GEB 16

HMS Humber and Helmsdale

Mr. [illegible]obertson: To ask the Secretary of State for efence when HMS Humber and HMS Helmsdale were ommissioned; what was their planned length of service; nd why they are to be placed in reserve.

Mr. Archie Hamilton: HMS Humber was commissioned on 7 June 1985; HMS Helmsdale was commissioned on 1 March 1986. It is not our practice to disclose the planned length of service for vessels. Placing HMS Helmsdale and HMS Ribble, but not HMS Humber, in reserve enables reductions in running costs to be made while retaining the ships, which can be prepared for operations at short notice, as part of our MCM capability.

Correspondence

Mr. Winnick: To ask the Secretary of State for Defence (1) on what date he replied to the letter from the hon. Member for Walsall, North dated 5 August 1991 concerning a service medal for a constituent; on what date his Department wrote directly to the constituent; on what datea copy of his Department's letter to the constituent was sent to the hon. Member; and if he will make a statement;

(2) if he will make it his practice to reply directly to the hon. Member when he receives a letter from an hon. Member dealing with a constituent's cases.

Mr. Archie Hamilton: My noble Friend the Under-Secretary of State for the Armed Forces will write to the hon. Member.

HEALTH

Ealing Health Authority

Mr. Harry Greenway: To ask the Secretary of State for Health what was the expenditure in real and cash terms by *(a)* Ealing health authority and *(b)* Ealing hospital since the inception of each; and if he will make a statement.

Mr. Dorrell: Figures of total revenue expenditure recorded in the annual accounts of Ealing health authority since its establishment on 1 April 1982 are shown in the table. The information about Ealing hospital is not held centrally. My hon. Friend may wish to write to Lady Eccles of Moulton, the chairman of Ealing health authority, for details.

	£000 cash	*£000 at 1990-91 prices*
1982-83	34,522	53,674
1983-84	36,235	53,850
1984-85	39,602	56,008
1985-86	40,265	54,003
1986-87	44,131	57,230
1987-88	46,772	57,520
1988-89	53,102	60,862
1989-90	58,157	62,664
1990-91	62,729	62,729

Note: Figures for the earlier years have been expressed at 1990-91 prices by the use of the Gross Domestic Product (GDP) deflator.

Road Accidents

Ms. Ruddock: To ask the Secretary of State for Health (1) how many hospitals imposed the charges for emergency treatment after road accidents, as laid down in sections 157 and 158 of the Road Traffic Act 1988 in each year since 1988; and what are the average charges;

(2) when *(a)* Guy's and *(b)* Lewisham hospitals introduced the charges for emergency treatment after road accidents, as laid down in sections 157 and 158 of the Road Traffic Act 1988; and what are the average charges for *(a)* Guy's and *(b)* Lewisham hospitals in each year since their introduction.

Mr. Dorrell: All health authorities and NHS trusts may collect an emergency treatment fee, at a flat rate of £19·30, for immediate medical attention required following a road traffic accident and they may also collect charges for any subsequent in or out-patient treatment, up to ceilings of £2,667 and £267 respectively. Provision for these charges was made in the Road Traffic Acts 1930, 1933 and 1934 and has been carried forward in later legislation by successive Governments. Motorists are legally required to insure against these charges and those for subsequent in and out-patient treatment are collected direct from insurance companies.

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Mr. Bellotti: To ask the Secretary of State for Health (1) what measures the Bio Products Laboratory have introduced to conform to fair trading and fair competition practices as currently apply to the commercial plasma industry in the United Kingdom since 1 April;

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(2) from what date the Bio Products Laboratory will start charging for whole blood and plasma derivative products such as Albumin and Factor VIII at prices that accurately reflect the total costs including blood and plasma collection, Factor VIII BSM royalty and product licence application fee costs;

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(3) what measures are being taken to ensure the maintenance of a free market and free competition between the public and private plasma industry; and how clinical choice, pricing, research and development, investment and patient safety will be maintained.

Mrs. Virginia Bottomley: It has been the policy of successive Governments that this country should be self-sufficient in blood products derived from plasma donated by our unpaid voluntary donors. This position is consistent with the more recent decision by the European Community to promote a policy of Community self-sufficiency based on voluntary blood donation.

We also recognise that doctors should be free to prescribe the most appropriate product for their patients in the light of the available clinical information. NHS clinicians may, therefore, prescribe blood products from commercial suppliers and not just those from the Bio Products Laboratory.

Within the overall policy we intend that BPL should compete fairly in terms of the service, quality, and price of its blood products.

For this reason we introduced cross-charging in 1989 and reversed the previous arrangements whereby BPL products were supplied free of charge in return for plasma. The removal of Crown immunity from 1 April 1991 brought the BPL products within the scope of the formal licensing arrangements under the Medicines Act.