is to show that there are tangible benefits to North/South and cross-border co-operation using the North/South Fridges and Freezers Recycling Service as an example. The authors have concluded that the service is an excellent example of co-operation and partnership between local and central government, local authorities and district councils, in both jurisdictions on the island of Ireland.

In this project we endeavoured to:

• explain why the service was introduced
• explain what the service involves
• highlight the fact that the service includes a tagging system which can be used by manufacturers when the EU’s Waste Electric and Electronic Equipment (WEEE) Directive is implemented
• quantify results and benefits to date (environmental and cross-border)
• illustrate how the service has and will assist us with the implementation of EU legislation and look at whether a similar service is feasible for other waste streams.

The project did not analyse the details of the tendering procedure or the process carried out by the contractor.

The authors hope to quantify the benefit of cross-border co-operation on a practical level by analysing the:

• data on recycling of fridges and freezers (before and after the service was introduced)
• savings made on both sides of the border
• information obtained from putting in place a pilot scheme
The research carried out illustrates the benefits to be gained from joint initiatives and will hopefully lead to more co-operation in the future.

No previous evaluation of this service has been undertaken. This project, in advance of the introduction of the WEEE Directive on 13 August 2005, is extremely timely.

2. Background

**European Council Regulation No. 2037/2000**

European Council Regulation No. 2037/2000 on substances that deplete the ozone layer, which came into effect in October 2001, requires Member States to remove ozone-depleting substances, including chlorofluorocarbons (CFCs) and hydrochlorofluorocarbons (HCFCs), from fridges and freezers before they are scrapped. This requirement came into force immediately for industrial and commercial appliances and applied to domestic appliances from 1 January 2002. The complete legislation can be accessed on various websites - see Reference Sites. In addition, European Decision 2000/532/EC revised the EU list of hazardous waste to include, with effect from 1 January 2002, equipment which contains CFCs. These changes affected the disposal of fridges and freezers manufactured before 1994, which contain CFCs in insulating foam as well as in fridge coolant.

**Effect of the Instrument**

The effect of this instrument was that waste refrigeration equipment could no longer be disposed of by the traditional method of degassing, recovering the metal and disposing of the remaining waste by landfill. While technology was available in Ireland for the removal of CFCs from the coolants in fridges and freezers, no facilities existed on the island for recovering CFC foam from electrical equipment.

There was now a cost associated with the recycling of waste refrigeration equipment, although local authorities were obliged to accept refrigerators or freezers from households at a civic amenity site. Local authorities are also obliged to provide a collection service for bulky household items, although a collection charge can be made. Units could be exported to other Member States for recycling though capacity was limited.

The net result was that refrigeration equipment was being stored or alternatively exported for destruction at substantial costs to local authorities, North and South.
The North/South Ministerial Council

The NSMC comprises Ministers of the Northern Ireland Administration and the Irish Government, working together to take forward co-operation between both parts of the island to mutual benefit.

The North/South Ministerial Council (NSMC) was established on 2 December 1999 on the entry into force of the British-Irish Agreement, which was signed by the British and Irish Governments as part of the Agreement reached in the Multi-Party Negotiations on Good Friday in Belfast on 10 April 1998.

The Agreement stipulates that the North/South Ministerial Council will “bring together those with executive responsibilities in Northern Ireland and the Irish Government to develop consultation, co-operation and action within the island of Ireland – including through implementation on an all-island and cross-border basis - on matters of mutual interest and within the competence of each Administration, North and South.”

The Environment sector was one of the 12 agreed areas of co-operation under strand two of the Agreement.

Environment Sector – Areas of Co-operation

The environment sector areas of co-operation (initially agreed for consideration by the NSMC at the Inaugural Plenary Meeting in Armagh on 13 December 1999) were research into environmental protection, water quality management and waste management in a cross-border context.

Officials from both jurisdictions agreed that sustainable waste management was one of the most difficult environmental challenges facing public authorities, North and South. The waste practice in both parts of the island was largely one-dimensional, with heavy reliance on landfill and low levels of material recycling.

There did exist a formal cross-border dimension to waste planning, waste licensing and the management of clinical waste, as well as a significant level of waste movement for recovery and recycling purposes.

There was scope for improved waste management in a cross-border context, particularly for the development of joint initiatives with potential to secure a substantial diversion of waste from landfill to recycling in the interests of pursuing more sustainable waste management practice throughout the island.

It was against this background that at the third meeting of the NSMC in its Environment sector in February 2001 the Council tasked officials to work together to identify options to encourage the expansion of waste recycling on an all-island basis.
Below is an extract from the Joint Communiqué of the meeting held in Belle Isle Estate, Fermanagh, on 23 February 2001 confirming the Council’s decision:

“The NSMC noted the progress to date on environmental co-operation and endorsed proposals for officials to work together to identify options to encourage the expansion of waste recycling in Ireland, North and South, in particular a joint approach to market and manufacturing development for secondary materials and recyclates”.

At the fifth meeting of the NSMC’s Environment sector in Dunadry, Co. Antrim on 14th December 2001 the Council approved the establishment, membership, terms of reference and work programme of a steering group of officials from the North and South, to consider and develop a structured co-operative approach to a joint Market Development Programme.

The sixth and most recent meeting of the NSMC (before suspension of the institutions) in its Environment sector was held in Dublin on 17 April 2002. At this meeting the Council noted that, in conjunction with local authorities North and South, a joint approach was being developed to deal with the problem of waste fridges and freezers in conformity with EU regulations on the disposal of CFCs contained in such equipment.

**Adherence to Regulation EU 2037/2000**

Given the economies of scale of an all-island approach, officials decided to proceed with the joint tendering for a service to treat and dispose of all waste fridges and freezers on the island. Both the Department of the Environment in the North and the Department of the Environment, Heritage and Local Government in the South commenced assessing local authority support for such an initiative in June 2002 and considered the terms of a joint tender approach.

**The All-Island Approach**

The Departments in Belfast and Dublin established a Joint Waste Fridge and Freezers Management Board, which included representatives from both Departments and local authorities/district councils. The Board, on behalf of the local authorities and district councils, North and South, was to facilitate the operation of an all-island service for the management of waste domestic fridges and freezers in an environmentally sound manner.

An EU Procurement process, undertaken by the Procurement Service of the Department of Finance and Personnel in Northern Ireland, was initiated. The Board evaluated tenders received in accordance with the specifications set out in the tender documents, and made known the results of the evaluation to the local authorities and district councils with a recommendation that a contract be awarded.
The Board was also responsible for monitoring the operation of the scheme, providing advice to local authorities/district councils, and acting as facilitator to ensure the smooth operation of the scheme.

**General Description of the Service Provided**

The service was required to be an effective system of management of waste refrigerators and freezers on behalf of local authorities/district councils across the two jurisdictions in accordance with legal obligations and best practice. The service was to include the collection, transportation, storage and treatment of waste refrigerators and freezers, the subsequent destruction of the recovered Ozone Depleting Substances and, where possible, the recycling of the remainder of the constituent parts.

Tenders were sought, via an EU Procurement process, in September 2002 on behalf of all district councils and local authorities in the island of Ireland for the provision of a service for the management of waste fridges and freezers. The process attracted considerable interest with 21 completed tenders being submitted.

Evaluation of the tenders was undertaken by the Waste Fridge and Freezers Management Board and a preferred bidder was identified.

**Appointment of Service Provider**

M. Baker Recycling Ltd., a specialist firm operating a fully licensed and compliant recycling plant in St. Helens, Merseyside, was awarded the contract after some delay, due to the adoption in the interim period of the WEEE Directive. The service involves the use of two local firms, David Johnston Environmental Services, in Comber, Co. Down and KMK Metals in Tullamore, Co. Offaly, to collect and transport the waste fridges and freezers to Baker’s recycling plant in St. Helens. The all-island contract was launched on 6 April 2004 and is scheduled to run until 12 August 2005. The price agreed with the contractor per unit is £11/€18. The South will be implementing the Waste Electrical and Electronic Equipment Directive (WEEE) immediately on cessation of the contract. The North have delayed implementing the WEEE Directive until a later date. The WEEE Directive will have the effect of transferring legal liability for disposal of WEEE (including waste fridges) from local authorities and district councils to producers.

All 26 district councils in Northern and 32 (out of 34) in the South agreed to participate in the scheme.
Tagging System

The service includes a tagging system to ensure that a secure invoicing/audit trail is in place. Radio frequency, tamper proof labels called ‘smart tags’ are affixed to each unit prior to transportation and hand held scanners called ‘smart readers’ are used to read the tags. The ‘smart tag’ will give each appliance a unique reference number which, once scanned onto a ‘smart reader’ (at collection point), will create a database entry which records the relevant information at the appropriate point. Each unit will be uniquely identified as to the location of the original site, shipment date, arrival date and final processing date at the recycling plant. The system enables records to be made available to each authority and to the Procurement Service N.I. on a monthly basis.

This aspect of the service will be of considerable interest, especially to electric and electronic equipment producers, and in developing systems for the implementation of the EU Directive on Waste Electrical and Electronic Equipment (WEEE). It is intended to monitor the scheme and ascertain as much useful information as possible on logistics and the development of efficient auditing and reporting systems which will be required by the Directive.
Funding

Funding for the management of waste fridges in the North is administered by district councils through the Waste Management Grant Scheme. Funding in the South is provided from the Environment Fund. In order to qualify for funding, local authorities must ensure free access to civic amenity sites for the receipt of fridges from householders and take active steps to promote the availability of the service. Funding was only provided for domestic waste fridges and freezers.

3. Methodology

A combination of a questionnaire and a site visit was chosen as the means of evaluating the service.
Questionnaire

The objective of the questionnaire (see Appendix A) was to establish whether there are:

- Cost benefits to local authorities and district councils as a result of the service?
- Environmental/logistical benefits?
- Lessons to be learnt for future co-operation?
- Negative impacts associated with the service?
- Other waste streams where a similar service would be beneficial?
- Benefits in relation to implementing EU legislation?

Site Visit

The objective of the site visit was to witness the service working operationally and gain a first hand account of the service from those directly involved.

The advantage of using a questionnaire and site visit is that the operational users are evaluating the service. However, we were dependent on the co-operation of the officials in the local authorities and district councils in sending us back the completed questionnaire.

4. Evaluation Results

QUESTIONNAIRE – DATA ANALYSIS

Of the 29 replies received to the questionnaire sent to each of the 60 local authorities and district councils (34 in the South and 26 in the North), 20 were from the South and 9 from the North. It is important to have regard to the North/South response rate when interpreting the results. One of the local authorities who replied, Galway City, does not participate in the service.

15 questions were tabled on the questionnaire. The results are as follows:

On what date did the local authorities and district councils commence free takeback?

According to 13 of the respondents, the service commenced in their authority/council between February and June 2004; 11 said that the service was always free (all 9 Northern district councils included), 4 submitted no data and one said the free service commenced in February 2002.
How were waste fridges and freezers dealt with prior to the introduction of the service?

Private waste collectors were used by 18 of the 29 respondents (all 9 N. Ireland district councils are included in this number). The remaining local authorities accepted the fridges and freezers, degassed the units and sent the metal to scrap metal dealers or to landfill.
How does the service compare to what was in place previously – environmentally and logistically?

A resounding 69% of those who replied said that they thought the service was better environmentally (31% said it was the same), but only 41% thought that the service was better logistically (32% thought it was worse).

Of the 32% who said it worse logistically, the reasons given were that:-

- the service is more demanding on local authorities and district councils as private collectors did all the work before;
- not enough collection sites are available;
- delays in collection by contractor, and
- paper work required is detailed and time consuming.

Figure 3

How does the service compare with what was in place previously - Environmentally?
Has there been a decrease in the illegal dumping of fridges and freezers?

Although it was difficult to quantify, 10 of the 21 Local Authorities/District Councils who commented said they believe that there was a reduction in illegal dumping. It should be noted however that 8 of the 11 who said there was “no change” were from district councils in the North (where free take back of waste fridges and freezers existed prior to the introduction of the North-South Service). This indicates that where there was no free service previously, there has been a marked decrease in illegal dumping.
Figure 4

In the opinion of the Local Authorities/District Councils - has there been a decrease in illegal dumping

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North South Representation of “No Change” reply

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Were certificates of treatment and reports/breakdowns of Ozone Depleting Substances recovered issued previously?

Of the 22 authorities/councils who replied to this question, 64% did not receive certificates of treatment and 86% did not receive reports/breakdowns of Ozone Depleting Substances recovered prior to the commencement of the service. A clear benefit of the service is that all local authorities and district councils now receive reports and certificates so they are assured that the fridges and freezers have been dealt with in an environmentally friendly manner.
Approximate quantity of fridges and freezers accepted from members of the public in 12 months before and after the introduction of the service?

Comparison of the figures was only possible for 14 of the 29 local authorities/district councils, mainly due to records/data not being available prior to the commencement of service.
Only three councils/authorities, - Coleraine, Armagh and Monaghan - collected more fridges and freezers prior to the commencement of the service as opposed to after. This indicates that the service has been successful in raising public awareness in relation to the availability of the option to bring waste fridges and freezers to the nearest civic amenity site to be disposed of environmentally.
Approximate quantity of other WEEE (Waste Electronic and Electrical Equipment, e.g. cookers, televisions, microwaves etc) accepted from members of the public in the 12 months before the commencement of the service compared to after?

Of the nine local authorities and district councils where figures for comparison were available, Monaghan County Council was the only one that had a decrease in the quantity of Waste Electronic and Electrical Equipment (WEEE) accepted after commencement of service. This would indicate that public awareness from the service has had a positive impact on other waste streams being brought to civic amenity centres.

Figure 7
Comparison of other WEEE collected prior as opposed to after commencement of the service
Are there any cost benefits and if so where do you consider the savings to be?

56% of respondents believed that there are cost benefits as a result of the service. However, all those who said there were cost benefits were from local authorities in the South and all but one who felt there were no benefits were from the North. The greatest saving appears to be in handling costs.

Figure 8

Are there any cost benefits as a result of the service?

What are the savings?
What was the gate fee per unit prior to commencement of the service and how much did the waste management contractor charge per unit before the commencement of service?

An interesting finding is that only one local authority, Kerry County Council, covered its costs for a private waste contractor before the service with its gate fee even though 44% believe the government financed service hasn’t created any cost benefits. One of the reasons given was that the saving in handling costs is offset by higher processing costs. The waste management fee varied from Stg£7-13.75 in the North and €14-55 in the South prior to the introduction of the service, compared to a unit fee of £11/€18 agreed with M. Baker Recycling Ltd.

**Figure 9**

Gate fee at local authority/district council sites

In the opinion of local authority/district council can the service be adapted for any other waste stream and why?

A resounding 95% believed that the service can be adapted for other waste streams, and other WEEE waste appears to be the most obvious area. One of the reasons suggested for other WEEE being suitable is that it is suitable for a similar tagging system.
Figure 10

Can the service be adapted for other waste streams?

- Yes: 95%
- No: 5%

Suggested areas for adaption

- Other WEEE: 15%
- Household hazardous Waste: 5%
- End of Life Vehicles: 5%
- Tyres: 5%
- Other: 5%
- Batteries: 5%

Yes: 38%
Has there been any negative impact as a result of the service?

A clear majority of the respondents believed there to be no negative impacts. The reasons given by the minority who believed there had been a negative impact were more or less the same as the reasons for the service not having been better logistically i.e. costs, paperwork, delays in collection (leading to demands on storage) and delays in receiving refunds from the relevant government department.

Figure 11

Has there been any negative impact of service?

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5. Site visit: V & W Recycling, Dundalk

Both assignment writers visited “Ireland’s largest recycling centre” on 10th June 2005. Veronica and Willie Martin, proprietors of V & W Recycling in Dundalk, hosted the visit. The facility had been the site of the official launch of the initiative by the relevant Southern and Northern Ministers, Pat ‘the Cope’ Gallagher TD and Angela Smith MP, on 6th April 2004.

The facility recycles some 54 products and is the official amenity site for County Louth with a population of 102,000. Additionally, as a consequence of its geographical location, it caters for a substantial number of customers from across the border, predominantly from South Armagh.
V & W Recycling is an extremely user friendly and highly visual site where great pride is taken in educating the general public to the benefits of recycling. Some 400 schools from both jurisdictions have visited the site since it opened in 2000. The company believes that these factors have contributed to the smooth transition to the public utilising the site for fridge and freezer disposal. Some 160 units of fridges and freezers are deposited per month on site. They are subsequently tagged, collected and processed by M. Baker Recycling Ltd.

V & W Recycling welcomed the service and endorsed the procedure as a success. Furthermore the company is confident that the service could be adapted to accommodate the requirements of the WEEE Directive.

In attendance on the visit was Angela Muckian from Louth Council. Angela was also supportive of the process and its positive impact on the management and disposal of waste fridges and freezers.

6. Discussion

Why Adopt an All-Island Approach?

The advantages of adopting this innovative all-island approach to waste management can be expressed in terms of benefits to local authorities/district councils and the relevant government departments North and South.

Benefits to District Councils and Local Authorities

Arguably one of the key advantages in adopting an all-island approach was economy of scale facilitating a lower unit cost (56% of respondents believed there was a cost benefit: See figure 8 above). Geographical location, population, and urban/rural make-up were among the factors which would impact on costs to individual local authorities and district councils if individual councils contract
agreements were arranged. Cost disadvantages to individual authorities and councils were overcome by the large-scale all-island approach, which also had the added incentive of reducing the overall unit cost.

The all-island concept enabled a consistent approach across all councils and a standard service delivery, prompting additional opportunities for local authority and district council networking.

Participation in the service, approved by central government North and South, aided auditing and ensured security of funding.

Individual procurement is expensive, resource intensive and can be legally intimidating. Participation in the centrally led and funded procurement process was totally free. Additionally, the EU procurement process undertaken by the Central Procurement Directorate of the Department of Finance and Personnel in Northern Ireland (on behalf of Departments North and South) took sole responsibility for satisfying legal obligations.

**Benefits to the Departments**

The Department of the Environment in the North and the Department of the Environment, Heritage and Local Government in the South were charged, under the auspices of the North/South Ministerial Council, with identifying options to encourage the expansion of waste recycling across the island. The development of an all-island approach to the fridges and freezers problem presented an ideal opportunity to address this remit.

Significantly, the service demonstrated co-operation between Departments, North and South, and specifically showed that an all-island project can be delivered. It also confirmed that central and local government could work in partnerships across the island to resolve environmental issues.

**Wider Benefits of the Service**

In addition to the quantifiable direct benefits identified, the service has more to offer. At its launch in April 2004 the Department of the Environment Ministers from both jurisdictions agreed that the initiative demonstrated “the opportunities that can and should be exploited by both parts of the island in developing synergies for the management of this and other problematic waste streams”. This clearly illustrated how both governments viewed this initiative as an excellent example of all-island co-operation.

In welcoming the progress of the service over the first six months, Martin Cullen TD, Minister for the Environment, Heritage and Local Government, stated that the “All-Island Fridge Freezer Service demonstrates that North-South co-operation can help tackle problematic waste streams”. He added: “It is my intention that
other opportunities will be exploited by both parts of the island in developing synergies for the management of other waste streams”.

The innovative tagging system ensures a secure invoicing/audit trail. Monitoring of the ‘Smart Tag’ system has proven it to be of great benefit in the tracking and accounting of each waste fridge/freezer collected and will be a useful example for producers when the WEEE Directive is implemented. Working with 57 different authorities across two jurisdictions is challenging considering the number of personnel and administration and accountability systems involved. Julie-Ann Adams, Project Manager for M. Baker Recycling Ltd, said the system is “working surprisingly smoothly and causing a great deal of positive interest across the UK and Europe”. Such support suggests the service could be adopted to satisfy the requirements of the WEEE Directive.

Under the WEEE Directive each local authority and district council will be obliged to maintain a register of all retailers of electric and electronic equipment; accept household WEEE free of charge from the public; enforce the WEEE regulations, and provide collection and treatment facilities. These requirements are largely replicated in the application of the fridge/freezer initiative, thereby offering a suitable proven system to adopt. Undoubtedly other Member States will be able to call upon the success of this all-island and cross-border initiative in implementing this and future EU Directives.

The service won a prestigious award, the ‘Best Partnership Project for Recycling’ category of the UK National Recycling Awards. The service was acclaimed “as a real concrete example of North/South co-operation in action”. The panel of judges commended the service, stating “significant priority was given to the need...for a robust audit trail for each unit managed”, and they “were clearly impressed by the scale of the partnership and the level of co-operation, leading to a clear winner”. One particular judge said he “loved the idea of working across boundaries”.

Since its introduction the initiative has become increasingly popular with members of the public, as local authorities and district councils must ensure free access to civic amenity sites for the receipt of fridges and freezers from householders. There has been increase in both fridge/freezer and WEEE waste collected by local authorities and district councils since the introduction of the service (see figures 6 and 7 above) and there has also been a reported decrease in illegal dumping overall (see figure 4 above). According to latest figures provided by M. Baker Recycling Ltd., 126,000 domestic fridges and freezers from North and South have been processed to the end of April 2005.

Of course in addition to the cross-border/all-island co-operation, the fridge freezer initiative has demonstrated that partnerships between local and central government and across local authorities and district councils do work and can be
further developed. Skills and expertise from other authorities and councils and other jurisdictions can be drawn on.

The use of an integrated approach also reduced costs and responsibilities of procurement and implementation.

7. Conclusions

Our assignment indicates that this service is a success both environmentally (as a means of satisfying the requirements of EU Regulation 2037/2000) and as an example of North-South co-operation. Of note is the fact that few negative impacts have been reported by local authorities/district councils since the introduction of the service (62% of respondents believed there to be none – see figure 12 above).

The service has ensured local authority and district council compliance with EU regulations. In-depth analysis has indicated that the service is cost effective and partly responsible for educating the public to recycling other products. However it is of concern that cost benefits have been experienced in the South but not so much in the North.

Despite this, we believe that this initiative has been an excellent example of co-operation and partnerships between local and central government and local authorities/district councils in both jurisdictions on the island of Ireland. It has successfully demonstrated how procedures can be adapted to assist implementation of other EU legislation including WEEE.

This brief evaluation of the service was partially affected by a number of constraints, notably the evaluators limited knowledge, time restrictions, geographical distances, access to Departmental information, and difficulties associated with examining a current working practice.

8. Recommendation

The success of this service should be replicated with minor changes to the administrative procedures.

Other areas identified for North-South co-operation should be made fully aware of this successful North-South service and learn from it as an example of ‘best practice’ to facilitate the development of practical all-island co-operation across other sectors.
References

M. Baker Recycling Ltd. website
http://www.weeedirective.co.uk/

EC Regulation 2037/2000 on Ozone Depleting and WEEE Directive

North/South Ministerial Council website
http://www.northsouthministerialcouncil.org/

Department of Environment, Heritage and Local Government website
(including links to press releases)
http://www.environ.ie

The Northern Ireland Executive website
(Including links to N. Ireland Department of the Environment Press Releases)
http://www.nics.gov.uk/press/env

Department for the Environment, Food and Rural Affairs (UK) website
http://defra.gov.uk/environment/waste

Associated Parliamentary Sustainable Waste Group:
http://www.pswg.org.uk/producer.asp#a8

Information on National Recycling Awards
http://www.nationalrecyclingawards.com/
http://www.wce.co.uk/awards.htm

Dept of Trade and Industry Site (UK)
http://www.dti.gov.uk/sustainability/weee/index.htm
Acknowledgements

- Sean OSúilleabháin, Waste Prevention and Recovery Unit, Department of the Environment, Heritage and Local Government (DEHLG)
- Ríona Ni Fhláinghhaile, Environment International, DEHLG
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- Kevin Lyons, Sector Manager, North South Ministerial Council, Joint Secretariat
- Andy Pollak, Project Mentor, Centre for Cross Border Studies
- Local Authorities and City Councils in the South
- District Councils in the North
- V & W Recycling, Dundalk

APPENDIX A

Evaluation of the all-island service for the recycling of waste fridges and freezers

Questionnaire

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<th>Local Authority/District Council</th>
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<tr>
<td>How were waste fridges and freezers dealt with prior to the introduction of the service?</td>
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<td>How does the all-island service compare to what was previously in place?</td>
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<td>- logistically</td>
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<td>In relation to documentation:</td>
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<td>- Were certificates of treatment issued previously?</td>
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<td>- Were reports/breakdowns of Ozone Depleting Substances recovered issued previously?</td>
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<td>Has there been a decrease in illegal dumping of fridges and freezers in your area? (Quantify if possible)</td>
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<td>Question</td>
<td>Answer</td>
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<td>Approx. quantity of fridges and freezers accepted from members of the public in the 12 month period before the commencement of free take-back of fridges and freezers</td>
<td>Units Tonnes</td>
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<td>Units Tonnes</td>
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<td>Tonnes</td>
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<tr>
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<td>Tonnes</td>
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<tr>
<td>Are there any cost benefits (could you quantify or estimate the savings per unit)? If yes, where do you consider the saving to be? e.g. in recycling, handling, procurement, administration</td>
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<td>What was your gate fee per unit before the introduction of the service?</td>
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<td>How much did the waste management contractor charge per unit before the introduction of the service?</td>
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<td>On what date did you commence free take-back of domestic waste fridges and freezers?</td>
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<td>In your opinion can the service be adapted for any other waste stream? (please explain why)</td>
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<td>Have you experienced any negative impact as a result of the service?</td>
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CROSSING THE MEDICAL INFORMATION BORDER

The Case for Expanding the CAWT sponsored eMed Renal Information System from the Border Region to the whole of Ireland

Yvonne Gregory
Co-operation and Working Together, L’Derry

Shay McGovern
Department of Health and Children, Dublin

December 2006
1. Introduction

Like many other specialist services, renal (i.e. kidney) disease services have developed in an ad hoc manner on a regional basis in the Republic of Ireland (see Appendix B for glossary of medical terms). This was partly due to the organisational structure that existed for the delivery of health services. There has not been a national population-based model for planning services. Service plans have been developed at regional level and the enormous variability in service planning and provision for renal services across former health board regions is evident.

This paper aims to:

- Outline the roles and functions of our respective organisations;
- Describe the prevalence and incidence of renal (kidney) disease in Ireland;
- Describe the extent and organisation of renal services in the Republic of Ireland;
- Provide a background to the origins of the eMed Project/Information System;
- Describe the information structure required to support the expansion of renal services;
- Outline the service planning process and how it can:
  - Facilitate the expansion of the current eMed Project;
  - Offer a value for money/costs estimate for expansion;
  - Submit conclusions.

2. Background

The Role of Cooperation and Working Together (CAWT)

Cooperation and Working Together was officially established in 1992 when the former North Eastern Health Board (now HSE Dublin North East) and North Western Health Board (now HSE West) from the Republic of Ireland, and the Western Health and Social Services Board and Southern Health and Social Services Board from Northern Ireland, signed the Ballyconnell Agreement committing them to co-operation to improve the health and social well being of their resident populations. The agreement is reviewed and revised as necessary at each CAWT Annual General Meeting. The most recent review took account of recent changes following the HSE reform programme.

CAWT Region

The CAWT Region embraces the whole of the land boundary between the Republic of Ireland and Northern Ireland, and serves a population of over one million people. It also accounts for 25% of the total land area of the island of Ireland.
The border between Northern Ireland and the Republic of Ireland was established over eighty years ago, creating a frontier of 450km. Like many internal EU borders, the Irish border region exhibits most of the problems and disadvantages associated with peripherality from political and economic decision-making (unequal and poorly integrated development, and mismatches in organisational responsibility and competencies). When combined with the associated problems of rurality (poverty, deprivation, weak infrastructure, an ageing population), and intensified by the consequences of 30 years of violence, the Irish border region shows most of the characteristics of economic and social deprivation. It is virtually certain that the existence of the border has aggravated many of the general problems associated with the region or has at least prevented the optimal solution to these problems being pursued.

**Department of Health and Children (RoI)**

The Department’s role and function has changed significantly in recent years. Since the establishment of the Health Service Executive (HSE) and the interim Health Information and Quality Authority (HIQA), the Department has taken a broader strategic role in implementing government health policy. The devolution of all executive functions to the HSE has allowed the Department to focus on policy formation, policy evaluation and planning at strategic level. The Department continues to set objectives for health policy, the strategy for achieving them, the means of financing them and ensuring that government priorities and objectives are met. While the HSE is responsible for the delivery of healthcare services, the Department determines the overall level of service. The Department has a significant role in monitoring and evaluating whether priorities and objectives are being met and ensuring that equitable, quality and value for money services are being delivered. The Department also provides the legislative and regulatory framework for financial, managerial and clinical accountability throughout the health system.

### 3. Renal Disease in Ireland

**What is Renal Disease?**

The term ‘Renal Disease’ (RD) typically refers to diseases of the kidney other than cancers of either the kidney or associated organs of the urinary tract (such as bladder and prostate). The term Renal Replacement Therapy (RRT) describes treatments for renal failure in which removal of waste products from the body is achieved by Haemodialysis, Peritoneal Dialysis or Renal Transplantation. In fact, most patients with renal disease die prematurely because of the enormously increased risk of heart disease that occurs in this condition.

Acute renal failure (ARF) occurs when normal kidneys are compromised for a specific reason (e.g. by low blood pressure, major surgery, or when damaged by
drugs or infection.) More common is irreversible Chronic Renal Failure (CRF) or
Chronic Kidney Disease (CKD), in which the kidneys are slowly impaired over
months or years. In the earlier stages there are few symptoms or signs. Many
patients do not seek medical attention until late in their disease, or even in its
most advanced stages, by which time they are close to requiring long-term RRT.
The severity of renal failure is graded according to the ability of the kidneys to
clear blood of waste products.

Once a patient starts on dialysis or receives a renal transplant they are described
as having End-Stage Kidney Disease (ESKD). The incidence and prevalence of CKD
rises steeply with advancing age and an increasing proportion of patients treated
for ESKD are elderly. However the main reason for the increase in the numbers of
patients with kidney disease is the increase in the number of patients suffering
from diabetes and hypertension. The incidence of these diseases also rises sharply
with advancing age, and given Ireland’s increasingly ageing population, this has
obvious implications for the planning and delivery of future renal services in
Ireland.

Epidemiology of Renal Disease in Ireland

The incidence of any disease is the number of new cases of that disease occurring
over a given time period (usually expressed as cases per million population –
p.m.p. - per annum). The prevalence of a disease is the total number of cases
(new and existing) with that condition at a specific point in time (again, usually
expressed as cases p.m.p.)

It is difficult to determine the incidence and prevalence of Renal Disease on the
island of Ireland. In Northern Ireland data has been collected via the e-Med
Information System for a number of years and has been routinely submitted for
inclusion in the UK Renal Registry. A Renal Registry provides independent audit
and analysis of renal care. However, for completeness, it is essential that all renal
units provide consistent data in standard form (see Section 4 on information
structure requirements).

It is therefore relatively easy to make comparisons on data within the United
Kingdom. In the Republic of Ireland however, there is no population-based study
on which to base estimates. Neither is there a National Renal Registry, similar to
the UK and most other European countries. There is no requirement currently to
maintain a mandatory register of patients with chronic kidney disease who
attend General Practitioners, also recently introduced in the UK. Although it is
possible to identify patients who are currently on dialysis, or have had a renal
transplant, it is almost impossible to track patients with less severe, but ultimately
progressive, levels of the disease. The exception is the CAWT sponsored sites in
the border region where the e-Med system is in place.
Due to the lack of available integrated data from renal services providers in the Republic, there is a reliance on nationally obtained demographic data. This, in combination with attendance and admission figures from renal units nationwide, allow an estimate to be made of the number of persons who currently have Chronic or End Stage Kidney Disease.

Central Statistics Office data from the 2002 Census revealed that the population of the Republic of Ireland was 3,917,203 persons of whom 29% were under 20 years of age, with 11% aged 65 years or older. Preliminary results from the 2006 Census indicate that the population has increased to 4,234,925. Based on these figures, it is reasonable to assume that significant CKD afflicts 120,000 - 140,000 Irish people.

The prevalence of ESKD in the Republic of Ireland for the years 2003-2005 shows there are almost 3000 patients currently alive with ESKD (see table 1 below). About half of these have a functioning renal transplant. This increasing prevalence of ESKD reflects the fact that more patients develop ESKD each year than die with the condition.

Table 1. Number of Prevalent ESKD patients (by modality) in the Republic of Ireland over last 3 years

<table>
<thead>
<tr>
<th></th>
<th>HD</th>
<th>PD</th>
<th>Tot.Dialysis</th>
<th>Transplant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/12/03</td>
<td>826</td>
<td>187</td>
<td>1013</td>
<td>1391</td>
<td>2404</td>
</tr>
<tr>
<td>31/12/04</td>
<td>978</td>
<td>213</td>
<td>1191</td>
<td>1379</td>
<td>2570</td>
</tr>
<tr>
<td>31/12/05</td>
<td>1146</td>
<td>197</td>
<td>1343</td>
<td>1505</td>
<td>2848</td>
</tr>
</tbody>
</table>

Legend: HD-Haemodialysis, PD-Peritoneal Dialysis

Table 2. Selected Prevalence Rates p.m.p., by treatment modality (%)

<table>
<thead>
<tr>
<th></th>
<th>HD</th>
<th>PD</th>
<th>TX</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland 2005</td>
<td>292 (40%)</td>
<td>50 (7%)</td>
<td>384 (53%)</td>
<td>727</td>
</tr>
<tr>
<td>Ireland 2004</td>
<td>249 (38%)</td>
<td>54 (8%)</td>
<td>352 (54%)</td>
<td>656</td>
</tr>
</tbody>
</table>

Legend: HD-Haemodialysis, PD-Peritoneal Dialysis, TX-Transplant

While the preceding two tables indicated both the numbers and prevalence rates of persons with End Stage Kidney Disease, and their treatment modality, the following figure offers a prediction in the growth of the Haemodialysis population to 2015. Reasons for this growth have been alluded to at the beginning of this section.
Renal Services in Republic of Ireland

There are 11 Renal Units for adult patients, distributed through the 4 HSE Administrative Areas, supporting 14 Haemodialysis (HD) Facilities; 8 Renal Units supporting a Peritoneal Dialysis (PD) Programme and 3 Units supporting (HSE provided) satellite HD facilities. Recently a fourth Unit (Waterford) is developing a further (private provider) satellite HD facility (in Kilkenny).

A number of patients also receive HD at the Beacon Clinic (private provider) dialysis facility in Dublin. Unlike the previously mentioned satellite HD facilities, this facility does not currently act under the direct governance of one specific renal unit. Patients dialysing at the Beacon Clinic will have originally presented to one of the other renal units. Services are commissioned from this and other private providers by the renal units on a fee paying basis. The emergence of more private renal dialysis facilities is evidence of the current lack of sufficient services in the public sector and presents an opportunity to further enhance the possibilities of extending the eMed system. (See section 5.1)

The following table details the HSE area, National Hospitals Office (NHO) network and hospital location of each renal unit. Locations of main and satellite HD facilities are also given.
### Table 3. Renal Units and HD Facilities in RoI, 31/12/2005

<table>
<thead>
<tr>
<th>HSE Area South</th>
<th>Renal Unit</th>
<th>Main HD Facility</th>
<th>Satellite HD Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 1</td>
<td>Waterford RH, Waterford</td>
<td>Waterford RH, Waterford</td>
<td>Kilkenny</td>
</tr>
<tr>
<td>Network 2</td>
<td>Cork University Hospital, Cork</td>
<td>Cork University Hospital, Cork</td>
<td>Kerry GH, Tralee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HSE Area West</th>
<th>Renal Unit</th>
<th>Main HD Facility</th>
<th>Satellite HD Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 4</td>
<td>Letterkenny GH, Letterkenny</td>
<td>Letterkenny GH, Letterkenny</td>
<td>Sligo GH, Sligo</td>
</tr>
<tr>
<td>Network 5</td>
<td>Merlin Park Hospital, Galway</td>
<td>Merlin Park Hospital, Galway</td>
<td>Mayo GH, Castlebar</td>
</tr>
<tr>
<td>Network 7</td>
<td>Midwestern RH, Limerick</td>
<td>Midwestern RH, Limerick</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HSE Area Dublin North-East</th>
<th>Renal Unit</th>
<th>Main HD Facility</th>
<th>Satellite HD Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 3</td>
<td>Cavan GH, Cavan</td>
<td>Cavan GH, Cavan</td>
<td></td>
</tr>
<tr>
<td>Network 10</td>
<td>Beaumont Hospital, Dublin Mater Hospital, Dublin</td>
<td>Beaumont Hospital, Dublin Mater Hospital, Dublin</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HSE Area Dublin Mid-Leinster</th>
<th>Renal Unit</th>
<th>Main HD Facility</th>
<th>Satellite HD Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network 6</td>
<td>Midland RH, Tullamore</td>
<td>Midland RH, Tullamore</td>
<td></td>
</tr>
<tr>
<td>Network 8</td>
<td>St Vincent's UH, Dublin</td>
<td>St Vincent's UH, Dublin</td>
<td></td>
</tr>
<tr>
<td>Network 9</td>
<td>AMNCH, Tallaght Dublin</td>
<td>AMNCH, Tallaght Dublin</td>
<td></td>
</tr>
</tbody>
</table>

All units are led by consultant nephrologists, and supported by a multidisciplinary team. Two units are approved for training Specialist Registrars in Nephrology. All renal and renal-pancreas transplantation is performed in the Beaumont Hospital in Dublin.
For many clients needing renal replacement therapy, the geography of the island can be problematic. Very often accessing a unit can necessitate a long road journey, particularly if the patient is from a rural area, up to 3 or 4 times a week.

4. The eMed Renal Information Project

Background

In 1999 Cooperation and Working Together convened a group of health professionals from three dialysis units adjacent to the border. This group researched the demography of the region and current provision of renal services. The results of this research defined the potential for a strategic specialty information system to overcome the problems associated with peripherality. In addition, a feasibility study into the cross border development of acute hospital care services had already identified this project as an opportunity for the partner organisations to implement actions and achieve real benefits for patients with kidney failure living in border counties of Ireland who have several disadvantages:

- Regional specialist services are relatively inaccessible because of long travelling distances.
- Transport infrastructure is generally of a poor standard.
- General measures of poverty and disability tend to be higher than average.

An application was submitted to secure funding for the installation of computer hardware with a dedicated networked nephrology database programme at three cross border dialysis units. The system aimed to capture demographic and clinical patient data to be assessed at quarterly audit meetings. Quality measures included rates of provision of dialysis treatment (with special regard to equity of provision for rural inhabitants and the elderly) as well as adequacy of dialysis, vascular access, and treatment of blood pressure, anaemia and bone disease.

Aims and Objectives of the eMed Renal Information Project

Aim

The overall aim of the original project was to establish a cross border strategic alliance committed to improving renal services for the people of the CAWT region. It had a number of objectives and benefits:
Objectives

- To develop and implement a cross-border, renal information system which will support clinical audit and lead to quality improvement
- To use information from the system to facilitate comparative audit on a cross-border basis so as to improve future outcomes
- To develop relationships between professionals in each of the organisations
- To achieve joint learning and sharing of good practice
- To agree clinical standards and protocols based on the lessons learnt from audit outcomes.

Benefits

- Enhanced take-up rate of dialysis programmes, especially among rural dwellers and the elderly
- Improved survival rates
- Augmented quality of vascular access in dialysis patients
- Increased adequacy of delivery of dialysis
- Improved treatment of hypertension, anaemia and calcium and phosphate balance
- Enhanced general health and wellbeing within the community
- Increased respect, mutual understanding and co-operation between cross-border communities.

The project was specifically designed to target social need by using data collection to identify shortfalls in quality of care and to develop strategies to address these shortfalls in a transparent and verifiable manner. Implementation of the project specifically targeted efforts and resources on patients living in deprived rural areas. Identification and quality treatment of these patients would help to tackle factors that cause social exclusion and promote social inclusion. The information collected has identified the areas of greatest need in the field of renal replacement therapy, enabling provision of treatment to reach the target groups and helping to ameliorate the effects of poverty and aid the commission of renal services. There is reason to believe that the incidence of renal failure may also be higher in deprived rural areas, and specific targeting of identified inequalities in level of care can improve take-up in rates of dialysis. The data audit quantifies barriers and defines strategies to overcome them. These strategies complement government policy with regard to quality delivery of renal services. (see section 6.)

Preliminary findings from the audit at the six sites indicated variations in the male/female population and also in the age profile of those requiring renal replacement therapy. This is a first phase audit, and will give some preliminary indications in respect of service provision. The audit also noted differences in treatment regimes for the administration of haemodialysis. Consultations have occurred between the nephrologists at the various units participating in the
project, who have agreed to confer with one another in respect of determining best practice based on these findings.

5. Information Structure – Renal Services

Information Structure Overview – The international experience with renal systems

In the last twenty years computerised data collection systems have increasingly been used in healthcare. They have been used for administrative purposes to improve patient care and for clinical research. There are now evidence-based guidelines on all aspects of renal care. National data systems such as the United States Renal Data System, the Canadian Organ Replacement Registry and the UK and Scottish Renal Registries have provided much useful information on trends in the management of ESKD and have facilitated clinical audit and quality improvement across renal centres.

Current information provision

There is a dearth of accessible quality information on the epidemiology of renal disease and on renal services in the Republic of Ireland. Although all units gather data manually, information is not readily available on how renal services perform, either in terms of patient outcome, patient satisfaction, inter-unit comparison or international norms.

As stated earlier, there is no renal registry in the Republic of Ireland, nor does Ireland participate in any international registry, unlike our European neighbours. Twenty-two European countries provide data to the European Renal Registry. However there is a register of patients who have received a renal transplant in Ireland, maintained at the National Renal Transplant Centre at Beaumont Hospital.

Also Information and Communication Technology (ICT) systems vary between units with different systems in use in different units. The eMed system in use throughout Northern Ireland has recently been extended to units in the North West of the Republic through CAWT. However these developments have taken place following individual unit-led initiatives with little reference to developing a strategic system for the whole island.

Future information system development

Patients need access to their own clinical information to enable them to manage their condition. Renal centres must undertake regular audit of the service they provide to ensure a dynamic and timely response to any quality issues that arise, and to continuously improve the standard of care delivered to patients. Patients
need a renal service that provides good quality information to enable evidence-based service planning with national and international comparisons.

Clinical data on all patients with chronic renal disease and requiring renal replacement therapy will enable individual nephrology units to monitor elements of care and performance against evidence-based guidelines; engage in clinical audit; integrate with and supply data to a National Renal Registry, and inform strategic planning of renal services.

Renal services in the Republic of Ireland would best benefit from a common IT platform for patient management and data extraction, with automatic downloading of core data items to a renal registry. Such a system would facilitate rapid individual patient feedback with clinical information. It would also enable reports to be generated on a regular basis to ensure a dynamic and timely response to any quality issues that might arise in order to continuously improve the standard of care delivered to patients.

If this core data is collated nationally to a renal registry, such a registry could monitor the quality and quantity of renal care in the Republic of Ireland, estimate the burden of chronic kidney disease on a population basis, stimulate research and provide an evidence base for service planning.

The Service Planning Process

Service Planning was introduced in the former health boards in the Republic following the enactment of the Health Amendment Act (No. 3) 1996. It involved the preparation of an annual service plan by each board setting out the service goals to be achieved. These were underpinned by the stated national priorities for health set down by the Department of Health. The Health Act 2004 places statutory responsibility on the HSE to prepare a three year Corporate Plan and an annual report setting out the implementation of both.

The National Service Plan sets out the agreed level of health and personal social services that the HSE will provide during the year. It represents the annual agreement between the Minister for Health and Children and the HSE, and is the benchmark against which the performance of the HSE is measured. Each element of the plan is supported by a business plan, which identifies how the objectives and actions will be achieved. Performance monitoring mechanisms (through quarterly reports to the Department) ensure that objectives are delivered within approved resources and employment levels.

It is through this process that expansion of the eMed Information Project could be advanced. We believe that it is incumbent on CAWT and other participants in the project to circulate the outcomes of the eMed Information Project to policy makers and service providers, and thus to demonstrate the effectiveness, value for money and advantages of extending the project.
6. Proposed Expansion of the Project

Rationale for proposed expansion

This paper proposes an expansion of the eMed Renal Information system to the whole of the island of Ireland to offer a co-ordinated approach by health authorities and service providers to improve the quality of delivery of health care to renal patients. This initiative is consistent with the strategic framework envisaged by Department of Health and Children’s Health Strategy Quality and Fairness – A Health System for You published in 2001.

National Goal No.3 in that strategy is to provide ‘responsive and appropriate care delivery’. Its aim is to gear the health system to respond appropriately and adequately to the needs of individuals and families. It is also concerned with ensuring that the various parts of the system are being utilised to their maximum effectiveness and efficiency. Objective No.3 aims to ensure that ‘the system has capacity to deliver timely and appropriate services’.

Why is the expansion needed?

There is increasing evidence that the system in the Republic of Ireland does not have the capacity to meet current demands for renal services. The proliferation of private renal facilities is one indicator that the public service is over-stretched. However while the advent of private facilities can present suppliers with a value for money option, it also presents an opportunity to ensure that these facilities provide relevant comprehensive data which is consistent with any information system to be developed in the public sector. This could be a condition attached to any agreement to purchase service by the buyer and thus ensure that the data available to a renal registry is relevant, consistent and appropriate. It is also clear that if the current supply of renal services is inadequate, then additional capital and current investment at both primary and secondary level is required.

The original project looked at a target population in rural districts adjacent to the border. The expansion envisages the introduction of the eMed system to the remaining units in the Republic of Ireland (all units in Northern Ireland currently have the system). The benefits and advantages outlined above clearly support the need to expand the project. Without analysis of the data that the system is capable of delivering, there is a risk that appropriate treatment may not be readily available for all patients who could benefit.

Information collected by the renal units throughout the country and by the European Dialysis and Transplant Association does indeed show that the rate of dialysis provision in Ireland falls behind the average in the European Community. (see table 4)
Table 4. Incidence of renal disease and ratio of renal units per million population in selected European countries

<table>
<thead>
<tr>
<th>Population (in thousands)</th>
<th>Renal Units (n)</th>
<th>Renal Units (p.m.p.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greece</td>
<td>11061</td>
<td>129</td>
</tr>
<tr>
<td>Austria</td>
<td>8104</td>
<td>69</td>
</tr>
<tr>
<td>Sweden</td>
<td>8993</td>
<td>65</td>
</tr>
<tr>
<td>Catalonia</td>
<td>6726</td>
<td>43</td>
</tr>
<tr>
<td>Finland</td>
<td>5228</td>
<td>28</td>
</tr>
<tr>
<td>Netherlands</td>
<td>16281</td>
<td>55</td>
</tr>
<tr>
<td>Denmark</td>
<td>5401</td>
<td>15</td>
</tr>
<tr>
<td>Ireland</td>
<td>3917</td>
<td>11</td>
</tr>
<tr>
<td>Scotland</td>
<td>5078</td>
<td>11</td>
</tr>
<tr>
<td>England &amp; Wales</td>
<td>53045</td>
<td>56</td>
</tr>
</tbody>
</table>

The e-Med project seeks firstly to identify unmet need through a co-ordinated approach by health agencies and service providers. Subsequent expansion of the project will lead to an identification of best practice and to a co-operative development for continuous quality improvement in the delivery of renal health care on the island of Ireland.

Expansion of the project will identify and address inequalities in the provision of care. It will also have the capacity to identify and quantify the shortfall in renal service provision and barriers to best practice, and define strategies to overcome them.

**Estimated costs**

Based on the current costs of the current eMed system, a planned expansion programme covering initially four additional sites in the Republic of Ireland (in order to implement a phased and managed approach, and maintain the current server capability) would be in the order of €615,000. These are inclusive of €60,180 for maintenance annually, and also includes initial staffing and licensing costs of €331,192. These costs would recur on an annual basis. Periodic reviews of the software and upgrading of hardware would also necessarily require continued investment. Expanding the system to encompass all of the remaining sites in the RoI would require an investment in the order of €2,000,000, the breakdown of which is captured in table 5 below.
Table 5. Indicative Costs for phased expansion (4 sites) and complete expansion

<table>
<thead>
<tr>
<th>Project Costs (inc. Yr 1 Maint.)</th>
<th>Rol Rental Units (4)</th>
<th>Rol Rental Units (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Initial Outlay</td>
<td>€285,270</td>
<td>€927,127</td>
</tr>
<tr>
<td>Add. ICT site related costs</td>
<td>Rol Rental Unit (4)</td>
<td>Rol Rental Units (13)</td>
</tr>
<tr>
<td>including staff and licensing</td>
<td>€331,192</td>
<td>€1,076,374</td>
</tr>
<tr>
<td>Sub Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost of Expansion of eMed</td>
<td>Rol Rental Units (4)</td>
<td>Rol Rental Units (13)</td>
</tr>
<tr>
<td>Renal Information System</td>
<td>€616,462</td>
<td>€2,003,501</td>
</tr>
</tbody>
</table>

7. Summary and Conclusions

Summary

Having examined the aims of the original CAWT project, we are satisfied that the expansion of the eMed Renal Information System will enhance rather than lead to any diminution in service. It will not result in any displacement in terms of existing renal service provision but rather meet identified needs that are not currently being met. The main reasons why we feel that the clinical information system needs to be expanded can best be summarised as follows:

- Patients with renal disease need confidence in the quality of their care, the excellence of their treatments and the probability of a good outcome. A renal health information system will put in place the mechanisms to monitor adherence to quality standards and achievement of desired outcomes, and ensure that renal services in Ireland operate at the top level of international best practice.
- The introduction of a uniform patient management IT platform with interactive compatibility between renal units, north and south, and other HSE Information Systems (e.g. other disease registers, performance indicator systems etc.) will support the future development and management of an all-island renal registry.
- The expanded system will assist in collating, developing and adopting all-island guidelines for best practice, standards of care and key outcome measurements.
- Finally it will facilitate the dissemination of practice guidelines and other educational resources.
Conclusions

Without an all-island Renal Registry, supported by a linked clinical information system, it is difficult to assess the detailed rates needed to accurately model future need. However it is clear that the rate exceeds the sum of the death rate and the net transfer to transplant rate. As stated earlier, given Ireland’s increasingly ageing population and increasing rate of other diseases that affect renal function, there is no reason to expect that this will change in Ireland’s future. It is anticipated, therefore, that there will be a continued increase in the national dialysis population at a rate at least as much as has been witnessed over the last several years, and probably slightly higher. The need for a comprehensive all-island renal information system has never been greater.

Appendix A: References

Quality and Fairness – A Health System for You : Department of Health and Children 2001

INTERREG IIIA Funding Submission: CAWT 2004

UK Renal Registry 2006

A Strategic Review of Renal Services: Department of Health and Children 2006 (Unpublished)


Appendix B: Glossary of Terms

<table>
<thead>
<tr>
<th>Chronic Kidney Disease</th>
<th>Usually refers to patients who have impaired renal function but do not yet require renal replacement. Covers a broad range of renal insufficiency from mild to severe. Renal function in the majority deteriorates gradually with time and these patients contribute directly to the pool of patients receiving renal replacement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis</td>
<td>A type of renal replacement therapy used to provide an artificial replacement for lost kidney function.</td>
</tr>
<tr>
<td>End-Stage Kidney Disease</td>
<td>This term refers to those patients whose kidney disease has reached the point where renal replacement (dialysis or transplantation) is required and has begun.</td>
</tr>
<tr>
<td><strong>Glomerular Filtration Rate</strong></td>
<td>The ability of the kidneys to clear blood of waste products per unit of time. It is a measurement of kidney function.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Haemodialysis</strong></td>
<td>A method for removing waste products such as potassium and urea, as well as water, from the blood when the kidneys are incapable of this (i.e. in renal failure). It is a form of renal dialysis and is therefore a renal replacement therapy.</td>
</tr>
<tr>
<td><strong>Nephrologist</strong></td>
<td>A physician educated and trained in kidney diseases, kidney transplantation, and dialysis therapy. Also called a Renal Physician.</td>
</tr>
<tr>
<td><strong>Nephrology</strong></td>
<td>The study and treatment of kidney disease.</td>
</tr>
<tr>
<td><strong>Peritoneal Dialysis</strong></td>
<td>One of the types of dialysis (removal of waste and excess water from the blood) used to treat people with kidney failure. In PD, the process of dialysis takes place inside the body. The abdomen has a lining called the peritoneal membrane, which can be used as a ‘filter’ to remove excess waste and water. A tube is inserted into the abdomen. Dialysis fluid is drained into the abdomen. Excess waste and water pass from the blood into the fluid and after some hours the fluid is drained out.</td>
</tr>
<tr>
<td><strong>Renal</strong></td>
<td>Anything relating to, involving, affecting, or located in the region of the kidneys.</td>
</tr>
</tbody>
</table>
A HERITAGE PASS FOR IRELAND?

The possibility of introducing an all-island Visitor Pass to heritage sites owned by the National Trust (NI) and the Office of Public Works (RoI)

Noel Sheahan, Department of Arts Sport and Tourism, Dublin

Norman Houston, Department of Enterprise, Trade and Investment, Belfast

December 2006
A Heritage Pass for Ireland?

1. Introduction

It is generally agreed that tourism is an area where there are real potential benefits from greater North-South co-operation. Tourism Ireland was established as one of six areas of co-operation under the framework of the Belfast Good Friday Agreement in April 1998. Its remit is to continue to grow the number of overseas visitors coming to the island of Ireland. It is generally accepted that it has been very successful in doing so. The most recent year for which full year visitor numbers are available is 2005. In this year over 8 million overseas visitors came to the island with associated revenue of €4 billion/£2.7 billion. This continues the steady growth seen in recent years and represents an increase of over 1 million visitors since 2001.

Tourism Ireland constantly undertakes market research into the reasons why overseas visitors wish to come to Ireland. One issue that has come to light in this research is that while a lot of overseas visitors express the desire to visit the island of Ireland, there is some uncertainty with regard to what they can actually do when they arrive. The research shows that cultural tourism, in all its forms, is now the main reason for visitors coming to the island of Ireland. Those seeking a cultural experience are, by their very nature, peripatetic: they wish to see as much as possible of the island’s rich and varied heritage sites. Cultural tourists are therefore prepared to travel outside the main urban areas to see, at first hand, sites like the Giant’s Causeway in Co. Antrim or Newgrange in Co. Meath. There are obvious benefits for the rural economy which can be derived from strengthening the cultural and heritage product.

However, it is essential that policies are in place which are as uncomplicated as possible for the visitor. Overseas visitors will not necessarily be aware, in geographical terms, of where the various sites of interest are to be found. They wish to travel as freely as possible and be unburdened by bureaucracy. This paper, therefore, attempts to bring forward a proposal which has the potential to benefit one important niche in the cultural tourism arena, viz. the heritage seeker. Specifically, it explores the possibility of introducing a single all-island heritage visitor pass which would allow tourists to access heritage sites north and south of the border.

There is one important caveat which should be highlighted at this early stage. In researching this proposal, a distinction has been drawn between visitors from outside the UK and Ireland and those resident in both jurisdictions. The National Trust Northern Ireland has already in place a well-developed annual membership package. Accordingly it was considered that the research should look primarily at those visitors coming from outside Britain and Ireland.
This paper will look at why cultural tourism is a potentially important growth area for tourism on the island of Ireland. It details the existing system of accessing heritage sites north and south of the border. It highlights the potential advantages of a standardised ticket allowing purchasers to access all heritage sites north and south of the border, but also highlights some of the potential problems that would require addressing before such a scheme could be introduced.

2. The Growing Importance of Heritage Tourism

Cultural Tourism- A Synopsis

As a starting point, it is important to set cultural tourism in context and to look more closely at the relevant sub-division of the sector, i.e. heritage tourism. Through understanding this sub-sector we will be able to make sound recommendations to show why the introduction of an all-island heritage card could be beneficial. Cultural tourism was defined by Mintel in 2004 as “a general term to describe tourism that focuses on lifestyles, arts industries, traditions and leisure activities of the local population”. ICOMOS (1999) defined it as “that form of tourism that focuses on the culture and cultural environments including landscapes of the destination, the values and lifestyles, heritage, visual and performing arts, industries, traditions and leisure pursuits of the local population or host community. It can include attendance at cultural events, visits to museums and heritage places and mixing with local people”. In so doing they emphasised a change from a traditional (consumption based) approach to the consideration of culture and cultural tourism to a more inclusive and contemporary perspective.

Cultural Tourism – Scope and Crossover

Sub-categories of cultural tourism have been devised to help ascertain trends and characteristics of the more identifiable market segments based on motivations and behaviours as well as tourist activities.

These are, in order of importance:

- Heritage tourism – concerned with the interpretation and representation of the past. This includes visits to castles, monuments, country houses and religious sites.
- Arts tourism
- Creative tourism
- Urban cultural tourism
• Rural cultural tourism
• Indigenous cultural tourism
• Contemporary cultural tourism.

The above list sets out the scope of cultural tourism but also illustrates the importance of activity as part of cultural tourism. The cultural tourist, as opposed to other categories (e.g. the business tourist), engages in ‘doing’ culture. However it is worth bearing in mind that cultural tourism is in itself a dynamic category and may involve considerable cross-sectoral activity. That is, the cultural tourist may, through the course of a stay, be engaged in a variety of different cultural activities ranging from the passive admiring of architecture, to the active undertaking a class in handicrafts, and from attending a classical concert during the day to visiting a dance club in the evening. The key point is the adaptability of the tourist, which should be met by choice and flexibility on the part of the provider. Flexibility is not just confined to the cultural tourist but it is particularly important that those seeking to experience a wide variety of heritage sites throughout the island can do so with the minimum of bureaucracy.

The Dominance of Cultural ‘Products’

The most recognisable and most readily managed ways in which the tourism sector utilises culture is via cultural products. Typically these include art galleries, historic buildings, designated heritage centres, theatres and so on. These self-contained places and activities of culture are often specifically geared to the tourist and are usually the centrepiece of any destination’s promotional brochures. Research by ATLAS in 2004 considered visits to these formal cultural products an essential part of the visitor experience. They found that ‘traditional’ attractions such as museums, galleries and monuments remain the most important sites visited by cultural tourists. It is in this area that the National Trust and the Office of Public Works have a major role to play. Both organisations have ownership of the most important and most popular buildings and sites on the island of Ireland. They also have most to gain from introducing incentives to encourage tourists to travel to both jurisdictions.

Heritage Issues

Key players in the tourism industry believe that effective marketing of cultural destinations can increase visitor numbers substantially, but the perception is that marketing is currently poor – traditional rather than innovative. It is predicted that there will be a shift away from the traditional cultural destinations to those with new and/or innovative products and services. The growth of the young cultural tourist market, whose demands will be more varied than the traditional or even casual cultural tourist, will require even further innovation – combining tangible and intangible cultural products to produce individual experiences.
Effective packaging of tourist products provides a strong reason for people to visit a destination or region, while joint promotions add to the area’s coherence and attractiveness. Packaging of larger with smaller facilities/attractions along with accommodation can create synergies and increase tourist volume. The packaging should in the main be focussed on themes rather than geographical centres. That view fits well with the proposal being put forward for a single visitors pass for heritage sites owned by the two heritage authorities north and south of the border. Themed marketing products for historic houses, gardens or natural geographical features such as the Giant’s Causeway or Newgrange are obvious examples of how this might work.

However it should be noted that there is often a lack of co-operation on market initiatives between businesses and the public sector in developing themed packages involving several tourism operators. This impediment is something that will require careful management if the proposal put forward in this paper is to be pursued further.

Cultural Tourism in an Irish Context

As previously stated, Tourism Ireland is the North/South body whose remit it is to attract overseas visitors into the island of Ireland. The Northern Ireland Tourism Board and Fáilte Ireland are responsible for tourism development within Northern Ireland and the Republic respectively. All three bodies are acutely aware of the growing importance of cultural tourism and the need to cater for this type of tourism in the years ahead.

In June 2006 Fáilte Ireland published its Cultural Tourism Marketing Strategy which was prepared on its behalf by Genesis Strategic Management Consultants. The report describes the agreed strategy for cultural tourism for the next phase, running from the second half of 2006 through to the end of 2009. The strategy was developed in partnership with a steering group comprising members of Fáilte Ireland’s Product Marketing Group and an advisory group drawn up of representatives of relevant tourism agencies together with industry, trade and marketing organisations.

The findings of this report reinforce earlier studies completed by Tourism Ireland and the Northern Ireland Tourism Board, namely:

1. Ireland has a lot to offer cultural tourists in terms of the quantity and quality of heritage sites.
2. Additional capacity exists in the system. Most heritage facilities could fulfil more demand without large investment.
3. Tourists in major markets are well-disposed to visiting Ireland, viewing culture as being a major element of “what Ireland is about”
4. International trends towards “softer culture” and more authentic “experience based tourism” play to Ireland’s strengths – combining heritage with people and place to give an overall experience to visitors that is in general highly positive and distinctive.

The report also highlights the need to further develop the heritage product that is on offer in Ireland. Specifically the report recommends five key priorities:

1. Building and communicating market insight to industry stakeholders;
2. Developing and setting the cultural tourism product agenda – the set of events, themes and concepts on which cultural tourism products are built;
3. Stimulating, facilitating and rewarding productive conversations among members of the ‘supply side’ of cultural tourism products with general and niche visitors;
4. Informing, and in some cases subsidizing, effective marketing of cultural tourism products to general and niche visitors;
5. Promoting the ongoing creation and improvement of underlying cultural tourism assets on a sustainable basis that optimises their value over the long term.

Finally the report specifically recommends that the Office of Public Works should be engaged on best practice in development and promotion of tourism products.

Obviously the possible introduction of an all island heritage card would seem to be broadly consistent with the aims and objectives of the strategy as outlined above.

3. Heritage Sites in Northern Ireland

The key organisation with responsibility for the preservation and management of the most popular heritage sites in Northern Ireland is the National Trust. The Trust owns 19 properties all of which are ‘pay for entry’. The list includes five of the most visited attractions in the region. These are:
Visitors 2005

<table>
<thead>
<tr>
<th>Property</th>
<th>Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giant's Causeway</td>
<td>464,423</td>
</tr>
<tr>
<td>Carrick-a-Rede Rope Bridge</td>
<td>168,647</td>
</tr>
<tr>
<td>Portstewart Strand</td>
<td>142,858</td>
</tr>
<tr>
<td>Mount Stewart House and Gardens</td>
<td>115,653</td>
</tr>
<tr>
<td>Castle Ward</td>
<td>44,178</td>
</tr>
</tbody>
</table>

The regional office of the Trust operates under the direction of its National Executive in London and it has limited authority to introduce new marketing and incentive packages. It is a registered charity which relies heavily on annual membership subscriptions from UK residents. The Trust has 3.4 million members in the UK of which 50,000 are resident in Northern Ireland. The Trust’s primary financial aim is to increase its annual membership base through monthly or annual payments. It has not, as yet, given a great deal of thought to designing marketing packages for temporary visitors to the UK.

Within Northern Ireland the Trust records visitor performance under three headings: the property visited, whether the entry fee was reduced through a members’ discount or whether a full fee was charged. There is no tool in place to measure the origin of the visitor although any visitors from outside the UK would be, by definition, within the third category- the full fee visitor. While the Trust does work with the NI Tourist Board, Tourism Ireland and the local Regional Tourism Partnerships on general promotion of its attractions, there is no central policy aimed at increasing numbers to particular properties. There is an annual event in Dublin which is facilitated by the NI Tourist Board Office which aims to encourage more Southern residents to visit properties in Northern Ireland. However there are no special incentives in place to encourage visitors to travel around the North. Any marketing activity can, therefore, have only limited results.

The Trust did for the first time introduce a Touring Pass during 2006 which aimed to increase the number of out-of-state visitors to its properties. For a set fee visitors could purchase a time bound (one or two weeks) all inclusive pass which would give them access to properties throughout the UK. The exercise was only modestly successful, but with better marketing and stronger engagement with Visit Britain and other tourism promotion organisations this venture could make a significant difference to the Trust’s revenue base. It is, however, less beneficial within the all island context which Tourism Ireland operates, and work therefore needs to be done to encourage the National Trust Northern Ireland to improve contacts with the Office of Public Works in Dublin.
4. Office of Public Works Heritage Card

The Heritage Card Scheme which is administered by the Office of Public Works (OPW) in the Republic allows the purchaser unlimited admission to all heritage sites managed by the OPW and the Department of Environment, Heritage and Local Government for one year from the date of purchase. The card covers admission to over 50 of the Republic’s best known publicly owned heritage sites, including such diverse attractions as the Glendevagh National Park and Castle in Donegal, Kilmainham Gaol in Dublin, the Newgrange visitor centre in Meath and Muckross House and Gardens in Kerry.

Meeting with OPW

To further explore the feasibility of the project under discussion, the OPW were contacted in November 2006 with a series of questions and a follow up meeting was held in December 2006.

Cost of Cards

In general, it is fair to say that the cost of admission to the OPW managed visitor attractions is very reasonable when compared to other European countries. There is no single attraction site that costs more than €6 for an adult (the most expensive combined attraction is €10.30 which covers the Brú na Bóinne Visitor Centre as well as the Newgrange and Knowth Neolithic monuments in Meath). Nevertheless, in view of the fact that the Heritage Card offers an unlimited number of visits to all sites, it appears to offer very good value. The actual costs of the card for 2006/2007 are shown below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>€21</td>
</tr>
<tr>
<td>Senior Citizen</td>
<td>€16</td>
</tr>
<tr>
<td>Child/Student</td>
<td>€8</td>
</tr>
<tr>
<td>Family*</td>
<td>€55</td>
</tr>
</tbody>
</table>

(The family card allows admission for 2 adults and a reasonable number of children)

The Heritage Card itself is in the form of a standard size credit/bank card and the purchaser signs the back of it on receipt. Heritage Cards are non-transferable and not replaceable if lost or stolen. A map of Ireland showing all the sites along with an impressive booklet detailing all the sites on a county basis and detailing opening times is also provided when purchased. The cards also come in gift envelopes if being given as presents.
Sales of Cards

The number of Heritage cards sold, while reasonably impressive at first glance, is relatively low when considering the number of overall visitors to the sites. Figures for the last two years are shown below:

**Heritage Cards sold 2005**

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>11,069</td>
</tr>
<tr>
<td>Senior</td>
<td>3,885</td>
</tr>
<tr>
<td>Child/Student</td>
<td>3,255</td>
</tr>
<tr>
<td>Family</td>
<td>1,499</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19,708</strong></td>
</tr>
</tbody>
</table>

**Heritage Cards sold 2006**

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>9,948</td>
</tr>
<tr>
<td>Senior</td>
<td>3,915</td>
</tr>
<tr>
<td>Child/Student</td>
<td>3,267</td>
</tr>
<tr>
<td>Family</td>
<td>1,350</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>18,471</strong></td>
</tr>
</tbody>
</table>

These figures show that the actual income generated by the sale of Heritage Cards in any one year is less than €400,000.

In comparison, the OPW’s database showed that the total number of recorded visitors to all its sites in 2005 amounted to 2,307,132. This figure increased slightly to 2,396,581 in 2006. When considering the total number of Heritage Cards issued for the years in question, it is clear that the number of visitors to these sites using the cards is relatively small.

The OPW also provided estimated visitor numbers in 2006 for some of its most popular sites (as shown below) along with the numbers of these visitors using Heritage Cards:

**Rock of Cashel**

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visitors</td>
<td>228,000</td>
</tr>
<tr>
<td>Heritage Card Users</td>
<td>13,000</td>
</tr>
</tbody>
</table>

**Kilmainham Jail**

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visitors</td>
<td>210,507</td>
</tr>
<tr>
<td>Heritage Card Users</td>
<td>6,547</td>
</tr>
</tbody>
</table>
Again the figures above suggest that the Heritage card is not as widely used as may have been expected, with less than 6% of admissions in all cases using the card.

**Marketing of Heritage Card**

The amount of marketing undertaken by the OPW is mainly confined to displays at their sites and in some tourist offices. Advertisements are also taken out in some tourist magazines and in travel carrier magazines.

**5. Potential Issues with All Island Card**

**Funding share**

Obviously, if an all island Heritage Card was to be introduced, care would have to be given when deciding how funding from the sales of such a card would be split between the National Trust in Northern Ireland and the Office of Public Works in the Republic.

A possible solution to this would be to use relatively simple technology with a magnetic strip on the card to record which sites were visited by the card owner. The Office of Public Works is already looking at the possibility of adding this feature to its cards. At the end of a set period a split of the income generated by the sale of the cards could be based on the actual sites visited north and south. Such a magnetic strip could also have lots of other potential benefits, including giving accurate statistical data on where the cards were sold, which sites were visited and times of year that visits occurred. This information could in time even give rise to more targeted marketing campaigns aimed at specific sites which are capable of taking more visitor numbers.

**Change in policy at OPW**

Recent years have seen the increasing trend of the OPW opening more of its sites to the public free of charge. As it stands, the cost of admission either by way of direct charge or through sales of Heritage Cards is not designed to cover the actual cost of having the sites open to the public. If this policy was to be extended to all heritage sites in the Republic, it would obviously mean that Heritage Cards would no longer be required. However from discussions with the OPW, it would seem that this is not going to happen in the short to medium term, and in all probability there will always be some charge for the more high profile heritage sites in the Republic.
European-wide card

From discussions with the OPW, one interesting possibility that was raised was the potential, in time, for a European wide heritage card that would allow access to heritage sites across Europe. Again there are no formal proposals in this regard at present and is unlikely to happen in the short to medium term.

Views Of OPW on all island Heritage Card

From our contacts with OPW, there appeared to be a general openness to the concept of an all island card. The Office was not aware of any previous approaches in this regard and has not contacted the National Trust or other bodies in Northern Ireland to discuss the introduction of such a card. In terms of general policy, the OPW would be happy to do whatever was feasible and practical to encourage greater North-South co-operation and encourage greater numbers to visit their sites.

Views of National Trust on all island Heritage Card

Again, from our discussions with the National Trust, there appeared to be no objection in principal to the introduction of such a scheme. The main concern from the National Trust’s perspective would be the potential loss of income. As already stated above, this may not be an issue however, and with increased marketing, may actually lead to more income for the Trust.

6. Conclusions

Tourism is an industry which has really benefited from cross-border cooperation. Recent years have shown good growth in terms of visitor numbers coming to the island of Ireland from overseas. Nevertheless, the tourism industry is notoriously fickle and there is a constant need to monitor and update the tourism product on offer. As stated earlier in this report, culture and heritage has become a major driver in the worldwide tourism market and has been identified as one with real growth potential. The importance of this product in markets such as North America, Europe and to a lesser extent India and China cannot be overestimated.

Ireland is blessed with wonderful heritage assets north and south of the border. Visitors to the island who wish to experience the quality of its heritage sites such as the Giant’s Causeway and Newgrange would like to do so without being
subject to unnecessary bureaucracy. The possible introduction of an all island heritage card would be a small step to further developing cross-border co-operation in a tourism context. Like any new scheme there will be hurdles to overcome on both sides before such a scheme could be introduced. Nevertheless, it is felt that none of these hurdles are insurmountable. If an all island card was introduced the potential benefits would far outweigh these difficulties.

Clearly this report only gives a preliminary analysis of the issues involved. The relevant stakeholders - the National Trust, the Office of Public Works and the relevant tourism agencies north and south of the border - will need to engage closely to bring the possibility to a reality. In this regard copies of this report will be forwarded to these agencies for further consideration.

Acknowledgements

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Mr Paul Henry, Tourism Ireland
Mr Tony Kennedy, Co-operation Ireland, Project Mentor
THE WIND ACROSS THE BORDER

Setting up a cross-border training and accreditation system for installers of renewable energy technologies: The ‘Renewable Energy Installer Academy’ (REIA)

Nuala Crossin, Renewable Energy, Department of Enterprise, Trade and Investment, Belfast

Gerard Monks, Competitiveness and EU Affairs, Department for Enterprise, Trade and Employment, Dublin

December 2006
1. Foreword

Our approach to this topic has been influenced by the context of the authors’ experience. Nuala Crossin works in Sustainable Energy within the Department of Enterprise, Trade and Investment (NI) and is acutely aware of the environmental, social and economic implications of the failure to address climate change and the island’s over dependence on fossil fuels. She has extensive experience of EU funding programmes under INTERREG initiatives with special focus on energy related topics. Gerard Monks works in the Department of Enterprise, Trade and Employment (RoI) with responsibility for competitiveness, where energy costs have created a new momentum for policy change to address the national competitiveness agenda. He advises on energy issues from a competitiveness perspective and has worked in the North/South Ministerial Council.

In addition, our work has benefited from the learning themes of the N/S Training Programme, the perspectives and ideas developed during the course and from interaction and discussion with fellow participants.

The assignment highlights the fact that with ingenuity and innovation North-South activity need not be restricted or constrained to a narrow viewpoint of “suitable or relevant” areas of endeavour. Rather there is a constant stream of opportunities for North-South and all island collaboration. New horizons are always within reach for those willing to extend policymaking analysis to inter jurisdictional activity. Success, however, will only be assured on the basis of well planned execution and solidly grounded and mutually agreed outcomes and expectations.

We opted to carry out an examination of the setting up of a cross-border training and accreditation system for installers of renewable energy technologies because of how closely this project is aligned with the broad themes and objectives of the North/South Public Sector training course for the public sector.

We sought to establish a connection with the new model of political engagement in Ireland and to highlight the relevance of North-South co-operation to current issues facing both society and the economy on both parts of the island. The examination is also presented because it shows that cross-border co-operation can bring about a vibrant and innovative response to emerging issues. It can be a topical and an important response to changing policy demands while bringing benefits to consumers in new and different ways.

Our work suggests that the potential for both jurisdictions to help each other for mutual benefit is always open to new opportunity, new interpretation and increasing returns and rewards for everyone on the island. However maximising these opportunities requires real commitment to overcoming barriers if it is going to be truly possible to translate policy into successful working models at an operational level.
2. Methodology

Both authors discussed the topic with their managers and together provided a scoping proposal to their supervisor. The methodology was a combination of primary research on the documents provided by the promoters seeking EU project support, and semi structured interviews with the managers of the project – Action Renewables in Northern Ireland and Sustainable Energy Ireland in Ireland. Some secondary research was undertaken around the literature on economic and labour market development in border regions.

3. Rationale

The topic has been selected because of the importance of energy in an all-island context. It is also of interest to both authors. There is already close co-operation between both jurisdictions on broad energy policy, which is an established policy priority with an imperative to extend collaborative activities in as many energy areas as possible. The issues of climate change, energy conservation and sustainability are the same on both sides of the border.

Both jurisdictions are at the end of lengthy supply chains and are highly dependent on imports. To derive a greater proportion of energy from renewable sources, fuel diversification is a policy imperative. For consumers, switching to ‘renewables’ can have beneficial returns in light of escalating energy prices. Persuading them to do so is a policy requirement faced by both administrations. Nevertheless using renewable energy involves new and unfamiliar technologies for both consumers and energy technology installers.

This assignment is not, however, about assessing the ‘Renewable Energy Installer Academy (REIA)’ itself. Rather its focus is about looking at the problems associated with the cross border implementation of this innovative institute, reviewing lessons learned from this form of educational and training co-operation, and the likely benefits from further co-operation in other areas of vocational training and accreditation.

Another reason for looking at this project relates to its possible impact on the cross border labour market. On average, border regions in the EU are characterized by lower labour market integration due to border impediments that hamper equilibrating forces between labour markets on both sides of a border. “Borders affect economic activity in border regions since they generate barriers that raise the costs of cross border interaction and reduce the transfer of information and knowledge.” The objective of the REIA would be to help

2 Ibid
alleviate some of these problems and to do so in an emerging enterprise market characterised by new business models and consequently different business relationships.

Finally, a recent comment about European assistance prompted a quick look at the role of the EU in Northern Ireland, a consideration of its influence on Northern Ireland in the context of the larger Union and against the backdrop of opening borders on a global basis. In reviewing the extent of cross border funding to Ireland and Northern Ireland by the EU, Pollak says: “In our insular, begrudging way we don’t even begin to appreciate just how privileged we are to have received the massive injection of EU funds that has come our way over the past decade”.3 The outputs from this investment are obvious, but closer connections with the ideals of the Union are less tangible and concrete.

4. ‘The Renewable Energy Installer Academy’

In 2004 it was estimated that throughout the island of Ireland, a very large untapped economic potential remained unrealised in the form of energy savings. For the domestic and tertiary sector, this was estimated at no less than 22%.

Studies commissioned by both governments identified major market barriers to the widespread adoption of sustainable energy systems in the built environment. These included the lack of a sufficient number of skilled installers, specifiers, technicians and engineers. What was also apparent as a stumbling block to greater acceptance of renewable technologies in the marketplace was the unavailability of associated certification and accreditation systems to provide quality assurance and consumer confidence. Indeed, based on a comprehensive analysis of the market development of renewable energy technologies in other EU countries, studies clearly highlighted that poor quality equipment and workmanship would inevitably lead to market collapse. Key research identified that a major barrier to investment in sustainable energy, particularly within the domestic market, was one of simple trust in both the technologies and the capacity of the market to install equipment that “does what it says on the tin”.

Up to 2004 poor quality equipment had been compounded by poor workmanship with significantly adverse affects on the market. Consequently, this placed the general training and certification of professional installers and craftsmen in design, specification and workmanship at the heart of the strategies proposed for renewable energy development on the island of Ireland. This formed the basis for a joint Action Renewables (NI) and Sustainable Energy Ireland (RoI) application to the INTERREG IIIA EU funding programme to set up a ‘Renewable Energy Installer Academy’ in the cross-border region.

3 Pollak A., A Note from the Next Door Neighbours (4), Centre for Cross Border Studies, Armagh. www.crossborder.ie/home/ndn/ndn0612.html
The concept was for the installer issues to be resolved within two time horizons, one short and the other medium to long term. The short term horizon would address immediate needs such as the provision of accredited installers and short training courses on renewables to meet immediate capacity constraints with a timescale of six months to one year. The medium to longer term horizon was designed to support or put in place training on renewable technologies as part of mainstream electrical and/or plumbing apprenticeships, with modules in training colleges and higher education centres.

This needed to be taken forward in the context of a concerted North-South strategy and so the idea of the ‘Renewable Energy Installer Academy’ was born.

5. Implementation

Six educational training institutes, North and South, were engaged as the primary delivery agents for the project. Knowledge and skills transfer from other EU countries which had already implemented such training – e.g. Austria and Denmark – were bought in to provide technical know how and expertise to the colleges. Training would be provided on a wide range of technologies, including solar hot water heating, biomass, photovoltaics, wind and heat pumps. Different colleges would specialise in different technologies, with teaching in purpose built training laboratories. Consequently real cross-border connectivity would be achieved as installers could train on solar installation in Northern Ireland and add expertise in Biomass installation in the Republic of Ireland.

While a tremendous amount of time and effort went into establishing the training courses, designing the course materials, fitting out the training laboratories and negotiating the terms and conditions under which the colleges would teach the courses, in overall terms this aspect of the project implementation was to prove relatively simple. With expert advice, strong project management and colleges happy to be adding another dimension to their remit, the training aspects of the Academy developed relatively quickly and successfully.

Harmonising accreditation standards, however, was to prove a wholly different matter!

6. Emerging Issues and Difficulties: the Complexities of Joined Up Activity

The Academy quickly identified that the professional standard of installations was extremely variable. Most existing installers of traditional fossil fuel heating and electrical technologies had never had any manufacturers’ training on the equipment they were installing. The key issues around accreditation were
delivering on agreed quality standards, examination assessment and agreed outcomes.

Initially, when the project was conceived and submitted, the view was that accreditation would be provided by the REIA itself. There would be a clear emphasis on teaching courses which carry currency in the education sector irrespective of which jurisdiction in which the course was delivered. However it became apparent early on in the discussion with the various colleges that the REIA would not be able or permitted to accredit the courses.

As the Academy developed it became clear that it could not be both policy maker and policeman in its own cause, and there needed to be independence in accreditation standards relating to training and workmanship. Passing through the Academy was simply not enough – there needed to be a process whereby trainees achieved training to an accredited standard, and signed up to a code of practice which set behaviour and standards of excellence for the newly emerging but fast growing energy installer industry. It obviously made sense that a single accreditation standard and code of practice should apply in both jurisdictions, and this code of practice would be drawn up in consultation with the industry. This, however, was complicated by the two jurisdictions operating separate accreditation systems – FETAC in Ireland and the National Qualifications Framework in Northern Ireland – both of which are working towards alignment with a European Qualifications Framework that is still being designed.

The aim would be that a trainee could only be regarded as validated by the ‘Renewable Energy Installer Academy’ when they held a REIA registration/quality assurance card detailing the range of technologies which the cardholder was accredited to instal. A major impediment to progressing towards this accreditation lay in the different accrediting bodies North and South and their different practices.

Some guidance existed from the National Qualifications Authority of Ireland (NQAI) on how qualifications can cross boundaries. However this guidance was about comparators, addressing such questions as: What do they call their nearest qualification to mine? Will my qualification get me into college or a job? How much recognition will my qualification enjoy? None of these addressed the fundamental issue of trying to establish a single cross-jurisdictional qualification on the island.

From NQAI guidance it was possible to identify key stages in the education and employment cycle in both jurisdictions, gauge approximately similar levels and assess the different kinds of qualifications at each level. This made it possible to make broad comparisons between qualification levels in both jurisdictions but went no further to assist the process.
Since 2001 the Republic of Ireland’s Further Education and Training Awards Council (FETAC) has had responsibility for certification functions of four former awarding bodies: FÁS, NCVA, Teagasc, and NTCB (now Fáilte Ireland). Until recently FETAC awards were based on the processes and procedures of the former awarding bodies. From late 2006 on these will be replaced by FETAC awards, based on an awards system developed by the NQAI using its ‘National Framework of Qualifications (NFQ)’. The 10 level NFQ was formulated by the NQAI in 2003. It applies a range of minor and major awards, supplemental and special purpose awards. FETAC is responsible for levels 1-6 and for making all further education and training awards in the Republic of Ireland. [A separate body, the Higher Education Training and Awards Council – HETAC – makes awards at levels 6-10, and the Universities at levels 7-10].

This National Framework can be used as a tool to align qualifications, e.g. FETAC qualifications can be aligned with the National Qualifications Framework in the UK and the Scottish Credit and Qualifications Framework. At EU level a European Qualifications Framework (EQF) is currently being developed that will have 8 levels. It is expected that the EQF will be available from later 2007 or early 2008.

From January 2007 FETAC registration depends on agreement of an education provider’s quality assurance. FETAC makes a clear distinction between a programme or course and an award. FETAC certifies an individual learner based on assessment results from a training or education programme. Certification connects with the individual, not with the course undertaken. In order for a student to achieve certification they undertake a programme with a FETAC registered provider leading to a FETAC award.

FETAC is the sole accreditation body in this area in the Republic of Ireland. However the Installer Academy Steering Group found that working with FETAC to have the Academy’s courses accredited has proven to be painstakingly slow compared to working with the various bodies in Northern Ireland. There, in contrast, it takes about three months to determine accreditation.

By way of example, the British Plumbers Employers Confederation (BPEC) is one of a range of accrediting bodies operating in Northern Ireland. When the Academy promoters began to scope the various courses, it transpired that BPEC already ran a fully accredited course for gas installations. BPEC’s accreditation system was linked to the National Qualifications Framework in the UK and as such had an accreditation framework within which to work. In addition, during discussion with the North West Institute of Further and Higher Education in Derry, it became apparent that BPEC had already accredited a solar water heating course which had been endorsed by a widely known and respected GB body, ‘Clear Skies’, as the entry requirement for installer registration.

Consequently rather than set about ‘reinventing the wheel’, the project promoters looked to BPEC to accredit the various courses run by the Academy. In
fact the REIA Steering Group negotiated with BPEC to set the accreditation mechanism and standards on a cross-border basis, and BPEC was content to fulfil this function. FETAC, however, was not prepared to sanction BPEC to accredit training taught in the Republic of Ireland. Consequently the scope for achieving a truly cross-border accreditation standard was lost.

BPEC and FETAC’s approaches were very different. BPEC looked to the project promoters to have a fully developed training course and then to determine how trainees would be assessed and examined as part of the training process. If the trainee satisfied the BPEC technical assessment, then BPEC would be prepared to accredit. BPEC’s approach therefore appeared to focus on the journey through the training.

On the other hand FETAC took a wholly opposite approach. FETAC started from the premise that there was no course to accredit, focussed on the desired training outcomes and set about deciding how best to achieve those outcomes. FETAC’s approach therefore appeared to focus on the destination and then to decide on the appropriate route of travel.

We discovered that an EU qualifications framework exists where individuals are graded 1 to 8 on a continuum of training, with 1 being equivalent to NVQ level and 8 being equivalent to a PhD. When the project promoters tried to apply the EU quality framework to the Academy, they found the entry levels did not readily translate into the Northern Irish and Irish qualifications frameworks. For example within the EU qualifications framework, Level 2 would be the entry level for a qualified tradesperson in Northern Ireland but this equated to Level 5 in Ireland. To further complicate the process, while the EU framework has 8 levels, the FETAC system has 10.

In summary, the lack of integrated and readily comparable accreditation gave rise to difficulties on a whole range of fronts. The whole ethos of the Academy was that, for example, an installer trained in biomass installation in Dundalk could undertake work in Armagh with the customer aware of the worker’s credentials. Equally someone trained in wind technology in Omagh could readily undertake work in Donegal with the same level of customer satisfaction and confidence.

The whole accreditation system is taking much longer to satisfy in the Republic of Ireland, with the result that at time of writing the course being taught in the Dundalk Institute of Technology is unaccredited. This has given rise to difficulties in finalising the Service Level Agreements between the project promoters and the various colleges. The colleges were unhappy to commit to a binding written agreement when the full extent of what they were committing to had not been entirely thrashed out.

Moreover because the Academy is still working to agree the applied standard and mechanism for achieving a certified accreditation system, once this is achieved
some installers who have already passed through the Academy may have to be recalled for additional training and/or examination. This will add considerably to the administrative burden and costs.

7. Conclusions

The introduction of the ‘Greener Homes’ grant scheme in the Republic of Ireland and its counterpart, the ‘Household Programme’ in Northern Ireland, is designed to provide financial support to householders in both jurisdictions to install domestic renewable energy technologies. The rapid expansion of these schemes and the heightened awareness of the benefits of renewable energy technologies has added impetus to the ‘supply and demand’ chain and the need to have fully competent installers on both sides of the border.

There is no disputing the importance to the sustainable energy market of this Installer Academy. It is vital to embedding renewable energy deployment and consequently its contribution to the wider economic growth and energy stability of the island is unquestionable. However this assignment was about looking at the process for accreditation. Whether the Northern Ireland or Republic of Ireland system is best was not the issue here – it was simply to acknowledge that different approaches existed and different approaches gave rise to their own unique difficulties.

The registration card system proposed by the Academy would appear to be the right approach. The processes may differ in each jurisdiction but the outcome is the same i.e. the delivery by the Academy of a renewable energy installer endorsed as competent by BPEC in the North and by FETAC in the South. Consequently the registration card should represent the quality ‘kitemark’ on both sides of the border, and one in which consumers, irrespective of which jurisdiction they reside in, can have full confidence.

The project promoters now foresee a framework whereby the Steering Group for the Project would be developed into a Renewable Energy Installer Academy Board with industry represented on it, operating with an agreed code of practice and operations manual to the extent that the industry would become self-regulating.

However this assignment signals that it has not been possible to agree a single cross border standard of accreditation. What exists is interconnection and complementarity of approach rather than integration. We found no evidence of a commitment to finding a way to achieve uniform qualification standards on an all-island basis. Rather the emphasis is to align standards that have different accreditation stages and to match these eventually with European standards.
On 1 October 2006 the Taoiseach, Bertie Ahern, and Energy Minister Noel Dempsey launched the Irish Green Paper on Energy following a comprehensive review of the Irish electricity sector by Deloitte and Touche. Much of this cooperation at the policy level will be wasted if it cannot be translated into practical application on the ground for the benefit of the economies and consumers of both jurisdictions. With energy demand estimated to grow at 2 to 3% per year to 2020, renewable energy has emerged over recent times as the No 1 policy area in both North and South given its huge implications for economic growth, sustainability and consequently competitiveness.

While our assignment was not seeking to assess the Academy itself, it presented an opportunity to consider how great a potential there is for replicating this type of approach across a wide range of enterprise activities. However the inherent danger is that if the issue is not considered at a policy or regulatory level, a myriad of small self-regulating bodies such as the REIA Board will emerge to act as a bridge between two accreditation systems. Rather than serving as a catalyst for bringing both jurisdictions and various strands of industry and commerce together to think islandwide, this will only serve to entrench fragmentation and complication for both business and citizens.

Finally the role of EU funding has been mentioned earlier in the context of a recent article by Pollak. Northern Ireland has developed as a small region of the EU in the economic and social shadow of one of the largest economies in the Union, the UK, and juxtaposed with one of the fastest growing economies in the EU, Ireland. Among public servants at least, this has resulted in lower levels of administrative responsibility and policy making, and has tended to limit direct engagement with the EU and an appreciation of the EU’s evolving economic and business issues. This could be addressed if special attention was provided in appropriate EU programmes to build interaction with other EU stakeholders and interest groups. Funding programmes should not only deliver specified local outcomes but could also be used to broaden the connections and understanding between the EU and those managing the programmes.

8. Recommendations

- As far as possible resources should be balanced between both sides in cross-border activities.

- There should be an emphasis on arranging and resourcing an element of interaction with the wider European Union as part of EU sponsored initiatives.

- Both economies work on the basis of generally accepted standards which facilitate trade, business and recognition of quality in either products, markets or the provision of professional services. Efforts should be made to
bridge the differences between standards, and design new models that would have all island applicability and mutual recognition.

- Where North-South co-operation results in new standards that are different from those existing in both jurisdictions, these should be accepted by the relevant stakeholders in preference to putting new administrative arrangements in place to bridge the gaps. Anything that brings more bureaucracy to North-South collaboration increases the complexity of working, living and doing business on the island and does not contribute to administrative efficiency. Furthermore, from the viewpoint of the ordinary citizen, it can engender a perception that all-island co-operation does not quickly bring tangible benefits in terms of lower costs, efficiencies and “a better way of doing things”.

- Given the scope for replication of projects such as the Installer Academy across a wide range of business and commercial activities, both governments should seek to commission a far reaching study to include an audit of existing accreditation mechanisms North and South and recommendations on how to deliver on all-island accreditation. The study should also include recommendations for how this could be achieved within the remit of the EU framework, so that any solutions would not only serve the all-island agenda but the broader requirements of national, interregional and transnational co-operation.

- We need to arrive at a place where economic dynamics override political considerations. We believe that the ideal solution would be for both jurisdictions to adopt the overall EU Qualifications Framework in the same way that many EU standards have been applied e.g. in relation to food.

- This would leave both jurisdictions operating within a common framework and allow integration of approach to be adopted much more readily. It would also help to guard against the growth of a myriad of small bodies as referenced above. Such true co-operation is pivotal to the all-island economy –we need to focus on developing a sustainable competitive advantage and this can’t be done if the island is swamped in administrative processes and bureaucracy. There is undoubtedly a wealth of highly skilled people in both jurisdictions doing sterling work on the development of training and accreditation – why not do more of it together? If it has been possible through legislation and political will to establish key North/South public bodies such as the Special European Union Programmes Body and InterTradeIreland, then surely the environment for a ‘one size fits all’ accreditation mechanism can be created to recognize those working and acquiring skills in this new area. The scope for replication is immense. In the words of Seamus Heaney “a future shore is reachable from here”.
FROM VISION TO REALITY

An appraisal of the current arrangements for cross-border sharing of Electronic Patient and Client records to support health service delivery

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1. Introduction

‘From Vision to Reality’ is an overview of some of the current arrangements for cross-border sharing of electronic patient and client records to support health service delivery. This project will also outline a potential pilot solution for future enhancement of such information exchange.

The aim is to provide safer and more effective care to a more mobile patient within the island of Ireland via the seamless exchange of information (both manual and electronic) across the border. Clinicians North and South have all the right information, at the right place and at the right time to support care delivery for the populace of the island of Ireland.

Like many other specialist services, cross-border health services developed in an ad hoc manner, with no formal agreements in place between the Departments of Health North and South. This was further complicated by organisational structures and differing service delivery mechanisms on both sides of the border.

Although there are important structural funding differences in the two health systems within Northern Ireland and the Republic of Ireland, they share common core principles: they face similar health and service problems, and have adopted similar approaches to tackling these issues.

For example the two jurisdictions have similarly poor population health outcomes when compared to the rest of the EU. Their top causes of premature mortality are the same: cardiovascular disease, cancer, suicide and accidents. While the provision of services in the two jurisdictions is also similar, both jurisdictions experience long waiting lists.

For many years, the two Departments of Health on the island of Ireland would not have considered each other’s perspectives in the course of their daily work, planning or service provision. The impact of this lack of co-operation is particularly significant for people who live in the border corridor.

This paper aims to:

- Identify the current level of exchange of patient/client information (both manual and electronic) to inform patient/client care within the Co-operation and Working Together (CAWT) region;

- Assess the potential barriers to greater utilisation of electronic exchange of patient/client information (including legislative, professional, and patient/client concerns e.g. confidentiality issues) and advise possible solutions;
• Assess the potential benefits to be derived via increased utilisation of electronic exchange of patient and client information from the perspective of both the patient and the health service provider;

• Determine and cost a technical solution in support of the exchange of electronic patient/client information across acute hospitals within both jurisdictions;

• The project proposes to exchange information via email attachment only, as a first step towards possible full North-South compatibility or integration;

• Submit conclusions.

2. The Role of Cooperation and Working Together (CAWT)

Co-operation and Working Together (CAWT) was officially established in 1992 when the former North Eastern Health Board (now HSE Dublin North East) and North Western Health Board (now HSE West) from the Republic of Ireland, and the Western Health and Social Services Board and Southern Health and Social Services Board from Northern Ireland signed the Ballyconnell Agreement committing them to co-operation to improve the health and social well being of their resident populations. The Agreement is reviewed and revised as necessary at each CAWT Annual General Meeting. The most recent review took account of recent changes following the HSE reform programme.

In the past fifteen years CAWT has led and implemented significant cross-border initiatives which have improved the health status and life quality of its resident population. More recently a number of these projects have involved patients’ mobility, with patients travelling to access services in the opposite jurisdiction, e.g. radiotherapy services, GP out of hours services and cardiac catheterisation. While this is welcome, cross-border services have also experienced problems in terms of service delivery, in particular the problem of access to timely patient information and records. This has resulted in delays in treatment, diagnosis and interventions. Many clinicians have highlighted the need for a more integrated approach to information exchanges between North and South, and feel this is a fundamental requirement if the future of health service provision within the island of Ireland is to be seamless and patient centred.

The CAWT region embraces the whole frontier region between the Republic of Ireland and Northern Ireland, and serves a population of over one million people. It also accounts for 25% of the total land area of the island of Ireland.

The border between Northern Ireland and the Republic of Ireland was established over eighty years ago, creating a frontier of 450km. Like many internal EU borders, the Irish border region exhibits most of the problems and disadvantages
associated with peripherality from political and economic decision-making (unequal and poorly integrated development, and mismatches in organisational responsibility and competencies). When combined with the associated problems of rurality (poverty, deprivation, weak infrastructure, an ageing population), and intensified by the consequences of 30 years of violence, the Irish border region shows most of the characteristics of economic and social deprivation. CAWT has endeavoured to establish cross-border initiatives which move towards an integrated approach of health service providers using their joint capacity and critical mass to ensure sustained local accessible health care for the resident population. One example of this was the recent launch of the GP out of hours initiative.

3. Current exchange of patient/client information

The following list shows the increasing mobility of patients and the escalating need for cross border health care. Building on this previous work, these arrangements, going forward, would all benefit from the electronic exchange of information.

A. GP Out of Hours Project

The cross border GP Out of Hours Project had its genesis within the CAWT Primary Care Steering Group, which comprises the four Directors of Primary Care from the Western and Southern Health and Social Services Boards in the North and the HSE Dublin/North-Eastern and Western regions in the South. Establishing a Cross Border GP Out of Hours service was a logical step for CAWT, whose central aim is “to exploit opportunities for co-operation in the planning and provision of services which will improve the health and social well-being of the resident population.”

This pilot project aims to establish Cross Border GP out of hours services in two identified populations areas – one where patients in NI will have access to an OOH centre in the Republic of Ireland and one where patients in the Republic will have access to an out of hours centre in the North of Ireland. The first of these is between South Armagh and North Monaghan and the second is between Donegal and Derry. The project is funded under the EU INTERREG IIIA Programme for Ireland and Northern Ireland.

The pilot requires information about patients who opt to attend the out of hours service in the other jurisdiction to be transferred between the jurisdictions. Information is transferred initially to enable the GP out of hours centre in the other jurisdiction to treat the patient, and relevant information will then be transferred back to the ‘home’ out of hours centre in order to update the patient’s GP regarding what treatment was carried out and what medications given.
Data is obtained from all patients when they ring the GP out of hours service and when they are triaged. The data is entered on a computer system called Adastra. If a patient is within the geographic pilot area they will be given the option to attend the GP out of hours centre in the other jurisdiction e.g. the patients in the Donegal pilot area will be given this option to attend the out of hours centre in Derry. When they are given the option they will be told that if they opt for the service in Derry their details will have to be sent to Derry. If they opt for this their details will be sent electronically to a remote PC located in the GP out of hours centre in Derry.

Staff in the out of hours centres sign confidentiality statements and all such centres are bound by the requirements of the Data Protection acts. For patient data collected see table below.

**Table 1**

| Date Call number | Patient's name | Patient's address | Gender | Age | Telephone no. | Call priority | Card holder Y/N | Own GP's name | Operator's name | Call origin (name of caller) | Origin telephone no. | Type of origin | Reported patient condition | Address and directions | No. of times called in last 12 months | Triage time | Triage nurse/doctor's name | Triage notes & notes for follow up | Call type: advice/centre/home visit | Appointment time | Patient's arrival time | Advising nurse/doctor's name | Consultation start time/time patient seen | Call outcome details | Follow up details e.g. dental/admission | Practice doctor please re-visit | Patient contact own surgery/patient deceased/referred to A&E did not attend | Action time (time call received) | Doctors cypher no. | Patient's current location | Time called back | Special notes | Time consultation ended |
B. Altnagelvin/Letterkenny hospitals

For some years concerted efforts have been made to foster cooperation between Altnagelvin Area Hospital in Londonderry and the neighbouring Letterkenny General Hospital. A formal agreement between the North Western Health Board, the managers of Letterkenny General Hospital, and Altnagelvin Health and Social Services Trust contained a number of conditions governing any cooperation between the two hospitals.

**Oral and maxillofacial surgery.** The existing Altnagelvin service has been extended to the north-west of the Republic of Ireland, thus increasing the total population served to approximately 600,000 and justifying the maintenance of a team of four consultant surgeons. Patients from Sligo and Letterkenny are now both seen by consultants based at Altnagelvin and this is funded by the Irish Department of Health and Children.

**Neonatal intensive care.** This service is provided under contract from Altnagelvin to premature/sick babies from Letterkenny. In addition, patients from Donegal can avail themselves of bone scan services in Altnagelvin.

C. Monaghan/Craigavon Hospitals

**Hernia surgery.** This pilot initiative involved patients who had been waiting more than 18 months for operations at Craigavon Hospital near Portadown, Co Armagh, being treated at Monaghan Hospital in the Republic of Ireland.

**Mobile cardiac catheterization.** A mobile catheterization service has been piloted at Craigavon Hospital for patients from both jurisdictions to reduce the need for patients to travel long distances to centres in Belfast or Dublin.

D. Daisy Hill Hospital

Haemodialysis is provided under contract in Daisy Hill Hospital in Newry to a small number of patients from the Dundalk area who would otherwise have to travel to Dublin (a distance of about 80 km) twice or three times a week. Daisy Hill Hospital also provides maternity services on a private basis to patients from the Dundalk area.

E. Radiotherapy Services

An agreement has been put in place to provide specialist radiotherapy services for patients from the north-west region of the Republic of Ireland at Belfast City Hospital. This initiative, centrally commissioned by the Irish Department of Health and Children and the Northern Ireland Department of Health, Social Services and Public Safety, has moved the work of CAWT onto a new plane.
F. Other examples of cross border cooperation including non-electronic cooperation

- The provision of emergency assistance to Northern Ireland by health professionals from the Republic of Ireland, e.g. following the bombing at Omagh in 1998;

- Emergency treatment for casualties of road traffic accidents and emergency obstetric treatment provided by the nearest hospital, irrespective of jurisdiction;

- Ear, nose and throat services from Tyrone County Hospital to patients from Donegal, Cavan and Monaghan.

- Use of the E112 form. This international system is where one jurisdiction pays for a procedure that takes place in another jurisdiction. The patient completes an application form (E112) which is then approved by his or her ‘home’ health service.

- National Treatment Purchase Fund. As the name suggests, the health service in the Republic of Ireland will pay for a procedure in another jurisdiction if the ‘home’ waiting time is too long. Many of these procedures are carried out in Northern Ireland.

- VHI/BUPA. Southern private health insurers very occasionally fund cross-border treatment where treatment is not available in the Republic of Ireland. However there is a long pre-application process and rigorous criteria.

- A patient from the Republic of Ireland presents in a Northern Ireland A&E unit. The Health Service Executive on a regular basis pays for procedures which have taken place in Northern Ireland because of an accident or emergency situation. The client presents his/her bill to the HSE in the Republic. However obtaining full information on procedures and on why patients are taken to a particular hospital can be difficult since there are no protocols in place on a North-South basis.

- To date the majority of these services have depended on manual document transfer.

4. Barriers to the exchange of Electronic Information

A number of potential barriers have been identified by stakeholders within Trusts and the relevant government departments charged with information governance. Here these barriers are indentified, discussed and a solution offered where possible.
• Perception that legislation would preclude sharing of information

Practitioners interviewed as part of this project had an understanding that legislation restricted the ability of health and social care professionals to share relevant information across jurisdictions. References to the Data Protection Act and the Human Rights Act were cited erroneously.

The United Kingdom Information Commissioners Office states: ‘As the Republic of Ireland is a member state of the EU the eighth principle of the Data Protection Act 1998 would not prevent the transfer of personal data between Northern Ireland and the Republic of Ireland.’ However an official in the office cautions that there would be a requirement to ensure that any processing or transfer of personal data was undertaken in compliance with the other seven principles of the Act. This point is further elaborated within the ‘Use and Disclosure of Health Data - Guidance on the Application of the Data Protection Act 1998, May 2002.’

Next steps: Examination of current legislative practice needs to be undertaken, particularly areas relating to the Freedom of Information Act, data protection issues, medical indemnity and registration.

• Lack of established structures to ensure appropriate standards of information governance best practice

On the assumption that arrangements for electronic exchange of information may be permitted in future, the UK National Health Service’s Connecting for Health anticipates the need for the partnering organisations concerned to acknowledge the terms and conditions applicable through a binding agreement or memorandum of understanding, and to commit to achieving and assuring appropriate standards of information governance best practice. Moreover, there is a need for current structures for information governance to ensure compliance with relevant national and European Standards.

The Northern Ireland Privacy Advisory Committee (chaired by Prof. Roy McClelland) reinforces the requirements for health organisations to engage more fully in information governance best practice and notes the imminent publication of a Code of Practice for consultation. Moreover Professor McClelland cites the European Standards on Confidentiality and Privacy in Healthcare, issued in 2006 and developed through the work of the EuroSOCAP Project (QRLT-2002-00771). EuroSOCAP is a European Commission funded project (2003-2006) established to confront and address the tensions created within the healthcare sector between the information society and the fundamental legal and ethical requirements of privacy and confidentiality of healthcare information.

Next steps: Once all the above is taken into account, there appears to be no immediate obstacle with regard to the information governance dimension of electronic exchange of patient information.
• Low ICT availability

Given the historic lack of ICT investment within the health sector in Northern Ireland in particular, it is not surprising that there have been low penetration rates of ICT equipment at the point of care. Improved ICT investment would allow health organisations to explore online opportunities for cross-border exchange of information.

Next steps: Hardware, connect hubs and terminals need to be installed at each site involved in any pilot scheme, along with maintenance contracts.

• Clinician buy in

Attitudes on the part of clinicians and the general public mean that, for each proposal for patients to be treated in the other jurisdiction, questions are raised about continuity and quality of care, safety, legal liability and political/professional accountability. Clinicians need to be convinced the system proposed is ‘fit for purpose’, and will be a positive step towards improving the quality of patient services they provide.

Next steps: Administrative protocols for the management of patients who avail of the pilot service need to be developed.

• Lack of EU standards on confidentiality and privacy in healthcare

As noted above, this potential barrier has been addressed through the emergence of the European Standards on Confidentiality and Privacy in Healthcare. These EU Standards apply to all healthcare professionals and to healthcare provider institutions, and address the areas of healthcare confidentiality and information privacy. They provide guidance on best ethical practice for healthcare professionals and recommendations to healthcare provider institutions. The Standards also provide a framework and model for national provision and can be used to support professional training and practice.

Next steps: There is a need for bilateral agreements on confidentiality and privacy for patients treated in the other Irish jurisdiction.

• Professional and patient attitudes to accessing services in another jurisdiction

In 2000 a feasibility study examined the possibility of establishing a GP out of hours service on a cross border basis. The University of Ulster and the National University of Ireland Galway carried out this study on behalf of CAWT. This initial report highlighted many areas that required further investigation and resolution. CAWT initiated work particularly around professional, legislative and indemnity issues.
In 2006 CAWT commissioned a further study to examine patient and professional attitudes to cross border GP out of hours services on the ground. In an extensive series of in-depth interviews and workshops carried out in both jurisdictions, the Centre for Cross Border Studies found a positive mindset to availing of services in the other jurisdiction. In both studies respondents saw considerable advantage to be gained from cross-border co-operation. However concerns were raised around the practical difficulties of patient mobility on a cross-border basis. Several areas need further exploration, particularly communication flows.

Next steps: A communications strategy needs to be developed to raise awareness of services like the pilot GP out of hours services and to gauge public attitudes to the cross-border electronic exchange of patient information.

• Funding

Health and personal social services in Northern Ireland are available largely free of charge. This includes primary care, hospital services and most care in the community. The Republic of Ireland has a mixed public/private health care system; only those in the lowest income groups have access to the full range of services free of charge.

In both jurisdictions health care is financed largely through general taxation. Hospitals and other facilities are funded through annual allocations, which are based on the previous year’s budget with adjustments for inflation.

On an individual patient basis finance is a complex issue. The numerous imponderable factors and ‘What if?’ scenarios make it near impossible to devise a comprehensive single solution that would be satisfactory to all parties. However financial controls and paying arrangements need to be developed to address the complex issues and demands which would surround a pilot electronic record exchange initiative.

Next steps: A steering committee of key personnel from each partner organisation needs to be established to consider the cost implications of a pilot cross-border information sharing scheme, and to secure funding.

• Patient consent

The justification for disclosure should normally be consent. Where the patient is competent, only the patient can give consent to disclosure. Consent is a means by which the competent patient can exercise control over the dissemination of confidential patient information. Valid consent requires that the patient has been informed as to what information it is intended to disclose, and for what purposes disclosure is proposed. Consent also presupposes choice, which means that the patient who is asked to consent must have the possibility to refuse or withdraw such consent.
Where a healthcare professional thinks that disclosure would be in the best interests of a patient unable to consent, he/she should raise this with the patient’s legal representative (including the parent/guardian of a minor). If the consent of the legal representative is withheld, the healthcare professional should follow the current best practice of their country in resolving the dispute. In emergency situations, uses or disclosures of confidential patient information may be made, but only the minimum necessary information should be used or disclosed to deal with such an emergency.

Next steps: Protocols and procedures need to be developed to ensure patients are fully informed of the process they are undertaking and give their consent to it. Existing complaints procedures need to be modified to cover problems arising from the provision of cross-border services.

5. Benefits to be accrued

Among the potential benefits from increased utilisation of cross-border electronic exchange of patient and client information for both the patient and the health service provider would be the following:

Safer, better quality services

- For all aspects of health and social care, there is a duty to deliver a quality service. Patient safety must come first and must not be compromised. The ability to have the right information at the right place and time (both in the form of manual and electronic records) will greatly enhance clinicians ability to provide safer, more efficient quality services.

Better informed clinical decision making

- Given access to electronic records, clinicians will be able to make better-informed and timelier clinical decisions. An increase in electronic information can provide fast, accurate, and inexpensive communications within and between jurisdictions. It can provide high volume information at high speed. This allows medical professionals to apply speedy treatment.
- An electronic system would allow quick and inexpensive access to vast amounts of patient/client information. Memory intensive files such as X-rays and CT scans are easily electronically transferred between jurisdictions. However in practical terms this must be coupled with the availability of broadband.

Accident and Emergency (A&E) Care

- Despite recent improvements, it remains the case that some people have to wait an unacceptably long time in emergency care departments before receiving treatment and being admitted or sent home. The ability of clinicians to access electronic records to inform patient/client care will positively impact upon A&E waiting times.
• There will be greater confidence as medical staff have information regarding pre-existing conditions, which will allow patients’ treatment to be more specific and targeted.

**Cross Border Major Medical Emergency**

• Clinicians would have the relevant health and social care information to assist with an emergency situation involving a large number of patients. For example, in April 2007 CAWT sponsored a major cross-border emergency exercise in the North-West. The project team believes that the effectiveness and safety of patient care in such an emergency would be greatly improved if clinicians were able to have the right information at the right place and at the right time via ICT.

**Other universal benefits**

• It would increase the effectiveness and efficiency of people working in small groups in one or several locations. Medical staff such as consultants who may work in isolation would benefit from seeing what diagnosis their colleagues from other jurisdictions give in certain cases.

• Over time, as electronically exchanged records build up, trends can be analysed and more suitable or pro-active measures can be put in place.

• It would allow for the greater standardization of, or at least the sharing of best practice.

• All this can be accomplished less expensively and more efficiently when done electronically than when done manually.

6. Feedback from Stakeholders

**Accident and Emergency Care**

Currently the provision of A&E services to residents in the other Irish jurisdiction is not informed by timely access to health and social care records from their home health organization or Trust. Accident and Emergency staff say that delivery of emergency care of persons who present themselves from another jurisdiction would be greatly supported if there were access to information such as:

• alerts
• allergies
• recent episodic information
• discharge summary
• results of any investigations
• CR / X-Rays
• medical history

*The impact of cross-border information flows on a patient’s treatment ‘journey’ is illustrated in the organogram on page 100.*
Stakeholder consultation
The vision outlined in this paper has been welcomed by the following people in conversations with the promoters of this project:

- Daisy Hill Accident and Emergency Consultants: Mr Mick McCann and Mr Patrick Hyland Maguire
- Drogheda Accident and Emergency Consultant: Mr Conor Kelly (in lieu of Mr Conor Egleston)
- Medical Director, Southern Health and Social Care Trust: Mr Paddy Loughran
- Security Manager, NI Directorate of Information Systems: Mr Michael Harnett
- Western Acting Director of ICT, Health Service Executive: Mary Corrigan
- National Director of ICT, Health Service Executive: Damien McCallion
- DHSSPS Information Management Branch: David Reilly
- Northern Ireland Privacy Advisory Committee: Professor Roy McClelland

All recognised the benefits to be gained from the project outlined in this paper and said they would like to see this initiative piloted in the near future.

8. Conclusions

There were several aims to this paper. Firstly, to comprehensively list the current level of exchange, both manual and electronic, that exists in the health services between Northern Ireland and the Republic of Ireland. The current practices are pilot project driven and certainly not uniform or mainstreamed.

Secondly, to discuss the barriers to electronic exchange of information. Here there are legitimate issues such as legislation precluding sharing information and lack of EU standards on confidentiality and privacy in healthcare. However while there are numerous protocols which would have to be worked out (on data protection, legislative issues, financial agreements, patient consent, indemnity issues etc), we believe that over time and with the correct personnel on board a satisfactory resolution can be found to these issues. This was demonstrated by the GP out of hours initiative, where most of the issues raised were suitably resolved. On this information sharing project, we have endeavored to offer possible solutions to potential barriers.

Next we looked at the benefits to the patient and the system as a whole, concluding that information sharing would benefit all greatly. The work of finding solutions to all the barriers would be rewarded by safer, better-informed clinical decisions for patients and clinicians alike. Quicker, timelier and more accurate clinical decisions made by a more confident medical team must be the goal of any health system particularly in an accident and emergency situation.
On the ground we were greeted with enthusiasm when we offered this possible project to leading IT people in the health sector on both sides of the border, as well as to A&E consultants from both jurisdictions. The IT people identified certain barriers that would need to be addressed properly, but they felt that if these were to be tackled such a project would be greatly welcomed.

The final aim of this paper was to determine and cost a technical solution (see Appendix 1) for exchange of information across the jurisdictions. We have identified a technical solution from a company with the expertise to implement it. Briefly the project proposes to exchange specific patient and client information via email attachment. Our estimate is that a one-year pilot of sharing cross-border information in this way would cost £88,845.

Therefore, providing all the protocols identified are put in place, and all the necessary agreements are structured, there are no technical, legal and professional reasons why health organisations cannot share patient/client electronic information across jurisdictions to inform care delivery.

**Cross-Border Patient Information flows: an Organogram**
The project team are keen to explore funding opportunities to pilot the use of technology defined within this proposal in order to evaluate and assess more fully the implications for wider adoption of same. From general feedback from both the medical and technical professionals within both jurisdictions, they have concluded that the implemented of such a project would be timely and much needed.

The goal is to move this project from a Vision to Reality.

Appendix 1: A Technical Solution

NTR Broadband and Northgate IS are delighted to respond to the Southern Health and Social Care Trust and the Health Service Executive.

Southern Health and Social Care Trust and the Health Service Executive have requested that NTR Broadband and Northgate IS provide a proposal to provide broadband and infrastructure solutions to allow for the electronic transfer of patient/client data between hospitals in different jurisdiction. This pilot will intially be for four hospitals around the border region and will not encroach on the existing network infrastructure currently implemented at hospital premises.

Understanding of Southern Health and Social Care Trust and the Health Service Executive Requirements

Currently when a patient/client presents themselves outside of their jurisdiction they are treated without the patient/client records being present, or the records on that patient/client may be requested and physically transported by taxi or faxed from their local hospital/care centre. Southern Health and Social Care Trust and the Health Service Executive are conducting a pilot project that allows patient/client records departments within border area hospitals to transfer information electronically and securely over a dedicated network VPN infrastructure.

Proposed Solution

To facilitate the transfer of records between patient/client records offices, NTR/Northgate recommend deploying a HUB and Spoke solution. Authorisation records can be requested from patient/client systems in various formats such as electronically (print to file), scanned or manually (paper based records) and transferred into a workstation connected to the dedicated secure infrastructure and emailed to a remote location. Identity authorisation, management and auditing of records will be controlled by biometric fingerprint readers at each station location. This biometric reader will replace the existing windows
authentication requirement. By having all central and remote locations connected to only the central server, it allows for ease of user management, negates the need for dedicated server architecture at each site and also negates the need to use external DNS; therefore ensuring no patient/client record information can be send externally.

NTR Broadband/Northgate propose to design, configure and instal a Wide Area Network (WAN) that will encompass the four identified sites for the pilot project. The WAN will operate over the proposed Broadband network that NTR Broadband will provide, connecting each hospital/care facility in a secure manner to enable the efficient transfer of patient/client records between hospital/care facilities both in Northern Ireland and the Republic of Ireland, and at the same time building an infrastructure that will future proof the network for growth and additional applications and services.

Once all sites are connected to NTR Broadband's network (see figure) NTR Broadband/Northgate will design, configure and install a WAN using VPN technology. The WAN will be designed using a mixture of ‘Best of Breed’ products such as Checkpoint, HP, Sophos and DigitalPersona Biometrics. The WAN will connect all sites in a totally secure and high performance environment which enable the hospital/care facilities to work closer together when transferring patient/client records, reduce duplication and speed up administration in a secure way.

Both the WAN and the Broadband network will be delivered with scalability in mind; the broadband links are easily upgradeable to higher bandwidths and the WAN hardware is also scalable to allow for more users entering the WAN in the future. Another priority that NTR Broadband and Northgate IS has considered and allowed for in this response is future proofing the network and the WAN for future applications.

Once all the required elements are in placed NTR Broadband/Northgate will evaluate and document all elements of the project.
NORTH/SOUTH AND CROSS-BORDER PUBLIC SECTOR TRAINING PROGRAMME

Fourth Course (March 2007 - June 2007)

Timetable
INTRODUCTION

There are now over 700 civil and public servants working on North-South and cross-border co-operation issues in North/South bodies, government departments and other public agencies in the two Irish jurisdictions. Currently there are few opportunities for such people to undertake induction or training courses to equip them for work in this new, complex and sensitive area, or for public officials coming to work in the area for the first time. Based on the success of three previous courses run since 2005, and to meet demand, a fourth course has been developed for 2007.

NORTH/SOUTH TRAINING PROGRAMME

The programme is run by a unique partnership of the Centre for Cross Border Studies, Cooperation Ireland and the Chartered Institute of Public Finance and Accountancy (CIPFA) and is aimed at senior and middle-ranking officials in Northern Ireland and Ireland. There are 30 places on the course.

The programme is financed by the EU Programme for Peace and Reconciliation in Northern Ireland and the Southern Border Region as well as by participants’ fees. It will be delivered over five days during a four month period from March 2007 to June 2007, starting with a two-day residential, and ending with a presentation of awards on the final training day. The main programme will be held in the Canal Court Hotel in Newry, a location convenient for people travelling from both jurisdictions. The course consists of four modules (with presentations and case studies) and a written project.

THE MODULES

The four modules will cover:

- North/South co-operation in the public and NGO sectors
- North/South public finance and governance issues
- North/South economic and business co-operation
- Cross-border co-operation at local authority and community level
The outline programme and speakers are on the following pages of this brochure:

**MODULE ONE -**
**NORTH/SOUTH CO-OPERATION IN THE PUBLIC AND NGO SECTORS**

**Thursday 1 March 2007**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1400</td>
<td><em>Coffee and registration</em></td>
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<tr>
<td>1430</td>
<td>Introduction: North/South Ministerial Council Joint Secretaries, Mary Bunting and Tom Hanney</td>
</tr>
<tr>
<td>1500</td>
<td>Overview - Michael D’Arcy, Joint Facilitator, North/South Roundtable Group</td>
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<tr>
<td>1600</td>
<td>Guest speakers from Criminal Assets Bureau (RoI) and Assets Recovery Agency (NI)</td>
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<td>1715</td>
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<tr>
<td>1815</td>
<td>Drinks reception hosted by North/South Ministerial Council</td>
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<tr>
<td>1900</td>
<td><em>Dinner</em></td>
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**Friday 2 March 2007**

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<tr>
<td>0930</td>
<td>How cross-border public sector cooperation can assist peace and reconciliation in Northern Ireland – Dr Duncan Morrow, Chief Executive, N. Ireland Community Relations Council</td>
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<tr>
<td>1015</td>
<td>Introduction to central and local government structures, North and South - Grainne Walsh, Stratagem, Belfast and Sean O’Riordain, Environmental Resources Management and IPA, Dublin</td>
</tr>
<tr>
<td>1115</td>
<td><em>Refreshments</em></td>
</tr>
<tr>
<td>1145</td>
<td>Myths and Realities - an interactive exercise in the similarities and differences in public administration, North and South</td>
</tr>
<tr>
<td>1300</td>
<td><em>Lunch</em></td>
</tr>
<tr>
<td>1415</td>
<td>Course administration and work on projects</td>
</tr>
<tr>
<td>1600</td>
<td>Close</td>
</tr>
</tbody>
</table>
MODULE TWO -
NORTH/SOUTH PUBLIC FINANCE AND GOVERNANCE ISSUES

Thursday 19 April 2007

0930 Coffee and registration
1000 The European Union and North/South co-operation - Pat Colgan, Chief Executive, Special EU Programmes Body
10.45 Funding and accountability issues facing North/South civil and public servants - Alistair Steenson, CIPFA and Noel Tallon, Department of Finance, Dublin
1145 Refreshments
1215 Corporate governance issues, including codes of best practice, risk management, the roles and responsibilities of officials and boards, relationships between North/South bodies and sponsoring Departments/Departments of Finance - Alistair Steenson, CIPFA and Aidan Horan, Manager, Finance Planning Unit, Institute of Public Administration, Dublin
1300 Lunch
1400 Case studies on ethical standards and practices in a cross border and North-South context - David Nicholl, Head of CIPFA Northern Ireland, and Aidan Horan, Institute of Public Administration, Dublin
1500 Work on projects
1600 Close

MODULE THREE -
NORTH/SOUTH ECONOMIC AND BUSINESS CO-OPERATION

Thursday 17 May 2007

0930 Coffee and registration
10.00 Private initiative and public finance, North and South - Peter Quinn, Fermanagh businessman and former GAA president
1045 How North/South economic and business co-operation can assist peace and reconciliation in Ireland - Sir George Quigley, Chairman, Shorts/Bombardier, Belfast, former Chairman, Ulster Bank
1130 Refreshments
1200 An economic overview of North/South economic co-operation - Professor John Bradley, international economic consultant
1300 Lunch
1415 Business case studies - Willie Maxwell, InterTradeIreland and Acumen SME support programme
1515 Work on projects
1615 Close
MODULE FOUR - CROSS-BORDER COOPERATION AT NGO, LOCAL AUTHORITY AND COMMUNITY LEVEL

Thursday 21 June 2007

0930  *Coffee and registration*

1000  The role of NGOs in North/South Cooperation on the island of Ireland – Helen Johnston, Director, Combat Poverty Agency, Dublin, and Tony Kennedy, Chief Executive, Co-operation Ireland

1045  a. Co-operation among border region local authorities - Kate Burns, management consultant, former CEO, Irish Central Border Area Network

b. Co-operation between public health bodies - Dr Jane Wilde, Director, Institute of Public Health in Ireland

1145  *Refreshments*

1215  Community development case study by George Newell, Ballymacarrett and Ballybofey arts and culture project

1300  *Lunch and presentation of awards by Dr Aideen McGinley, Permanent Secretary, Department for Employment and Learning, Belfast*

1500  Close

ALUMNI

By the end of June 2007, 100 executives will have completed this training programme. An alumni group of participants is currently being formed to meet on a regular basis to discuss and exchange experiences of cross-border cooperation in the public sector.

ASSESSMENT

The written project will be carried out by participants in pairs and groups – from the North and South – to maximise the cross-border learning experience. The training will be assessed by the Institute of Leadership and Management (UK) and certificates will be presented to participants by a senior politician or government official.

SPEAKERS

Speakers and facilitators are drawn from leading figures in the civil and public service (including the North/South Ministerial Council Secretariat), business and industry, the universities and the NGO sector.
MAINSTREAMING

During and at the end of the programme, an evaluation will be carried out with the aim of enhancing the programme for future courses.

CIPFA

CIPFA is one of the six main accountancy bodies in the United Kingdom and Ireland and the only one that specialises in the public sector. CIPFA is the leading provider of training to the public sector in Northern Ireland in areas such as accountancy, financial management, fraud awareness, internal audit, corporate governance and business planning. Website: www.cipfa.org.uk/ni/

CENTRE FOR CROSS BORDER STUDIES

The Centre for Cross Border Studies researches, develops and manages North-South projects in education, health, ICT, public administration, the environment and a range of other practical areas. It also administers all-island organisations in higher education, teacher education and spatial planning. Website: www.crossborder.ie

CO-OPERATION IRELAND

Co-operation Ireland is the leading charity working for lasting peace in the island of Ireland by bringing together people of different religious backgrounds in Northern Ireland and people from Northern Ireland and the Republic of Ireland. Website: www.cooperationireland.org
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