

NHS (Director of Personnel)

Mr. Wrigglesworth asked the Secretary of State for Social Services when the director of personnel recommended by the Griffiths inquiry is to be appointed.

Mr. Kenneth Clarke: We hope to make an announcement soon about the setting up of the NHS management board.

Alcohol Abuse

Mr. Soley asked the Secretary of State for Social Services whether he has plans to issue a directive to regional health authorities requiring them to draw up plans for prevention and treatment of alcohol abuse similar to that issued in relation to the misuse of drugs.

Mr. John Patten: Services for the prevention and treatment of alcohol abuse are already better developed than those for the misuse of drugs. Consideration is being given to the need for further guidance to health authorities.

Unemployment Benefit

Mr. MacKenzie asked the Secretary of State for Social Services (1) what was the total sum of money paid, in the form of unemployment benefit, to male, female and young claimants in the last 12 months to the latest convenient date; and if he will break down this figure in table form to show the amounts paid in each of the English regions;

(2) what was the total sum of money paid, in the form of unemployment benefit, to male, female and young claimants in the last 12 months to the latest convenient date in Wales;

(3) what was the total sum of money paid, in the form of unemployment benefit, to male, female and young claimants in the last 12 months to the latest convenient date in Scotland.

Mr. Whitney: The total expenditure on unemployment benefit in Great Britain in the financial year 1983-84 was £1,497 million. A breakdown of this figure is available as follows:

England	£1,244 million
Scotland	£172 million
Wales	£81 million

These figures are based on a computer analysis of girocheque encashments. A further analysis to show the amounts paid in each of the English regions could be provided, but only at disproportionate cost, and I regret that the information requested regarding expenditure by sex and age is not available.

AIDS

Mr. Hancock asked the Secretary of State for Social Services what special measures are planned to safeguard haemophiliacs from acquired immune deficiency syndrome.

Mr. Kenneth Clarke: We are acting to protect haemophiliacs from the risk of AIDs being contracted from their use of blood products. For details of the action being taken, I refer the hon. Member to my replies of 4 February and 5 February to my hon. Friend the Member for Bournemouth, West (Mr. Butterfill) at columns 450-51 and 525-27.

Dr. Mawhinney asked the Secretary of State for Social Services if he will make a further statement on the action being taken to prevent and control the spread of acquired immune deficiency syndrome.

Mr. Kenneth Clarke: We are taking all practical steps to prevent and control the spread of AIDS, in the present state of knowledge about the disease.

We have set up an expert advisory group. The membership of the group includes experts on all aspects of the disease, from throughout the United Kingdom, and is as follows

<i>Member</i>	<i>Organisation</i>
Dr M E Abrams	DHSS Chairman
Professor M Adler	Professor Genito-Urinary Medicine (London University) at the Middlesex Hospital
Professor A L Bloom	Professor of Haematology Welsh National School of Medicine
Dr J D Cash	Consultant Adviser in Blood Transfusion (Scotland)
Dr Marcela Contreras	Director, North London Blood Transfusion Centre
Dr N S Galbraith	Epidemiologist—Director of the PHLS Communicable Disease Surveillance Centre (CDSC)
Professor Alistair Geddes	Consultant Physician, East Birmingham Hospital
Dr Harold Gunson	Director, North Western Blood Transfusion Service, (CA in Blood Transfusion)
Miss Elizabeth Jenner	Nursing representative (St Mary's Hospital)
Dr D B L McClelland	Regional Director, Edinburgh and SE Scotland Blood Transfusion Service
Dr Philip Mortimer	Consultant Virologist in the Virus Reference Laboratory of the Central Public Health Laboratory (nominated by Dr Whitehead)
Dr. D Pereira-Gray	General Medical Practitioner (and CA in General Practice)
Dr A J Pinching	Clinical Immunologist—St Mary's Hospital Medical School
Dr P Rodin	Consultant in Genito-Urinary Medicine (CA in GU Medicine), The London Hospital
Dr R Tedder	Consultant Virologist—the Middlesex Hospital
Dr D A J Tyrrell CBE	Chairman of the Advisory Committee on Dangerous Pathogens (ACDP) Director MRC Common Cold Unit
Professor R Weiss	Institute of Cancer Research (The Chester Beatty Institute)
Mr Richard Wells	Nursing representative (Royal College of Nursing)
Dr J E M Whitehead	Director, Public Health Laboratory Service
Professor A J Zuckerman	Professor of Microbiology (University of London) at London School of Hygiene and Tropical Medicine
Dr M Sibellas	DHSS Medical Secretary
Mr T W S Murray	DHSS Administrative Secretary

The group has already met, and a series of meetings of the group itself and of its working groups has been arranged to take place in the next few weeks. The first priority is to advise on all measures necessary to control the spread of the disease.

We have been considering the desirability of making AIDS a notifiable disease. Having consulted the expert advisory group and sought the views of doctors specialising in the field, we are satisfied that the present reporting system to the communicable disease surveillance centre is operating effectively and we do not need any new powers at the moment to enable a count to be made of cases and to monitor the spread of the disease. Experience with other sexually transmitted diseases suggests that notification would not assist in control of the disease. We will, however, keep the position under constant review.

There might be very rare and exceptional cases where the nature of a patient's condition would place him in a dangerously infectious state which would make it desirable to admit him or to detain him in hospital. There has not so far been any such case, nor are we aware of any present risk of one. We are satisfied that we need to take powers now to be in a position to protect the public in the event of such a risk arising. It is my intention, therefore, to lay regulations under the Public Health (Control of Disease) Act 1984 which would give reserve powers to authorities to detain a patient when he is in a dangerously infectious condition.

I must stress that these powers have no relevance to the overwhelming majority of AIDS patients. We have no intention of dealing with AIDS patients generally under greater restraints than other patients. We need these reserve powers for the very rare case that might eventually arise somewhere some time.

We have been following a policy of taking every practicable step to protect all sections of the public against the spread of this infectious disease. The policy has five main features.

First, and at the centre of our strategy, lie a number of public health measures aimed at health professionals and "at risk" groups. At the request of the Health Departments and the Health and Safety Executive, the Advisory Committee on Dangerous Pathogens (ACDP) has drawn up interim guidelines to safeguard the health of medical and nursing staff and others who may come in contact with AIDS patients and specimens taken from them. These guidelines, which were distributed on 16 January to all health authorities concerned will be reviewed by the ACDP within the next 12 months in the light of scientific developments in this field. The Chief Medical Officer will shortly be writing to all doctors giving guidance on the clinical factors and public health implication of the disease.

Secondly, leaflets have been produced by the Health Education Council to promote greater awareness of the risks of the disease. These are now being made available in large numbers to individuals in at risk groups such as male homosexuals and intravenous drug abusers, and to the public generally. So far as the voluntary sector is concerned, my officials have met the Terrence Higgins Trust to discuss the need for Government funding to assist them in the provision of information and counselling services to those affected by the disease.

Thirdly, measures are being taken to safeguard recipients of blood and blood products. We have strengthened our efforts to dissuade persons in the AIDS

high-risk groups from donating blood. The latest edition of our leaflets "AIDS — Important New Advice for Blood Donors" has been sent to all regional transfusion centres and is being distributed individually to all donors.

Fourthly, tests to screen blood donations for HTLV III antibody are being developed and we are co-ordinating the evaluation work needed to ensure that such a test can be introduced routinely in the national blood transfusion service as soon as possible. We have written today to regional health authorities asking them to set aside funds in 1985-86 for the introduction of this screening test in their blood transfusion centres.

Finally, imported heat-treated Factor VIII for haemophiliacs is already available for prescription by clinicians on a "named patient" basis, and we are considering urgently a number of abridged applications for product licences. It is hoped that by April this year all the Factor VIII made by the blood products laboratory, Elstree, will be heat-treated. Limited supplies are available at present for clinical trials. We are taking steps to ensure that the United Kingdom is self-sufficient in all blood products as soon as possible. In particular, we have been investing £35 million in new developments at Elstree which should begin to come into production during 1986.

AIDS has attracted much publicity and public concern. It is highly regrettable that in some instances confidential details of individuals suffering from the disease have been made public. This release of information does nothing to create a more informed view about the disease and certainly does not help those affected by the disease. We will therefore be reminding health authorities that personal information about patients must not be made public without proper consent.

Shenley Hospital

Mr. Pavitt asked the Secretary of State for Social Services what is the total sum to be transferred from Brent district health authority to the Brent borough social services accounts for the year 1985-86 in respect of the care in the community project to transfer 60 patients from Shenley hospital.

Mr. John Patten: Brent district health authority expects to transfer some £335,000 to the London borough of Brent in 1985-86 in connection with the Shenley hospital project. The precise amount will depend on the progress of the project. Until March 1987 the health authority is being reimbursed from centrally reserved funds as part of the "Care in the Community" programme of pilot projects.

Maternity Services Advisory Committee (Report)

Mr. Burt asked the Secretary of State for Social Services when he intends to publish the third report of the Maternity Services Advisory Committee.

Mr. John Patten: The committee's third report—on care of the mother and baby—is to be published tomorrow and copies will be placed in the Library. As the report completes the review of the whole field of maternity care for which it was set up in 1981, we have accepted the chairman's recommendation that the committee should now be wound up. We are grateful to Mrs. Munro and to her committee's members for their commitment of time and effort over the past three years in producing three valuable reports. The agreement reached between the