

review the arrangements for dual urinary catheters and if she will make a statement.

of the DLP. Incontinence review the effectiveness of or destruction of the products as used by any patients in the hospital.

Morris: This has lined the many people who have those who are soon as possible to nece to health care ng with many of my hon. Friend emphasises the importance of making up the short of the DLP. I commend it to the House and I am sure publicity can be of great value.

City Nursing Staff Allowances

her asked the Secretary of State for Social Services if she will make a statement on the staff employed in the Service in the running of the hospital.

page allowances for National Health Service staff in the General Practice to the private sector. It is currently being considered by the Council and decision will be taken as soon as possible.

Waiting Lists

asked the Secretary of State for Social Services if she will make a statement on the waiting lists for operations for the removal of gallstones and other conditions.

large waiting lists for the removal of gallstones and other conditions.

of the Essex Area Health Authority as follows: tonsillectomies, 279; gallstones, 5; varicose veins, 51; gallstones, 5; varicose veins, 51.

Haemophilia

Mr. Carter-Jones asked the Secretary of State for Social Services (1) if there is a shortage of Factor VIII in the clinics for haemophiliacs are treated on; what stocks of good quality Factor VIII are held in the United Kingdom; whether the commercial firms stocks are licensed; and if she will make a statement;

whether the Department will purchase the quantities of Factor VIII to meet the demand on demand patients are with the amount needed for their treatment; and if she will make a statement;

she will initiate an extension of the "on demand" treatment by Factor VIII for haemophiliacs to include a therapy system in which the treatment would be given by patients themselves, by relatives or by general practitioners; and if she will make a statement;

Mr. Owen: The supply of Factor VIII within the National Health Service is at present insufficient for the treatment of haemophilic patients. I hope that it will be possible to increase our supplies, and meanwhile licences were issued last year to allow the market imported Factor VIII to be used in the United Kingdom. Adequate stocks, however, are held of this commercial product. It is not the Department's practice to make central purchases of health service supplies, but contracts were arranged to facilitate the purchase of this material by local authorities.

I recognise the desirability of enabling patients to receive treatment at their own homes. Progress in this direction is dependent largely on the extent to which the production of Factor VIII within the National Health Service can be increased.

Multiple Sclerosis (Gluten-free Diets)

Mr. Carter-Jones asked the Secretary of State for Social Services if she is now planning to initiate immediate joint con-

sultations with everyone actively concerned in the evaluation of gluten-free diets and the recovery of multiple sclerosis victims; and if she will make a statement.

Dr. Owen: A conference, arranged jointly by the Medical Research Council and the Multiple Sclerosis Society of Great Britain and Northern Ireland, which I welcome warmly, is to meet in October. Those invited have all had experience in research into multiple sclerosis. The value of dietary supplements will be discussed. Later this month the Advisory Committee on Borderline Substances will consider, with specialist advice, gluten-free and other substances in relation to multiple sclerosis.

Disabled Persons (Environmental Aids)

Mr. Carter-Jones asked the Secretary of State for Social Services how many local authorities have taken advantage of her circulars DH196/3 and 196/21 dated 4th June 1973 on the supply of environmental aids for the disabled; what response she has had from local authorities to these circulars; how many have been provided; how many have been rejected; and if she will make a statement.

Mr. Alfred Morris: Simpler environmental control devices are but some of a wide range of personal aids which may be supplied by local authority social services departments. We do not, however, collect separate figures for each type of equipment.

Chiropody

Mr. Ovenden asked the Secretary of State for Social Services if she will make a statement on the effects of staff shortages on the chiropody service; and what action she proposes to take to ensure that regular treatment is available for the elderly.

Dr. Owen: I would refer my hon. Friend to my reply to my hon. Friend the Member for Swindon (Mr. Stoddart) on 7th May.—[Vol. 873, c. 90.] I recognise that in some areas chiropody services are less than adequate at present, but the long-term objective is to expand and improve services to acceptable standards in all areas as manpower and other resources permit. For the time being area

Dr. Owen : A competition for this post has been held, but the authority was not able to make an appointment from among those shortlisted. I expect further arrangements to be announced shortly.

Haemophiliacs

Mr. Woodhouse asked the Secretary of State for Social Services what steps she is taking to improve the supply of factor VIII to the National Health Service for the treatment of haemophiliacs.

Dr. Owen : The production of factor VIII within the National Health Service has increased significantly during the last few years. Further increases will depend on the extent to which regional health authorities are able to expand facilities in transfusion centres for the production of plasma, from which factor VIII is derived. I would also invite the hon. Member's attention to my replies to my hon. Friend the Member for Eccles (Mr. Carter-Jones) on 9th July.

Psychiatric Consultations (Waiting Times)

Mrs. Fenner asked the Secretary of State for Social Services what is the average waiting time for a psychiatric consultation appointment in the Medway area.

Dr. Owen : I shall be writing to the hon. Member.

Agoraphobia

Mrs. Fenner asked the Secretary of State for Social Services if she will take steps to improve the facilities for treatment of agoraphobia in the Medway area; and if she will make a statement.

Dr. Owen : The Kent Area Health Authority which is responsible in the first instance for the provision of health services in Medway tells me that it does not know of any specific shortcomings in the service it provides for the treatment of agoraphobia. If the hon. Member is aware of any perhaps she will let the authority know about them.

Dispensing Accounts and Practice Fees (Payment)

Mr. Money asked the Secretary of State for Social Services (1) how many dispensing accounts for National Health Services in the Ipswich and East Suffolk area have

payment outstanding for a period of more than three calendar months;

(2) what period of delay is involved in the payment of fees due to National Health Service practices in the Ipswich and East Suffolk area at present; and in the case of how many such practices has there been a delay in payment of more than three calendar months;

Dr. Owen : I assume the Questioner refers to doctors. I understand from the Suffolk Family Practitioner Committee that the only delay in payment of fees and allowances to doctors in the Ipswich and East Suffolk areas at present is of certain classes of fees paid to some dispensing doctors. These fees usually represent a 50 per cent under half the dispensing fees paid to GPs doctors concerned. Final payments to 15 practices in East Suffolk are over three months late but most of the money has been paid to the doctors at the normal time under an arrangement my Department introduced for advance payments.

Private Health Provident Schemes

Mr. Churchill asked the Secretary of State for Social Services how many people, including dependants of subscribers, are currently covered by private health insurance schemes; and what is the total value of such schemes.

Dr. Owen : As I said in my reply to the hon. Member for Truro (Mr. Duce) on 12th July, I have no direct information on the numbers covered by private health insurance schemes but according to "Provident Schemes Statistics 1972" the subscription income in 1972 of 11 provident schemes amounted to £29.4 million.

Hernia Operations

Mr. Edge asked the Secretary of State for Social Services if she will publish in the OFFICIAL REPORT the average time of waiting of people who require hernia operations.

Dr. Owen : Information in exactly this form is not available. The following is taken from the Report on the Hospital In-Patient Inquiry, which among other things gives average waiting times for patients admitted from waiting lists in England and Wales in 1972, the latest year for which statistics have been published: Hernia, with or without obstruction: 16.4 weeks.

Chiropodists

Mr. George asked the Secretary of State to examine the chiropody services of the members of the agency of the

Dr. Owen : I have been provided service for n local health a 1974 by area because of sho in restricted in the elder mitted, expect children.

Social Security

Mr. Moorm asked the Secretary of State for Social Services to examine the effectiveness of the measures for com

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Mr. O'Malley: The estimate of the additional amounts payable in pensions in 1975-76, 1976-77 and 1977-78, respectively, if the earnings threshold were raised to £20 for 1975-76, to £35 in 1976-77, and to £50 in 1977-78, and if the retirement condition continued to be linked to the earnings threshold for the time being in force.

Mr. O'Malley: On the basis of the numbers who would under the present scheme be deferring retirement in 1975-76, the additional amounts payable in pensions in terms of the £11.60 pension are estimated to be £60 million in 1975-76, £105 million in 1976-77 and £135 million in 1977-78. If one adds to these figures the amounts lost in contributions, and subtracts the amount of short-term benefits which would no longer be payable, the net to the National Insurance Fund comes out at £60 million, £110 million and £145 million respectively. The first and second of these three figures are revised ones, and supersede the earlier estimates of £80 million and £125 million respectively which I gave to Standing Committee B on 3rd December—[c. 51.] and 5th December—[c. 73.] last.

Graduated Pensions

Mr. Kenneth Clarke asked the Secretary of State for Social Services what is the estimated cost of inflation-proofing the benefits payable to recipients of graduated pensions under the present graduated pensions scheme.

Mr. O'Malley: On the same assumptions as in the Government Actuary's memorandum on the Government's "Better Pensions" (Cmnd. 5713) proposals, the cost, in present-day terms, of inflation-protecting graduated pensions would rise from about £3 million a year to a maximum of about £90 million a year by the end of the century. Thereafter the cost would decline slowly until the rights to graduated pension had expired.

Army Widows' Pensions

Mr. Sims asked the Secretary of State for Social Services what recent representations she has received concerning the disparity between the pension awarded to widows of Service men killed in the war and widows of Service men killed in Northern Ireland; and if she will make a statement.

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Mr. Alec Jones: Since November 1974 representations have been received from four bodies representing ex-Service men. Pensions for widows of Service men killed in Northern Ireland after 31st March 1973 are awarded under the provisions of the Ministry of Defence Armed Forces Pension Scheme, an occupational scheme for regular Service men and their dependants. I have nothing to add to my reply to the hon. Member on 8th November, 1974.—[Vol. 880, c. 278-9.]

Nursing Costs

Mr. John Page asked the Secretary of State for Social Services what is the average cost of staffing one nursing position in a National Health Service hospital for 52 weeks of 40 hours each with (a) a State registered nurse employed directly by the hospital, and (b) a State registered nurse with equivalent experience supplied by an agency, taking into consideration the costs of accommodation, holiday pay, pensions, etc., of the directly employed nurse.

Mr. Alec Jones: Information in the form requested is not available. Comparison of the cost of a directly employed nurse and an agency nurse of similar grade is affected by such variable factors as the charges made by agencies, which differ from one agency to another, the point that the directly employed nurse has reached on the salary scale and the elements of cost other than salary for the directly employed nurse.

Haemophilia

Mr. George Cunningham asked the Secretary of State for Social Services what deficiencies exist in the supply of Factor VIII (cryoprecipitate) for the treatment of haemophilia; and what action she proposes to take to deal with the problem.

Dr. Owen: The amount of Factor VIII materials, including cryoprecipitate, produced within the National Health Service is not sufficient and, in particular, there is an immediate need to provide more human anti-haemophilic globulin concentrate—AHG concentrate—which is now the preferred treatment for haemophilic patients. There is also an increasing demand for certain other blood fractions.

At present part of the demand for AHG concentrate is being met by imported material, but this is very expensive

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and, for reasons which I well understand, health authorities feel they cannot afford to buy as much as they would wish to, given the various claims on their resources.

I believe it is vitally important that the National Health Service should become self-sufficient as soon as practicable in the production of Factor VIII, including AHG concentrate. This will stop us being dependent on imports and make the best-known treatment more readily available to people suffering from haemophilia. I have, therefore, authorised the allocation of special finance to boost our own production with the objective of becoming self-sufficient over the next few years.

National Insurance Contributions

Mr. George Cunningham asked the Secretary of State for Social Services what is her estimate of the loss in contributions from self-employed persons to the National Insurance Fund and the number of persons who would have their contributions reduced if class 2 contributions were treated as advance payments of a class 4 contribution defined as 8 per cent. of earnings between the lower limit for class 2 contributions and £3,600 a year.

Mr. O'Malley: I shall let my hon. Friend have a reply as soon as possible.

Lymington Hospital

Mr. Adley asked the Secretary of State for Social Services if she will give an assurance that Lymington Hospital will not be closed, for any administrative reasons, in the foreseeable future.

Dr. Owen: I have written to the hon. Member.

Hospitals (Birmingham)

Mr. Rooker asked the Secretary of State for Social Services if she will make a statement on the delay in announcing a starting date for the new eye and accident hospitals in Birmingham.

Dr. Owen: These projects have been planned as part of a much larger development at the Queen Elizabeth Medical Centre which is estimated to cost about £20 million. The finances available for capital building in 1975-76 are so restricted that I do not see any real prospect of being able to start this scheme in that year. I shall shortly be asking

regional hospital authorities to consider priorities for 1976-77 and thereafter.

Health Authorities' Funds

Mrs. Renée Short asked the Secretary of State for Social Services if she will list in the *Official Report* the sums available to each regional health authority in England and Wales to be spent in the next financial year because of under-spending in 1973-74.

Dr. Owen: The present arrangements for health authorities to carry forward within limits unexpended parts of their allocations for revenue expenditure were not in operation in 1973-74.

Benefits (Publicity)

Mr. George Cunningham asked the Secretary of State for Social Services if she will ensure in future editions of her Department's leaflet "Family Benefits and Pensions" that the table of benefits printed on page 21 states, in respect of both the National Insurance Scheme and the Industrial Injuries Scheme, which benefits and parts of benefits are available to each class of contributor.

Mr. Alec Jones: The contents of the booklet are currently under review and we shall bear my hon. Friend's suggestion in mind.

Benefit Payments

Mr. George Cunningham asked the Secretary of State for Social Services what percentage of total disbursements financed by national insurance contributions have been in respect of benefits or parts of benefits to which self-employed contributors are not entitled, expressed as an average over the last five years, 1969 to 1974.

Mr. Alec Jones: The following table gives the cost of benefits over the last five years showing separately the cost of those benefits or parts of benefits not normally payable to the self-employed. The latter are unemployment benefit, earnings-related supplements to sickness benefit and widow's allowance, graduated retirement benefit and industrial injuries benefits. The cost of the latter benefits amounts to a little under 12.5 per cent. of total benefit expenditure over the last five years or 10.6 per cent. over the last financial year.

Psycho-geriatric Patients

Mr. Boardman asked the Secretary of State for Social Services how many beds are currently available for psycho-geriatric patients in the Wigan area; what this figure represents as a proportion of the population in the area; and how this figure compares with the best and the worst in other areas in Great Britain.

Dr. Owen: Fifty-nine beds, which represents 0.19 beds per 1,000 total population. Comparative information for other areas is not readily available.

Haemophilia

Mr. Madden asked the Secretary of State for Social Services if she will make additional funds immediately available to regional health authorities to enable them to purchase privately produced Factor VIII to enable more haemophiliacs to undergo home treatment.

Dr. Owen: Additional revenue is planned for the NHS, in real terms, in the Public Expenditure White Paper, Cmnd 5879, the increase for hospitals and community health services being £240 million over the next four years, an average annual increase of 2.7 per cent. About half to 1 per cent. of this annual growth is required to provide services for the increasing and ageing population, but even after meeting inescapable commitments there is still room for real growth in the service; and I hope that economies and reallocation of existing resources will increase the scope for new services. It is for health authorities to decide how much of their financial allocation to devote to the treatment of all patients and to make the difficult financial choices which will reflect different care and treatment priorities between individual patients. They will, of course, make these decisions in the light of the advice they receive from their professional advisers who can assess individual needs.

Invalid Tricycles

Sir George Young asked the Secretary of State for Social Services whether she has yet agreed with the Motor Industry Research Association about the placing of tests reports about the wind performance

and interior noise levels of the invalid tricycle in the Library; and whether such reports—omitting confidential information—will be placed there.

Mr. Alfred Morris: A synopsis containing relevant data from the MIRA report on the effect of side winds on Model 70 was placed in the Library following my right hon. Friend's statement on 25th March 1974.—[Vol. 871, c. 1000]—MIRA has agreed to prepare reports on the interior noise level of the Model 70, omitting confidential matter relating to other vehicles on grounds of commercial trust. These reports will be placed in the Library as soon as they are received from MIRA.

Geriatric Beds (Stockport)

Mr. Orbach asked the Secretary of State for Social Services how many geriatric beds are provided for Stockport, and how this figure compares with other towns of equal population in the South-East.

Dr. Owen: 336; representing 1.15 beds per 1,000 population as compared with an average of 1.24 beds per 1,000 in all areas in the South-East Thames Region.

Child Care Costs

Mr. McCrindle asked the Secretary of State for Social Services what is the maximum amount a local authority can recover from a parent of ample means towards the expense of keeping a parents' child in the care of the local authority.

Dr. Owen: Section 62(4) of the Children and Young Persons Act 1969 provides that the maximum contribution a parent can be required to make in respect of a child in care is the amount the local authority would itself be prepared to pay if a child of the same age were boarded out with foster parents. This amount varies with each local authority but local authorities are free to determine their own scales of boarding out allowances.

Child Minders

Mr. Christopher Price asked the Secretary of State for Social Services if she will list in the *Official Report* those local authorities which are using their power to remunerate child minders for the care

Spina Bifida

asked the Secretary of State for Social Services what research projects have currently been authorised in England and Wales into the early diagnosis of spina bifida during pregnancy, particular reference to ensuring that the amniocentesis test has infallibility.

Mr. Owen: The Medical Research Council is supporting relevant work at St. Thomas's Hospital and St. Bartholomew's Hospital both in London, and at Cardiff, Bristol and Sheffield; and a programme of research on congenital abnormalities is being conducted directly by my Department at St. Thomas's Hospital includes work on amniocentesis and genetic counselling. The Council has a working party which is working to define the magnitude of the amniocentesis. The Standing Advisory Committee for England has recently considered ante-natal screening for spina bifida and, while concluding that no general screening involving amniocentesis was introduced at present, it has stressed the importance of research in establishing the validity of the tests and has asked for a further

within five working days of receipt of claims, both days included. This period covers the visit to the claimant's home address and the subsequent assessment and payment processes. Immediate payment is made where urgent need is established.

Factor VIII

Mr. Spence asked the Secretary of State for Social Services what proportion of haemophiliacs is currently being treated with Factor VIII; and what relation this bears to the number of NHS patients for whom the treatment has been sought by their doctors.

Dr. Owen: Factor VIII in the form of cryoprecipitate can usually be supplied in sufficient quantities to meet the needs of haemophilic patients. I have allocated special finance in order to boost production within the National Health Service of Factor VIII concentrate, which is now the generally preferred form of treatment.

Mr. Spence asked the Secretary of State for Social Services whether the treatment of haemophiliac patients with Factor VIII has produced satisfactory results.

Dr. Owen: Yes.

Mr. Spence asked the Secretary of State for Social Services (1) what are the present and the prospective sources of supply of Factor VIII; and when she expects that the NHS will be self-sufficient in this medication;

(2) when she expects the supply of Factor VIII to be equal to the demand for it in the NHS.

Dr. Owen: Factor VIII, mostly in the form of cryoprecipitate and partly as concentrate, is produced within the National Health Service. Supplies of concentrate are also available commercially. I hope that the National Health Service can become self-sufficient in the production of all forms of Factor VIII within two or three years.

Mr. Spence asked the Secretary of State for Social Services what is the annual cost to the NHS of Factor VIII currently being prescribed.

Dr. Owen: Health authorities spent £500,000 between November 1973 and

Supplementary Benefit

Mr. Jones asked the Secretary of State for Social Services whether she would reduce the qualifying period for supplementary benefit to six months in order to bring it into line with the period applied to long-term invalidity.

Mr. Jones: This possibility will be considered along with other improvements to the supplementary benefit system where resources permit.

Separated Wives

Mr. Ewing asked the Secretary of State for Social Services what is the waiting time of women applying for supplementary benefit from their husbands for whom no help is offered in offices under her Department.

Mr. Jones: This information is not available. However, in the great majority of cases decisions on claims to supplementary allowances are issued

March 1975 on the purchase from commercial firms of imported Factor VIII concentrate. Factor VIII produced within the National Health Service is not separately costed.

Hospitals (Expenses)

Mr. Stephen Ross asked the Secretary of State for Social Services what steps she is taking to cut out waste in Great Britain's National Health hospitals, with particular reference to furniture and equipment.

Dr. Owen: There is an urgent need for cost saving in the NHS. If the hon. Gentleman has any specific evidence of waste in relation to furniture and equipment I would be grateful if he will let me and the relevant area health authority know.

Earnings Rule (Widows)

Mr. David Steel asked the Secretary of State for Social Services what steps she proposes to take to relax the earnings rule for widows who are under 50 years of age.

Mr. Alec Jones: National insurance widows' benefits, including the age-related pensions for women who were between the ages of 40 and 50 when they were widowed, or when their widowed mother's allowance ceased, are not subject to the earnings rule.

	(1) Places in local authority day nurseries per 1,000 population under 5	(2) Permitted number of children in private day nurseries per 1,000 population under 5
Essex, CC	2.3	16.8
Southend CB	2.1	—
England	7.0	6.9

Mr. Moonman asked the Secretary of State for Social Services what steps she is taking to improve the ratio of day nursery places to children under the age of 4 years in the county of Essex.

Dr. Owen: The financial resources available to local authorities do not allow as rapid a development of their social services provision, including that of day nursery places, as they would wish. I imagine that Essex, in common with other authorities, will take account of the claims of day nursery projects in determining their capital priorities, as I shall

Disabled Persons (Vehicles)

Mr. David Steel asked the Secretary of State for Social Services if she will relax the conditions governing the use of cars supplied to disabled people who are married in order to allow them to drive the vehicle.

Mr. Alfred Morris: Under the National Health Service invalid vehicle scheme vehicles are provided only for disabled people who can drive them. The provision for a spouse to drive is not substantially wider the scheme. It is, however, in process of introduction for mobility allowance for drivers of cars, not extending to the use of cars. If the hon. Member has a question on the application of the scheme in a particular case he has to get in touch with the relevant authority. I might like to get in touch with the hon. Friend the Secretary of State for Scotland.

Day Nurseries (Essex)

Mr. Moonman asked the Secretary of State for Social Services what steps she is taking to increase the number of places in day nurseries for children under the age of 4 years in the county of Essex; and how this compares with the national average.

Dr. Owen: At 31st March 1974, the most recent date for which figures are available, ratios relating to the day age group, for whom day nurseries are provided, were as follows:

(1) Places in local authority day nurseries per 1,000 population under 5	(2) Permitted number of children in private day nurseries per 1,000 population under 5
Essex, CC	2.3
Southend CB	2.1
England	7.0

in giving approval for local authorities for day nurseries.

Oral Contraceptives

Dr. M. S. Miller asked the Secretary of State for Social Services what steps she is taking on the basis of the *British Medical Journal* article on the distribution and use of oral contraceptives.

Dr. Owen: The lower percentage of suitably trained State registered nurses

Mr. Day: Existing provisions make a contribution to that end and be adding to the range of services. Thus, supplementary services are available to people who are precluded from working because they are unable to care for sick or aged relatives. Their own resources are exhausted and their needs and those relatives are not met. There is no income tax dependent relative allowance which is available to maintain relatives who cannot work because of old age or infirmity, look after themselves. For the future, the income tax allowance will be provided for "dependants" who are unable to work because of the need to care for disabled relatives in receipt of income allowances; and in the new arrangements we shall be protecting the rights earned at work by those who have to stay at home to care for infirm relatives.

Cambridgeshire (Capital Allocation)

Mr. Renton asked the Secretary of State for Social Services what capital expenditure has been allocated to the Cambridgeshire Area Health Authority for the coming financial year and how this compares with the allocation for the authority stated to be in the budget.

Mr. Day: It has not been possible for the regional health authorities of the East Angles to be adopted for the coming financial year. The consequence the East Anglia Health Authority has not been able to make for the coming financial year. The answer to the second part of the question does not therefore arise.

Genital Disease Clinics

Mr. Joyce Butler asked the Secretary of State for Social Services if she will be prepared to VD clinics reminding them of the need to be concerned of the need to be concerned with normal courtesy, in order to ensure that a number of clinics are not adopting a punitive attitude to patients which could have serious implications for public health.

Mr. Day: I agree that it is of great importance in controlling the incidence of sexually transmitted disease that

patients should not be deterred from attending at special clinics both for initial and follow-up examinations, and that they should feel able to encourage the attendance of their sexual partners. This can be achieved only if the clinics provide a considerate and efficient service. I believe that this is understood by the staff of those clinics, who specialise in dealing with the problems of those suffering from sexually transmitted disease, but I shall be pleased to look into any specific problem which my hon. Friend has in mind and any suggestions for improvement. The Consumers Association publication *Sex with Health* commented on the experiences of 133 people who visited special clinics and I am considering whether any further guidance is needed.

Haemophilia

66. Mr. John H. Osborn asked the Secretary of State for Social Services whether steps have been taken to ensure adequate quantities of Factor VIII for haemophiliacs in each regional health authority; and whether she is satisfied with the way it is being made available to those who need it.

67. Sir Bernard Braine asked the Secretary of State for Social Services what progress has been made in increasing the production of Factor VIII for the better treatment of haemophiliac patients within the National Health Service; and what are the present arrangements for ensuring that this drug is available to all who need it.

Dr. Owen: I recognise that at present not enough Factor VIII in the form of anti-haemophilic globulin (AHG) concentrate is produced within the NHS but, as I informed the hon. Member for Sheffield, Hallam (Mr. Osborn) on 6th May—[Vol. 891, c. 402]—I have allocated additional funds so that regional blood transfusion centres can provide more plasma for increased production of this material. I hope that the first effects of the steps we have taken will be felt by the end of this year and that the National Health Service will be self-sufficient in this material within two to three years.

Hair Dyes

68. Mr. Torney asked the Secretary of State for Social Services if she will investigate whether the use of hair dyes

consider the recommendations in the light of comments from the interests concerned. I intend to do this as speedily as possible.

Operation Bridgeguard

Mr. Rooker asked the Secretary of State for the Environment if he will publish the detailed provision for Operation Bridgeguard up to 1980 contained in the White Paper on Public Expenditure, Cmd Paper No. 6393.

Mr. Gilbert: The line for subsidy to the British Waterways Board in Table 2.6 of Cmd 6393 includes the following provision for Operation Bridgeguard:

£m at 1975 Survey prices

	1976-77	1977-78	1978-79	1979-80
	1.4	1.7	1.7	1.7

Mr. Rooker asked the Secretary of State for the Environment what were the annual forecasts of expenditure and completion time of Operation Bridgeguard made by his Department; and if he will make a statement on the reasons for any variations from these forecasts.

Mr. Gilbert: The first firm estimates of the cost and time of the Bridgeguard programme relating to inland waterways were not made until the survey of bridges carrying public roads was completed in 1970. It was then estimated that the programme would cost about £10 million and last five to eight years. In practice the rate of implementation of the programme is influenced by the need to co-ordinate bridge strengthening with the plans of local highway authorities for related road improvements.

SOCIAL SERVICES

Family Benefits

Mr. Peter Bottomley asked the Secretary of State for Social Services if he will make a statement on EEC proposals for the harmonisation of family benefits.

Mr. Orme: The only particular proposal currently being considered would amend the EEC social security regulations to require all member States to follow the procedure which the regulations lay down for the majority, including the United Kingdom, and under which a member State pays its family benefits when a worker is subject to its legisla-

tion but his family are living in another member State. For the United Kingdom, only family allowances are involved. The Social Affairs Council was, however, unable at its meeting on 18th December last to agree on this proposal, which the United Kingdom supports.

Psychiatric Services (Children and Adolescents)

Mrs. Millie Miller asked the Secretary of State for Social Services when the consultation paper drawing together the discussion on both child and adolescent psychiatric services will be issued; and when the Court Report will be published.

Dr. Owen: The consultation paper on child and adolescent psychiatric services will not be issued until the Report of the Court Committee has been received and its recommendations can be taken into account. I understand that Professor Court hopes to be able to submit his report by the end of the summer, and I hope that it will be published as soon as possible thereafter.

Blood Transfusion Service

Mr. Moate asked the Secretary of State for Social Services if he will make a statement about the present levels of stocks of blood available to the National Blood Transfusion Service; if there is a shortage; and if blood is being imported.

Dr. Owen: Provided that sufficient donors remain willing to give blood, the National Blood Transfusion Service can generally satisfy the demands made on it. These fluctuate, and local shortages of blood, or of blood of a particular blood group, do occur, but the position is continuously under review by those responsible and corrective action is taken as necessary.

Blood is not imported into this country other than in the exceptional situation when a patient with a very rare blood group requires a transfusion for which compatible blood can be obtained only from a donor in another country, through the International Panel of Rare Blood Types.

Mr. Moate asked the Secretary of State for Social Services if he is satisfied with the adequacy of facilities, fixed or mobile, available to the National Blood Transfusion Service for blood donors; and