

gements
ppliances
make a

Survey on
in the
ation for
of soiled
by incon-
their own

valuable
y practical
ffer from
for
ble issue a
and local
y of the
end refers
he import-
arious ele-
an efficient
LF's survey
to district
n consider-
usefully be

staff
e)

ie Secretary
if she will
ce paid to
loyed in the
view of the
sts of their

nces for staff
Service
Whitley
present rates
being dis-
etails of the
ckdated, will
agreement is

ists

Secretary of
e will set out
average wait-
south Essex
ie following:
and varicose

ting lists for
and Thurrock

district of the Essex Area Health Auth-
ority are as follows: tonsillectomies, 279;
hernias, 51; gallstones, 5; varicose veins,
32.

Haemophilia

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

(2) if her Department will purchase the necessary quantities of Factor VIII to ensure that on demand patients are supplied with the amount needed for their optimum treatment; and if she will make a statement;

(3) if she will initiate an extension of the present "on demand" treatment by Factor VIII for haemophiliacs to include a home 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.

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

I recognise the desirability of enabling these patients to receive treatment at home but progress in this direction is likely to depend largely on the extent to which 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 prepared 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 areas

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 Questions refer 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 bit under half the dispensing fees paid to the doctors concerned. Final payments to the 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. Dixon) 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 the 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 for Social Services to examine the chiropody services provided by members of the agency of the

Dr. Owen: I have been provided with information from the Service for Medical Social Health at Ipswich for 1974 by area 1 because of short staff, the elderly, expectant children.

Social Security

Mr. Moon asked the Secretary of State for Social Services to ensure that all

DAYS OF CER

| | |
|-----------------------|--|
| Psychoses (290-299) | |
| 290. Senile and pre | |
| 291. Alcoholic psych | |
| 292. Psychosis asso | |
| 293. Psychosis asso | |
| 294. Psychosis asso | |
| 295. Schizophrenia | |
| 296. Affective psych | |
| 297. Paranoid states | |
| 298. Other psychoses | |
| 299. Unspecified psy | |
| Neuroses Personality | |
| Psychotic Mental Di | |
| 300. Neuroses | |
| 301. Personality disc | |
| 302. Alcoholism | |
| 303. Drug dependen | |
| 304. Physical disord | |
| 305. Special symptom | |
| 306. Transient situat | |
| 307. Mental disorder | |
| 308. Associated wit | |
| Mental Retardation | |
| 309. Border line men | |
| 310. Unspecified men | |

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.

Dr. Owen — 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 before 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 now 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 this 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.

of the Cairncross Commemorial Tunnel.

The report is not yet on as to publication will it is received and after Sir Alec Cairncross and

Renovation Grants (Disabled Persons)

es asked the Secretary of Environment what steps he is taking to ensure that disabled people have the help available to them in their homes under Sections 56 of the Housing Act 1974; if he has any other authorities to give maximum help in new form of assistance; and if he will make a further statement.

I have been told that local authorities have the opportunity to publicise the availability of a general new house renovation grant which is available for disabled people through a variety of agencies, including local authorities, which have been provided with advance notice of the grant and are currently considering with the Secretary of State for Social Services what further steps he needs to alert disabled people to the existence of this new form of assistance.

es asked the Secretary of Environment if he will publicise the number and amount paid to registered disabled people by local authority for which they have been eligible if they are registered disabled.

I am arranging for this information to be obtained from local authorities periodically under general grants for monitoring the system of grants and will gladly make it available annually.

Ports (Extensions)

asked the Secretary of State for Transport if he will introduce legislation to make it necessary for the Secretary to obtain his permission for any extension on airport extensions.

Minister: No. There are adequate facilities for the existence.

SOCIAL SERVICES

Unemployment Benefit (Scotland)

62. Mr. Crawford asked the Secretary of State for Social Services what is his estimate of the amount of unemployment benefit payable in a situation in Scotland of (a) 100,000 unemployed, (b) 110,000 unemployed, (c) 120,000 unemployed, (d) 130,000 unemployed, and (e) 140,000 unemployed.

Mr. Alec Jones: The estimated amounts, at the rate of benefit due to come into force in April 1975, are £1 million, £53 million, £60 million, £67 million and £74 million respectively.

Hospitals (Pay Beds)

Mr. Bryan Davies asked the Secretary of State for Social Services when the last review of Section 5 hospital pay beds was completed; what was the percentage of under-occupancy which was revealed at that time, the present number of beds designated, and the under-occupancy in paying patients in the last year; and if he will make a statement.

Dr. Owen: The last major review of hospital pay beds began in 1966, when average daily occupancy by paying patients of the 5,670 authorised pay beds was 2,830—50 per cent. There are now 4,570 pay beds, and this figure has not changed since the end of 1973. Average daily occupancy of pay beds by paying patients in 1973, the latest period for which figures are available, was 2,300—52 per cent.

Haemophilia

Mr. Madden asked the Secretary of State for Social Services how many United Kingdom residents suffer from haemophilia; if she will give the number, on an annual basis, over the last three years and the number estimated to undergo regular home treatment.

Dr. Owen: The number of patients suffering from haemophilia in Great Britain is estimated to be approximately 3,000. A small proportion undergo regular home treatment.

Mr. Madden asked the Secretary of State for Social Services (1) what arrangements, including the provision of money,

are being made by regional health authorities to secure supplies of the Factor VIII concentrate, used to supplement supplies made available by the blood transfusion service, in the treatment of haemophilia;

(2) what financial resources has each regional health authority for securing supplies of Factor VIII concentrate which are privately produced.

Dr. Owen: My Department has negotiated arrangements under which Factor VIII may be bought from certain commercial firms in the normal way by health authorities. They will decide on the proportion of their financial allocation to be devoted to this purpose, having regard to the other claims on their resources.

Mr. Madden asked the Secretary of State for Social Services what contact there has been between the Department and private manufacturers on the amount of Factor VIII concentrate to be bought by regional health authorities.

Dr. Owen: There are at present two suppliers which have received product licences for Factor VIII. The Department has arranged annual running contracts with these firms, and it is from them that haemophilia centres order their requirements. One contractor obtains supplies from America and the other from Austria.

Two other firms have applied or are applying for product licences.

Mr. Madden asked the Secretary of State for Social Services what is being done to increase the amount of the Factor VIII drug produced by the blood transfusion service known as cryoprecipitate.

Dr. Owen: As I told my hon. Friend the Member for Islington, South and Finsbury (Mr. Cunningham) on 22nd January, I have authorised the allocation of special finance of up to £500,000, about half of which would be recurring, to increase the existing production of Factor VIII within the National Health Service. The first effect of this will, I hope, be felt by the end of the year.

At present, part of the demand for AHG concentrate is being met by imported material, but this is very expensive and, for reasons which I well understand, health authorities feel that they cannot afford to buy as much as they

would wish to, given their resources.

I believe that it is in the interests of the National Health Service to come self-sufficient as in the production of AHG concentrate being dependent on the best known treatment available to people suffering from haemophilia. —[Vol. 884, c. 392-3.]

Mr. Madden asked the Secretary of State for Social Services whether any arrangements have been made about the availability of Factor VIII concentrate produced by the Blood Transfusion Service and private manufacturers.

Dr. Owen: Replies have been received from hon. Members for their constituents, and from the manufacturers of haemophilia concentrate.

Hormone Replacement Therapy

Mrs. Colquhoun asked the Secretary of State for Social Services whether any arrangements have been made to set up a working party in the field of hormone therapy and to consider the doctor's rôle in providing hormone replacement therapy.

Dr. Owen: No, I do not have a justification for so doing. I am happy to consider any further study which may be wished to send me.

Hospital

Mrs. Colquhoun asked the Secretary of State for Social Services whether any arrangements have been made to reduce legislation to give health authorities the power to close down restaurants and public houses if they can prove that they are a nuisance to the neighbourhood.

Dr. Owen: Not until it was shown to be necessary. The present arrangements are generally satisfactory. As I told my hon. Friend the Member for Leamington and Warwick in my reply to him on 12 February, health authorities have some time ago to encourage local health officers to make arrangements in all areas to allow access when they need to take prompt action. The Association of Mental Health Officers

Spina Bifida

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

Owen: The Medical Research Council is supporting relevant work at St. Bartholomew'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 carried out directly by my Department at St. Bartholomew's Hospital. This includes work on amniocentesis and genetic counselling. The Council has a working party which is attempting to define the magnitude of the problem of amniocentesis. The Standing Committee for England and Wales has recently considered antenatal screening for spina bifida and, while concluding that no general screening programme involving amniocentesis has been introduced at present, it has stressed the importance of research in establishing the validity of the tests and has asked for a further

Supplementary Benefit

Kenneth Clarke asked the Secretary of State for Social Services whether he 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 in the supplementary benefit system where resources permit.

Separated Wives

Mr. Edd asked the Secretary of State for Social Services what is the waiting time of women applying for help from their husbands for help in offices under her Department's jurisdiction.

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

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

Mr. Stalley: Existing provisions make a contribution to that end and I shall be adding to the range of provisions. Thus, supplementary payments are payable to people who are prevented from working because they are unable to come home to care for sick or aged relatives where their own resources are inadequate for their needs and those relatives are unable to pay for the service. There is also the income tax dependent allowance which is available to people who maintain relatives who cannot work because of old age or infirmity, look after themselves. For the future, the supplementary allowance will be provided for "disabled winners" who are unable to work because of the need to care for disabled relatives in receipt of supplementary allowances; and in the new scheme we shall be protecting the rights earned at work by people who have to stay at home to care for sick and infirm relatives.

Cambridgeshire (Capital Allocation)

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

Mr. Corder: It has not been possible to compare regional health authorities of the same size to be adopted for the coming financial year. In consequence the East Anglia Health Authority has not been able to set priorities within the region or make allocations for the area health authority. The answer to the second part of the question does not therefore arise.

Venereal Disease Clinics

Ms. Joyce Butler asked the Secretary of State for Social Services if she will be regular to VD clinics reminding patients concerned of the need to attend with normal courtesy, in evidence that a number of clinics are adopting a punitive attitude to patients which could have serious implications for public health.

Mr. Owen: 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 further in the light of comments from the many 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, Cmnd Paper No. 6393.

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

| £m at 1975 Survey prices | | | | |
|--------------------------|---------|---------|---------|---------|
| 1975-76 | 1976-77 | 1977-78 | 1978-79 | 1979-80 |
| 1.4 | 1.4 | 1.7 | 1.7 | 1.7 |

Mr. Rooker asked the Secretary of State for the Environment what were the original 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.

Dr. Gilbert: The first firm estimates of the cost and time of the Bridgeguard programme relating to inland waterways could not be made until the survey of bridges carrying public roads was completed in 1970. It was then estimated that the programme would cost about £11 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

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

Vol. 910

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