

SCHOOL NURSES

734 Mr Andrew Lansley (C. South Cambridgeshire): To ask the Secretary of State for Health, for what reasons some school nurses are employed by NHS trusts rather than primary care trusts. [101727].

ROSIE WINTERTON

The majority of school nurses are employed by primary care trusts. A small number are employed by hospital trusts for historical reasons or because the hospital is the main provider of child health services.

TB

386 Julie Morgan (Lab.Cardiff North)

To ask the Secretary of State for Health, if she will set a Public Service Agreement target to reduce the prevalence of TB in England. [103166].

CAROLINE FLINT

Decisions on future public service agreement targets across Government for the next planning period covering the years 2008-09 to 2010-11 will be made in due course.

HEALTHY LIVING SOCIAL MARKETING

N62 Hugh Robertson (C. Faversham and Mid Kent):

To ask the Secretary of State for Health, what account was taken of sporting activity in developing the Healthy Living Social Marketing Strategy. [101622].

CAROLINE FLINT

An extensive stakeholder engagement programme has informed the development of the draft healthy living social marketing strategy to tackle obesity in children under eleven years, including contributions and an ongoing dialogue with sports-related agencies and sports governing bodies.

The Department has also worked in partnership with sports clubs and sports governing bodies to increase physical activity and disseminate health messages to children, young people and adults, for example through business in the community's Clubs that Count scheme and the teenage health demonstration sites programme.

HEALTH VISITORS AND SCHOOL NURSES

N69 Annette Brooke (LD. Mid Dorset and North Poole)

To ask the Secretary of State for Health, how many (a) health visitors and (b) school nurses were employed in England in each of the last five years. [105859].

MS WINTERTON

The table shows the number of health visitors from 2001 to 2005. The number of qualified school nurses were counted for the first time in the 2004 workforce census and are also shown in the table. The overall number of nurses working in primary and community care settings – some of whose roles overlap with health visitors – has increased by 37 per cent. since 1997.

Table of health visitors in England, 2001 to 2005

	2001	2002	2003	2004	2005

Health visitors	13,053	12,774	12,984	13,303	12,818
Qualified school nurses	-	-	-	2,409	2,887
Of whom hold a pre registration school nurse qualification	-	-	-	856	943

Source:

The Information Centre for health and social care non-medical workforce census

BLOOD SAFETY

680 Mr Philip Hollobone (C. Kettering)

To ask the Secretary of State for Health, what new procedures and practices have been implemented by the NHS as a result of the lessons learned from the supply of contaminated NHS blood products. [100630].

CAROLINE FLINT

Bio Products Laboratory, part of NHS Blood and Transplant, supplies a range of plasma products to the NHS, along with a number of commercial organisations. Organisations producing plasma products are highly regulated, and have to conform to high standards and strict regulations, like any pharmaceutical organisations.

In addition, blood safety issues are considered by the committee on the microbiological safety of blood, tissues and organs for transplantation. Where there is significant uncertainty, the committee has adopted a highly precautionary approach towards minimising the risk of infection through treatment. In relation to the possibility of variant Creutzfeldt-Jakob disease (vCJD) transmission through blood and blood products, we have introduced a range of precautionary measures to prevent transmission between patients. For example, plasma derivatives such as clotting factors are obtained from the United States. In addition, we provided funding to extend the availability of synthetic clotting factors to adult haemophilia patients.

Since the identification of HIV and hepatitis C in the 1980s practice in terms of communications between health professionals and patients, and assessing and communicating the risks of medical treatment has changed significantly.

Our primary focus is to ensure that we adopt the precautionary principle where there is scientific uncertainty, and to balance the need to communicate information about possible risks and protect public health.

MALNUTRITION OF OLDER PEOPLE IN HOSPITAL

N78 Mr John MacDougall (Lab. Glenrothes)

To ask the Secretary of State for Health, what steps her Department is taking to prevent malnutrition of older people in hospital. [104523].

ANDY BURNHAM

Preventing, and treating, malnutrition is complex and depends on good food, careful assessment and skilled clinical care.

The better hospital food (BHF) programme has improved the quality and availability of hospital food. Patient environment action team (PEAT) scores show that hospital food has continued to improve since 2001.

The BHF programme closed in April 2006. Responsibility for building on the foundations of the BHF programme now rests with the National Health Service, with support from the National Patient Safety Association (NPSA). Resources such as the menu planner will still be available.

Via the NPSA, we are taking action on two major issues; screening patients on admission to identify those at risk of malnutrition, and extending the use of protected mealtimes so that patients can concentrate on eating, and staff can give the help they need.

We are also working with a number of organisations at grass-roots level. For instance, recommendations from the Council of Europe are now being implemented by the Hospital Caterers' Association and the British Dietetic Association, via an alliance of interested parties. This is an example of the Department leading the development of recommendations, with the NHS taking up the challenge of implementation.

Choosing Health gave a commitment to establish nutritional standards for the armed forces, the NHS and prisons, and this work is now under way. Experts in the Food Standards Agency and Purchasing and Supply Agency are involved.

We will continue monitoring via PEAT inspections, the Healthcare Commission's annual healthcheck and patient surveys.

HEALTHY EATING

Helen Goodman (Lab. Bishop Auckland)

What steps she is taking to encourage healthy eating by pregnant women [103766].

CAROLINE FLINT

The new Healthy Start scheme which was launched nationwide yesterday promotes good nutrition for certain low-income pregnant women and all pregnant under 18 year olds, by providing vouchers to spend on a range of healthy foods. All members of parliament were sent details of the scheme last week.

FAIR FUNDING

12 Ms Diana R. Johnson (Lab. Kingston Upon Hull North):

What assessment she has made of the effect of Fair Funding on (a) the health service and (b) health inequalities since its introduction. [103778]

CAROLINE FLINT

Funding for 2006-08 has been allocated using a fair funding formula, which takes account of the needs of the population. The formula is developed by an independent committee, the advisory committee on resource allocation.

The 2006-2008 allocation policy has also moved primary care trusts (PCTs) more quickly towards target. This means that by the end of 2007-2008 no PCT will be more than 3.5 per cent under their fair share of available resources.

BLOOD TRANSFUSIONS

767 Mr Stephen O'Brien (C.Eddisbury)

To ask the Secretary of State for Health, why haemophiliacs with hepatitis C virus contracted through blood transfusions in the last 25 years have been paid less per person in compensation than those with HIV. [101606].

CAROLINE FLINT

Unlike the Macfarlane and Eileen Trusts, which administer schemes for those infected with HIV, the ex gratia payment scheme for those infected with hepatitis C as a result of national health service treatment with blood or blood products, known as the Skipton Fund, is not a charitable trust.

The Skipton Fund has been designed to make lump sum, ex gratia payments to those living with the hepatitis C virus. The payments are not compensation.

BLOOD PRODUCTS

Mr Philip Hollobone (C. Kettering)

681 To ask the Secretary of State for Health, what estimate her Department has made of the cost of holding a public inquiry into the supply of contaminated NHS blood products to haemophiliacs. [100631].

683 To ask the Secretary of State for Health, what assessment she has made of the merits of undertaking a public inquiry into the supply of contaminated NHS blood products to haemophiliacs. [100633].

CAROLINE FLINT

The Government has great sympathy for those infected with hepatitis C and has considered the call for a public inquiry very carefully.

However, as previously stated, the Government does not accept that any wrongful practices were employed and does not consider that a public inquiry is justified. Donor screening for hepatitis C was introduced in the United Kingdom in 1991 and the development of this test marked a major advance in microbiological technology, which could not have been implemented before this time.

TB

385 Julie Morgan (Lab. Cardiff North)

To ask the Secretary of State for Health, how many people in England were treated for TB in (a) 2003, (b) 2004 and (c) 2005. [103165].

CAROLINE FLINT

Tuberculosis case reports for England are shown in the table below.

2003	2004	2005
6,741	7,049	7,846

Source: Health Protection Agency enhanced tuberculosis surveillance system.

www.hpa.org.uk/infections/topics_az/tb/epidemiology/table15.htm

TUBERCULOSIS

648 Mr Philip Dunne (C. Ludlow):

To ask the Secretary of State for Health, how many patients in each GP practice in Shropshire, including those in Telford and Wrekin, were diagnosed with tuberculosis in each year from 1996 to 2005. [100577].

CAROLINE FLINT

Data by GP practice are not available centrally.

FLU VACCINE

395 Mr Gary Streeter (C. South West Devon)

To ask the Secretary of State for Health, why GP surgeries in Plymouth will not receive their full orders of flu vaccine until December. [103372].

CAROLINE FLINT

General practitioners purchase their own supply of flu vaccine direct from the supplier of their choice. This year there are six suppliers of flu vaccine to the United Kingdom. The Department is not responsible for the supplies of flu vaccine to individual general practitioners.

SMOKING

609 Janet Anderson, (Lab. Rossendale & Darwen):

To ask the Secretary of State for Health, what guidance is given to health trusts about patients smoking in day care facilities for mental health; and whether the guidance includes circumstances in which patients may be permitted to smoke. [101317].

CAROLINE FLINT

The Health Development Agency (now part of National Institute for Health and Clinical Excellence) published *Guidance for Smokefree Hospital Trusts* in January 2005. The guidance includes discussion of the issues specific to mental health trusts. It sets out that special arrangements may have to be made to permit a patient to smoke on a trust site. It confirms that where an exception has been made to a trust's smokefree policy, "every effort must be made to minimise staff exposure to smoke. This would normally mean that smoking would only be permitted outdoors where staff and other patients would not be in close proximity to the smoker."

A copy is available in the Library.

TREATMENT SERVICES FOR ALCOHOL MISUSE

620 Mr David Burrowes (C. Enfield, Southgate)

To ask the Secretary of State for Health, how much was spent on treatment services for alcohol misuse in England in the last financial year for which figures are available. [100771].

CAROLINE FLINT

The alcohol needs assessment research report published in November 2006 identified that £217 million was spent in 2003-04 by primary care trusts and local authorities to support alcohol treatment, this figure also included a limited amount of support from charitable sources.
