

[Mr. Alfred Morris]

"How many disabled people, after being assessed for services under the . . . Act . . . , are now on waiting lists for the help that they need . . . how many local authorities at the latest date for which figures are available, had reduced or removed services in cases where there was no diminution in the disabled person's needs".

I also asked the Minister to comment on a case, of which I had informed the Secretary of State for Health "where home help provision was withdrawn from an elderly couple both of whom are severely and progressively disabled?"—[*Official Report* 3 December 1991; Vol. 200, c. 138.]

Not one of my questions was answered by the Minister. I shall be grateful, therefore, if the Leader of the House will obtain the answers for me before the motion is approved.

Before he does so, I must tell the House that the legal advice given to me, when I was Minister for the Disabled, was that it was unlawful to keep disabled people who have been assessed for services on waiting lists for them. I was also unequivocally advised—as I know all my successors as Minister for the Disabled have been—that it was unlawful to reduce or withdraw a service provided under the Act unless the disabled person's need for it had diminished. Yet in the case about which I questioned the Minister for Health, on 3 December, home help provision was withdrawn from the elderly and severely and progressively disabled couple whose nearest relative lived over 180 miles away in Manchester.

They are not alone in having their legal rights trampled on. Arthritis Care and the Royal Association for Disability and Rehabilitation said in a recent statement that such cases could be found all over Britain and that "widespread distress has been and continues to be caused among disabled people."

In a letter that I received from the Minister for Health before I questioned her in the House, she said, without any suggestion of criticism, that some local authorities had now withdrawn cleaning-only home help services altogether. If so, then *ipso facto* such services are no longer available to any disabled person in their areas, irrespective of need and the requirements of the law.

That is a very serious matter indeed about which there should not only be a statement to the House before the recess, but urgent ministerial action to end all misconceptions about the legal duties imposed by the Act. On behalf of many national organisations of and for disabled people, I implore the right hon. Gentleman to make a positive response to my plea to him to play his part in ending what their members see as law-breaking on an increasingly wide scale.

In pressing him to help, I emphasise that about 50 per cent. of the homeless in Britain this Christmas are expected to be disabled people, most of whom sleep rough due to the yawning gap between promise and performance in the Government's approach to community care. Thus, the two issues that I have raised are linked. Shelter says that there was a 92 per cent. increase in the number of homeless disabled people between 1980 and 1988, and the number has undoubtedly risen since then. That is sombre further proof of the need for a humane response from the Government before this debate concludes.

4.55 pm

Sir Michael McNair-Wilson (Newbury): In eight days' time the House will rise for the three-week Christmas recess. I have no doubt that we are all looking forward to that event, a time for rest, a time to be at home with our families, a very special time when we talk of good will towards all men and hope that the happiness to which we look forward will be shared by others.

However, I suspect that for 28 people at least—those who remain of the 50 or so people who received blood transfusions contaminated with the HIV virus from the national health service between 1982 and October 1985—Christmas will be overshadowed by the deadly nature of the virus and its awful consequences—its life-shortening consequences if it becomes AIDS. Now, of course, blood donations are screened to prevent such contamination happening again, but for those poor 28 people, unlike the 1,200 haemophiliacs who got the HIV virus from contaminated samples of the fact 8 blood product, no Macfarlane Trust exists for them, nor for those 22 who have already died from AIDS as a result of the virus, nor for their dependents.

It is right to ask why that should be the case. According to a letter that I received from the Parliamentary Under-Secretary of State for Health in the other place, Baroness Hooper, on 19 October 1991, the Government "decided to make special provision for HIV infected haemophiliacs because we accepted that they were a very special case. The haemophiliacs were doubly disadvantaged by their hereditary condition, which was compounded by the onset of HIV. The position of those others infected with HIV through blood transfusions is more difficult, since the Government does not consider that their case is different in principle from that of others seriously harmed through medical accident."

So the Minister seems to acknowledge that those people have been seriously harmed through a medical accident derived from their treatment at the hands of the NHS, but the Minister goes on to say that it was nobody's fault—and anyway, that the haemophiliacs got compensation because they were haemophiliacs, not simply because they had been given contaminated factor 8.

It is almost the identical defence originally submitted by the Department of Health when it first refused to pay compensation to haemophiliacs. Effectively, it said, "If you can prove we were negligent, we will pay. If not, you get nothing." Legally, I recognise that that is strong ground, because proving negligence is an expensive and long drawn-out process, perhaps taking six to seven years, and how many of those 28 people who are still alive and who had contaminated blood transfusions will be alive that far ahead?

There is another dimension to those cases in terms of what any of us expects from treatment under the NHS. Surely we expect to be made well or better than we were when we went for treatment. Also, I know of no patient who tells his doctor what treatment he should or should not receive. I know of no patient who has ever told his doctor that he needs a blood transfusion. The decision about the treatment is one for the medical staff. The patient does as he or she is told.

I do not complain about that; the doctor has the experience, but, if we place our lives in the hands of medical men, we presume that the course of treatment they prescribe will make us better, not give us a viral infection from which we will die. That is implicit in the contract, unwritten though it may be, between patient and doctor.

It adds up to a moral obligation which the service takes on when it describes itself as the national health service. Of course, the chance of our being made well depends on what we are suffering from when we enter hospital, but few, if any, of us expect to die from the treatment that we are given. Yet that is what is happening to the haemophiliacs and to those who have had tainted-blood transfusions.

Those people are now living in the twilight existence outlined to me by a haemophiliac constituent who had received contaminated factor 8. He asked me to go and see him at night so that his neighbour would not ask why the Member of Parliament was visiting him. He told me how fearful he was that his children's friends might find out about his condition and refuse to come to the house or to continue to be his children's friends. He told me of his financial worries for his wife and his family if he could no longer work and if he subsequently died from AIDS; about the problem of keeping up mortgage payments that pressed on his mind; about the impossibility of obtaining any insurance and about that permanent worry as to whether his HIV positive condition would in the course of time turn to full-blown AIDS. Lastly, he explained that because of what had happened to him he had ceased to have any sexual relationship with his wife owing to the risk of infecting her. Effectively, that side of his marriage is over—as, probably, is his life.

Thank goodness, the Government softened their attitude and their heart towards the haemophiliacs and gave them a sum, through the Macfarlane Trust, which relieved the financial worries of people like my constituent; they gave a sum of £42 million. If they can give it to that group, why not to this much smaller group of transfusion-damaged people? All the problems that apply to the haemophiliacs apply equally to them. And to give all 50 the same compensation would cost only £1,750,000.

I find the Department's argument that haemophiliacs are a very special case a very difficult one to follow. All these people are human beings. They have been given this dreadful virus, not because they asked for it, but because of something that happened within the Department. The same faith in the NHS that persuaded the haemophiliac to accept factor 8 from the NHS persuaded the 50 to accept blood transfusions from the NHS. But for the grace of God, I might have been one of them. I was receiving blood transfusions at that time from the NHS because of kidney failure. That is why I stand in the House tonight conscious that it is the grace of God that has preserved me and aware that I at least have a voice through which to make this House think again about the plight of the now only 28 people whose lives have been so blighted.

I put this appeal to the Leader of the House: a measure of compensation should be provided for these unhappy people. I know that I am not the only Member who feels strongly about this matter. I know that hon. Members on both sides of the House have made a number of appeals and put many questions to Ministers. In my opinion the good name of the Government, the Department of Health and the National Health Service is somehow besmirched by the failure to recognise the dreadful blight that has come to these people at the hands of the NHS.

When a Minister admits in a letter to me that a medical accident has killed 22 people and looks likely to kill a good many more, leaving families without financial support and ruining marriages, natural justice—and I submit that there is such a thing—demands compassion demonstrated by financial assistance.

I have already referred to the Macfarlane Trust, which disburses Government funds to the haemophiliacs. I wrote to its chairman, the Rev. Prebendary Alan Tanner, asking if the trust had any discretion as to who it helped with funds. In his reply Mr. Tanner said:

"The Macfarlane Trust Deed was written very specifically for the haemophiliac community . . . I am sorry to say that I do not think that your enquiry reveals a viable option. We hope that you and like-minded colleagues of all parties will be able to provide a separate and additional solution for other afflicted groups."

So do I. After all, only as recently as last Tuesday the French Government decided to change its mind and bring forward a compensation package which included both haemophiliacs who had contracted HIV from contaminated blood products and those who had received blood transfusions also containing the virus. So why not us?

Baroness Hooper, in her letter, argues:

"The more that is spent on making payments to those who, through nobody's fault, have been harmed as a result of a medical accident, the less there is available for treating patients who have become ill."

That is quite right, but is her statement borne out by what we know of spending on AIDS, to take an example linked to the case that I am arguing? I fear not.

Only this week, on 10 December, *The Daily Telegraph* reported under the heading

"MPs attack NHS over AIDS money",
as follows:

"Government health officials were strongly criticised by MPs yesterday for their handling of health authorities who 'pinched' money earmarked to treat Aids for other purposes. Mr. Duncan Nichol, chief executive of the health service, was closely questioned by the Commons public accounts committee about the lack of disciplinary action against those responsible for significant lapses in Aids spending uncovered by the National Audit Office."

In a report in the summer, the Office found more than £15 million granted by the Government to combat Aids remained unspent or had been diverted to other work."

I suggest to my right hon. Friend that the Government need not stumble over the £1,750,000 which would give the same compensation to the 50 who received contaminated-blood transfusions as was given to the haemophiliacs. The money is really there in terms of this £15 million, which I gather is now being sought from the local authorities that have misspent it and some of which, apparently, is unspent.

If I am right, providing that compensation would effectively cost the NHS nothing, but it would end one of the unhappiest and most tragic incidents to afflict the health service in my lifetime. While I know that my right hon. Friend, in winding up this debate, may not feel that he can comment in detail on what I have said, I ask him to convey my comments to the Secretary of State for Health and that, as a distinguished former Treasury Minister, he will consider what I have said about payment of compensation and, perhaps, before we resume in the new year, will have been able to make a statement that will give comfort to the 28 people who are still alive and to the dependants of the 22 who have already died from AIDS.

5.8 pm

Mr. David Alton (Liverpool, Mossley Hill): Eloquently and at times movingly hon. Members have used the Adjournment debate to raise distressing situations and to take the opportunity to remind us, as we approach the Christmas festivities, that many find themselves in very distressing circumstances. I take the opportunity to press

education centre. We certainly need Fryerns school. I give Essex county council a warning. Fryerns school will not close and I intend to ensure that it does not close.

At my surgery on Saturday, I had a deputation from shopkeepers in Whitmore way. In Basildon, we have the largest covered shopping centre in Europe. It is an excellent shopping centre and I hope that people throughout the country will do their Christmas shopping in Basildon. One effect of the covered shopping centre has been that local traders have suffered to an extent. The Basildon development corporation and the Commission for New Towns have spent a huge amount of British Taxpayers' money on the infrastructure in Basildon. There is, of course, a duty for the CNT to return some of that investment to the British taxpayer.

However, it came as a tremendous blow to the local shopkeepers when they recently received the rent review on the leases of their shops. Most of those people are small shopkeepers who have been in the town for 30 years. They have found that their rents have gone up by 50 or 75 per cent. That is not acceptable. Trading conditions over the past 18 months, as we all know, have not been favourable in the south. We need to help those small shopkeepers stay in business and the rent proposals are quite unacceptable.

Earlier this year, I tried to amend the Pet Animals Act 1951. I know that it may seem unpleasant to spoil children's fun at Christmas, but, extraordinarily, under the Act minors are allowed to go into pet shops without their parents' permission and to purchase all kinds of animals including dogs and exotic reptiles. I am delighted to say that the House gave my Bill an unopposed Second Reading. The Bill was referred to a Standing Committee, but we ran out of time. I hope that the House will unite on the issue. We can then amend the 1951 Act so that any child who wishes to purchase a pet will have to have the permission of a parent or, better still, be accompanied by a parent. As the Royal Society for the Prevention of Cruelty to Animals can testify, many pets are abandoned at Christmas time. Let us make this a happy Christmas for human beings and also for animals.

6.49 pm

Mr. Bruce Grocott (The Wrekin): The debate on the Christmas Adjournment is always interesting. Hon. Members speak on a variety of subjects about which they feel strongly and on which they feel they are knowledgeable. However, it is an impossible debate to respond to. Therefore, I will not make much of an attempt to respond to it but instead will concentrate on a few issues that I believe it is appropriate to consider at this time of the year.

I am sure that hon. Members were concerned to hear the speech of the hon. Member for Newbury (Sir M. McNair-Wilson) about people infected with HIV. Several other contributions will also be worth reading.

I cannot possibly carry on without mentioning the speech of my hon. Friend the Member for Jarrow (Mr. Dixon). As a result of his position as Deputy Chief Whip, he does not often have an opportunity to speak in the House. However, my word, I enjoyed his speech today. Perhaps we should alter the convention that Deputy Chief Whips should not speak in the Chamber.

I apologise for not being able to respond to all the points that have been raised. I want instead to refer to two issues that have a holiday and seasonal flavour. The first is

holidays, and in particular bank holidays, and the second is television, which is the nation's most popular entertainment during holiday periods and which, for reasons that I will spell out briefly, is facing tremendous problems not least as a result of the Broadcasting Act 1990.

As hon. Members will be aware, we will enjoy three bank holidays during the Christmas recess, two of which—Christmas day and new year's day—are common throughout the European Community. That is a basic standard of provision for workers throughout the Community. I am not sure whether the Government are hostile towards that harmonisation of holidays. Perhaps they feel that our competitiveness would improve if there were no holidays in this country or that investment would flow into this country if we ended those basic minimum standards of provision. However, even this Government must agree that it is not a bad idea to have some bank holidays. Mercifully, we will not have an opportunity to discover whether the Government want those privileges to be removed because the Conservatives will not be in office for much longer.

It is worth drawing attention to the fact that we have the worst provision of any European Community country in respect of national public holidays. We have only eight and we will be using up three of them in the next few weeks. Ireland and Holland have nine; Italy and Denmark have 10; Germany and France have 11; Luxembourg and Portugal have 12; and Belgium, Greece and Spain have 13. I cannot for the life of me understand why we should not have more public holidays in this country. I am a reasonable fellow, so I will not ask for 13 overnight. However, perhaps we should have 11, the average for the Community.

The bank holiday on 25 December will be the first bank holiday since 24 August. That is a huge gap. Almost every other country has at least one public national holiday between those dates. Only Denmark and Holland are the same as us in that respect. It is high time that we had a holiday between 24 August and 25 December. That is another harmonisation that I would be delighted to see developed. There would be no crisis of confidence in British industry if we had another holiday then. The Government talk about a crisis in confidence whenever we make any improvements in basic employment rights. There would be no flight of capital, so why not will the Government take a risk in that respect?

The other subject to which I want to refer which is oddly appropriate at Christmas time is the television industry and broadcasting in general. Whether we like it or not, television is the national recreation at Christmas time. The highest viewing figures always occur on Christmas day. The figures stagger me: 30 million of our fellow citizens will be watching television at peak time on Christmas day. The average person watches television for six hours on Christmas day. Over the last Christmas holiday period, an average of thirty three hours of television were watched by our fellow citizens. That figure is much higher than for the rest of the year.

I believe that the British television industry and British programmes produced by British television are the best in the world. It would be a sad day if we began to slide down the road towards American-style television. I should perhaps declare an interest as I once worked in the industry. However, I have no financial involvement with the industry now.

difficult industrial relations which prevented managers from managing. We must contrast that with the position today: many British firms are performing extremely well, not least in export markets. I hope that he will agree that, over the past 10 years, there has been a huge improvement rather than the reverse.

My hon. Friend also referred to the competitive world in which we live. I could not agree more. In training, which is a vital part of the performance of British industry, we have seen a two and a half times increase in real terms in Government expenditure on training, and, of course, a massive £20 billion emphasis on training and expenditure on training by British industry. I am pleased that that training priority has been maintained throughout the past year.

The hon. Member for Jarrow (Mr. Dixon) made a rare but very welcome contribution to the debate. It was an understandable intervention. It was sad that it had to be about such a tragic accident. I am sure that the whole House would wish to offer its sincere condolences to Mr. and Mrs. GRO-A on the loss of their daughter. I understand that the authorities concerned—British Rail and the South Tyneside metropolitan borough council—are pursuing the provision of an alternative access road to land on the south side of Harrison farm crossing with a view to closing the crossing. The hon. Gentleman emphasised that he wanted a public apology from British Rail for some of the comments that he quoted from local newspapers. Of course, I will refer his comments to the chairman of British Rail, and I will do that straight after the debate.

The hon. Member for North Down (Mr. Kilfedder) spoke very movingly about what happens in Northern Ireland, particularly in relation to our sentiments as we move towards the Christmas period. All hon. Members share his view about Mr. GRO-A and hope that he will recover. We share absolutely the abhorrence of terrorist activities to which he referred. I join him in his tribute to the business men of Northern Ireland for their resilience and determination. The hon. Gentleman knows well that the Government remain absolutely committed to bringing terrorism to a permanent end.

The right hon. Member for Manchester, Wythenshawe (Mr. Morris) raised a couple of points, one of which was about homelessness in Manchester. He will know of the considerable sums of money—

Mr. Alfred Morris: Will the right hon. Gentleman give way?

Mr. MacGregor: I cannot give way at all.

Mr. Morris: It was not Manchester.

Mr. MacGregor: The right hon. Gentleman referred to Manchester. I cannot give way, because I must be fair to all hon. Members.

I was about to say that, with reference to homelessness, the right hon. Gentleman will know that the concentration is very much on London because many people come to London for a variety of reasons. He will be aware that there has been a considerable increase in the provision available to the homeless. About £100 million over three years is being spent on that issue because of the heavy concentration of the problem in London.

In respect of areas outside London, where concentrations of rough sleepers are comparatively small, the

Government expect individual local authorities to make emergency provision for people sleeping out in their areas. The right hon. Gentleman will know that the Government provide funding for voluntary organisations concerned with homelessness throughout the country. Grants totalling £4.5 million have been given in the current financial year to 93 voluntary organisations in England, which involves an increase of about 30 per cent. in expenditure. I have in front of me the names of the three organisations in Manchester which are currently receiving support.

Another important point is that much housing stock in Manchester—6.5 per cent. of homes—is currently empty. Action on that front by local authorities is a way of dealing with the problem. There are points that I could make about repossessions, but, in view of the time, I must move on.

The right hon. Gentleman asked particularly for answers to some factual questions that he raised with my hon. Friend the Minister for Health. I have been endeavouring to obtain answers in the short time available since the right hon. Gentleman spoke, and I regret to say that I cannot supply the figures that he requires. However, he will know that the Government expect local authorities to be well aware of their legal responsibilities under the 1970 legislation and to ensure that their policies and practices comply with it. The Government have powers to intervene in alleged cases of default, and will not hesitate to do so if necessary.

My hon. Friend the Member for Newbury (Sir M. McNair-Wilson) made a most moving speech. We understand not only his tremendous interest in such matters but his outstanding concern. His point has been substantially considered already and raised on many occasions in the House. I have great sympathy with the plight of those who have been infected with HIV as a result of blood transfusion.

As my hon. Friend knows—this will disappoint him—the House has only recently decided that it does not support the principle of no-fault compensation for medical accidents. I say “disappointed” because that point has already been made to him in the context of that case. It is widely accepted that the haemophiliacs are a special case, and the Government have acted accordingly. However, we have not been convinced that the blood transfusion recipients who have been infected by HIV are a similar special case, but we would consider any new arguments that might be made. As my hon. Friend requested—this was his precise point to me—I shall certainly draw his comments to the attention of my right hon. Friend the Secretary of State for Health.

The hon. Member for Liverpool, Mossley Hill (Mr. Alton), who has also advised me that he cannot be present for the close of the debate, raised the question of the recognition of Croatia. As he will know, considerable efforts are being made to try to achieve a lasting ceasefire in Yugoslavia and my noble Friend Lord Carrington has been unceasing in his efforts, as has the European Community. In addition, Mr. Cyrus Vance has only recently returned from a visit to Yugoslavia. I understand that his report to the United Nations will be issued today. We shall continue actively to explore the possibility of United Nations involvement. However, recognition would not stop the fighting. The Serbs could be provoked to tighten their grip on the areas of Croatia that they now hold. Recognition now, without any agreement on such