

**Working Children**

**Mr. Hinchcliffe:** To ask the Secretary of State for Health what guidance is issued on minimum wages, health and safety and number of hours worked, for working children; how this guidance is distributed; and what budget is available for any enforcement of minimum standards. [19370]

**Mr. Bowis:** No guidance has been issued on minimum wages. The restrictions on children's working hours are set in primary legislation and in local byelaws. All byelaws comply with guidance issued by the Department of Health to local authorities. Their enforcement is a matter for local authorities, and it is for them to devote to it the resources they deem necessary. Enforcement of health and safety legislation is a matter for the Health and Safety Executive which is the responsibility of my right hon. Friend the Secretary of State for the Environment.

**South Manchester University Hospitals NHS Trust**

**Mr. Alfred Morris:** To ask the Secretary of State for Health, pursuant to his answer of 6 March, *Official Report*, column 293, what assessment he has made of the effects on patient care in south Manchester of the closure of four intensive care beds; and if he will make a statement. [20366]

**Mr. Horam:** Availability of services is the responsibility of district health authorities and discussions are continuing between Manchester health commission and South Manchester University Hospitals national health service trust to plan service provision for 1996-97.

**Hepatitis C**

**Mr. Alfred Morris:** To ask the Secretary of State for Health what recent further representations his Department has had from, or on behalf of, people with haemophilia who, in the course of NHS treatment were infected with Hepatitis C; what plans he has to compensate them or in cases where the patient has died from infection, their dependents; and if he will make a statement. [20367]

**Mr. Horam:** I refer the right hon. Member to the reply I gave my hon. Friend the Member for Hendon, South (Mr. Marshall) on 5 December 1995, columns 130-31, since when, Ministers have received 34 further letters about payments to people who have developed hepatitis C through blood or blood products. Not all these letters were necessarily concerned solely or primarily with haemophiliacs.

As we have made clear in recent debates and in response to questions, the Government have great sympathy with those who may have been inadvertently infected with hepatitis C through national health service treatment, but as no fault or negligence on the part of the NHS has been proved, we have no plans to make special payments. Our view remains that the best way for the Government to help is to encourage research, and best treatment for those infected as well as supporting voluntary groups working with those infected. This we are already doing.

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**Mr. Morris:** To ask the Secretary of State for Health what was the number of deaths among people with haemophilia who in the course of NHS treatment were infected with hepatitis C at the latest date for which figures are available. [20368]

**Mr. Horam:** Figures for deaths of people with haemophilia infected with hepatitis C are not collected centrally by Government. I understand from the United Kingdom Haemophilia Centre directors that the cause of death of 14 out of the 159 haemophilia patients known to have died in 1994, was shown as liver disease, of which hepatitis C may have been the cause.

**Outstanding Payments**

**Mr. Betts:** To ask the Secretary of State for Health what values of payments were outstanding within his Department on 5 March, which were beyond the date on the invoice and, where no date was specified, older than 28 days. [20480]

**Mr. Horam:** The information is not available and could be provided only at disproportionate cost.

**Primary Care-led NHS**

**Mr. Mark Robinson:** To ask the Secretary of State for Health what plans he has to develop a primary care-led NHS. [18390]

**Mr. Malone:** General practitioner fundholders have already demonstrated the benefits to patients of a primary care-led national health service. The new health authorities will be responsible for working with GPs and their teams to improve services across the range of primary and secondary care. The listening programme, on which we are currently engaged, will build on these strengths.

**HIV/AIDS**

**Mrs. Ann Winterton:** To ask the Secretary of State for Health (1) he will seek an apology from the European Commissioner responsible for the decision to allocate funds to enable CSV Media to send condoms on St. Valentine's day to Members of Parliament throughout the European Union; [20507]

(2) if he will make it his policy to require the European Commission AIDS unit to promote sexual abstinence before marriage and fidelity within it, and the avoidance of injected drugs, as the most effective means of avoiding the contracting of AIDS; and if he will make a statement. [20508]

**Mr. Horam:** We believe that, like other public bodies, it is important that the European Commission AIDS unit communicates the means of avoiding HIV transmission in a manner which is scientifically accurate and respects the personal and cultural sensitivities of the target audience. I share entirely the hon. Member's concern that the St. Valentine's Day initiative was inappropriate and will ensure that this view is made known to the organisations involved.

Data for each European Union country is not routinely collated by the Public Health Laboratory Service and may not, in any case, be comparable between different countries because of different reporting systems and differing access to grouping and typing facilities.

Information relating to Scotland and Northern Ireland are matters for my right hon. Friend the Secretary of State for Scotland and my right hon. and learned Friend the Secretary of State for Northern Ireland.

**Ms Harman:** To ask the Secretary of State for Health which countries in the EU give routine meningitis vaccinations to children. [19226]

**Mr. Horam:** Eleven of the 15 countries in the European Union give routine Hib vaccine, which protects against cases of meningitis due to Haemophilus influenzae type b infections. Hib vaccine was introduced into the United Kingdom childhood immunisation programme in 1992 and has been a great success. The vaccine has virtually eliminated Hib meningitis in young children.

No countries in the European Union currently give routine vaccination against meningococcal meningitis—that is, cases caused by Neisseria meningitidis.

**Public Finance**

**Ms Harman:** To ask the Secretary of State for Health what has been the percentage change in each of the last five years of public finance in the NHS capital programme. [19228]

**Mr. Horam:** The information is shown in the table.

	<i>Hospital and community health services gross capital expenditure (£ million)</i>	<i>Change (Per cent.)</i>
1990-91	1,576	9.1
1991-92	1,659	5.3
1992-93	1,815	9.4
1993-94	1,783	-1.8
1994-95	2,049	14.9

**South Manchester University Hospitals NHS Trust**

**Mr. Alfred Morris:** To ask the Secretary of State for Health what representations his Department has received on the accountancy error made in calculating the income of the South Manchester University Hospitals NHS trust; what replies he has made; and if he will make a statement on the effects of the error in terms of (a) bed closures and (b) numbers of people waiting for hospital treatment. [19274]

**Mr. Horam:** We have received two letters on this subject. The trust has drawn up a recovery plan which involves selective bed closures and estimates that its proposals will add approximately two months to in-patient waiting times for Manchester residents.

**Hepatitis B**

**Ms Harman:** To ask the Secretary of State for Health what estimate he has made of the annual cost of universal vaccination of children against hepatitis B. [19218]

**Mr. Horam:** At manufacturers current listed prices, annual vaccine costs for one birth cohort would be in the region of £17 million. The total cost of universal immunisation against hepatitis B will comprise of vaccine costs, the costs of administering the vaccine, and other costs of carrying out the immunisation programme. Costs of administering the vaccine could vary depending on the immunisation programme chosen.

**Ms Harman:** To ask the Secretary of State for Health what plans he has to implement the World Health Organisation's recommendation on hepatitis B vaccination. [19219]

**Mr. Horam:** Hepatitis B vaccine has been used in this country since 1982 and is currently recommended for those at increased risk of infection. The Department of Health is considering the implications of the World Health Organisation's recommendation for countries such as the United Kingdom, which has one of the lowest prevalence rates of chronic hepatitis B carriers in the world.

**Ms Harman:** To ask the Secretary of State for Health if he will make a statement on the cost-effectiveness of universal hepatitis B vaccinations for children. [19220]

**Mr. Horam:** The cost-effectiveness of universal hepatitis B vaccination for children is dependent on many factors, including the prevalence of hepatitis B infection in the population, the age at which immunisation is offered, the coverage achieved, vaccine efficiency, changes in the risks of exposure to the virus, the cost of the immunisation programme chosen, and the morbidity and mortality prevented as a result of that programme. The Department has commissioned research to develop a mathematical model of hepatitis B transmission dynamics to assist in this work.

**Ms Harman:** To ask the Secretary of State for Health what research he has commissioned into the duration of antibody response in children vaccinated with hepatitis B vaccination. [19221]

**Mr. Horam:** The Department of Health has not commissioned research on this subject.

**Vaccinations (Cancer Prevention)**

**Ms Harman:** To ask the Secretary of State for Health what research his Department has (a) commissioned and (b) evaluated into the relationship between vaccination and cancer prevention. [19222]

**Mr. Horam:** The Department of Health has not commissioned from central funds research into the relationship between vaccines and cancer prevention.

However, the Department of Health, Medical Research Centre, the Biotechnology and Biological Sciences Research Council and Glaxo/Wellcome—a leading pharmaceutical company—have jointly set up the Edward Jenner Institute for Vaccine Research, with Professor Peter Beverley as its first scientific head.