

regardless of need. The best way to use the available resources is to concentrate on helping those most in need by maintaining or increasing so far as possible the value of supplementary benefit rates. Between November 1978 and November 1984 the real value of the main rates of supplementary benefit increased by about 6 per cent. and over the same period the basic rate of heating addition increased by about 147 per cent. compared with an increase in fuel prices of about 108 per cent. We expect to spend some £400 million on heating additions this financial year, which is about £140 million more in real terms than was spent in 1978-79. More than 90 per cent. of supplementary pensioners now have a heating addition, as well as getting the higher long-term rate of supplementary benefit which is worth £7.65 a week more for a single householder and £11.55 more for a couple than the ordinary rate.

### Blood Products

Mr. Butterfill asked the Secretary of State for Social Services if he will issue regulations to require that anyone administering blood products should wear surgical gloves; and if he will make a statement.

Mr. Kenneth Clarke: The precautions to be taken are a matter for the doctor responsible for individual patients.

Mr. Butterfill asked the Secretary of State for Social Services—(1) to what extent non-heat-treated blood products are still being used in England and Wales; and if he will make a statement;

(2) by which date British heat-treated factor VIII, free of acquired immune deficiency syndrome virus, will become available from the national blood products laboratory in Elstree; and if he will make a statement;

(3) if he is satisfied that the output of heat-treated blood products from the national blood products laboratory in Elstree is sufficient to meet domestic demand; and if he will make a statement.

Mr. Kenneth Clarke: Information on the use of blood products is not available centrally. Heat-treatment can be applied only to certain blood products, of which factor VIII is one of the most important. At present the blood products laboratory, Elstree manufactures almost half of the National Health Service consumption of factor VIII. BPL has started to heat treat its factor VIII, and limited amounts will be distributed to the National Health Service for clinical trials within the next two weeks. Heat-treatment capacity is being increased, and it is hoped that, by April this year, all BPL factor VIII will be heat-treated.

The major redevelopment of BPL is on schedule to open in January 1986. This is intended to provide the capacity to meet the forecast demand on the National Health Service in England and Wales for factor VIII. The heat-treatment process however reduces product yield and the consequences of this for the timetable for achieving self-sufficiency in factor VIII is being examined.

### Invalid Care Allowance

Sir David Price asked the Secretary of State for Social Services what is his latest estimate of the annual cost of extending the invalid care allowance to include married women.

Mr. Newton: I refer my hon. Friend to my reply to my hon. Friend the Member for Exeter (Mr. Hoare) on 17 January at column 62.

### CENTRAL BLOOD LABORATORIES Blindness Allowance

Sir David Price asked the Secretary of State for Social Services what would be the annual cost of introducing a blind allowance for all registered blind persons at the same rate as the non-contributory invalidity allowance.

Mr. Newton: The cost of a blindness allowance at the same rate as non-contributory invalidity pension—now severe disablement allowance—is estimated to be £140 million a year.

### Well Women Clinics

Mr. Alfred Morris asked the Secretary of State for Social Services (1) if he will publish his Department's evaluation of the well women centre at Wythenshawe clinic;

(2) what is his policy on the development of well women clinics and centres;

(3) if he will list for each regional health authority area the number and location of well women clinics set up by health authorities or operating on National Health Service premises;

(4) what evaluation has been conducted by his Department on the role of well women clinics and centres;

(5) if he will issue national guidelines to all health authorities on the establishment and organisation of well women centres to provide a comprehensive medical screening and counselling service for women.

Mr. John Patten: Information on the number and location of well women clinics is not held centrally and no evaluation of the role of such facilities, or of specific clinics, has been carried out by the Department. The prevention of ill health and promotion of good health are among the Government's prime objectives and we take every opportunity to encourage the National Health Service to develop these aspects of its services. However, the provision of special facilities such as well women clinics is a matter for individual health authorities to decide in the light of local needs and priorities.

### Rainhill Hospital

Mr. Parry asked the Secretary of State for Social Services if he will make a statement on the future of Rainhill hospital.

Mr. Patten: The Mersey regional health authority is preparing costings and timetables for the closure of Rainhill hospital in the 1990s. This is in line with the region's strategy to devolve services for the mentally ill from large institutions to provide a more local, district based, service.

Mr. Parry asked the Secretary of State for Social Services if he will list the number of hospital beds in Rainhill hospital in each of the past six years to the latest date.

Mr. Patten: The information is given in the table: