

Haemophiliacs (Drugs)

2. **Mr. Watkinson** asked the Secretary of State for Social Services if she will now consider making adequate supplies of Factor VIII (AHG) available to the National Health Service so that it is self-sufficient in this product for the benefit of those suffering from haemophilia.

The Minister of State, Department of Health and Social Security (Dr. David Owen): 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, especially in the form of anti-haemophilic globulin concentrate (AHG), within the National Health Service. The first effects of this will, I hope, be felt by the end of the year.

Mr. Watkinson: I welcome that reply. Does my hon. Friend accept that one of the major problems in relation to Factor VIII is that the purchase of this drug rests with the regional health authorities and that it has to compete with many other requirements within those authorities? Will he also accept that this is far and away the best treatment for haemophilia? Will he accept too that in those circumstances it might be possible for the National Health Service to purchase the drug centrally as it does with L-dopa? Will he seriously consider recommending that the drug should be available to people at home and not only in hospitals, as many people have to travel many miles either for treatment or to obtain the drug?

Dr. Owen: I confirm that in most cases I think it is the most desirable form of treatment, but one cannot avoid the fact that this is one of the many costly treatments which are competing on priorities. The present system whereby a doctor can persuade his local area health authority that his patient needs this form of treatment most is the best way of proceeding, and not by central allocation. If we were to go to all-commercial purchase of this factor, it would cost an additional £1½ million to £2 million annually.

Mr. Marten: Does not the hon. Gentleman agree that under-treatment of children with this drug causes unnecessary

suffering and terrible disruption of family life if a young child is involved? Cannot he go a stage further and give slightly more of a lead to the regional health authorities really to do something about this?

Dr. Owen: They are aware of our concern and have had ample demonstration of it by the fact that we are prepared to divert scarce resources to make the National Health Service self-sufficient, but I concede that it will take two or three years before we are at full production. During that time I am sure that they will weigh very carefully the individual cases and will be sympathetic to the sort of hardship which can arise.

Mr. Arnold Shaw: While one welcomes the extra expenditure which my hon. Friend has announced, and of which I am aware in view of the recent case I brought to his attention, may I ask whether he does not agree that we still lag behind in this matter, particularly compared with small countries such as Israel, which is doing much more than we are in this respect?

Dr. Owen: I know my hon. Friend's concern, but hon. Members must face the fact that with limited resources we have to choose, and these are very difficult choices and priorities. When confronted with an ill child, everyone wants to get the best that is available, but there are many other aspects of child care which also have priority and we are not always able to meet all the demands.

Family Allowances (EEC Countries)

3. **Mr. McCrindle** asked the Secretary of State for Social Services what is the level of family allowance payable to first or only children in the nine countries of the EEC.

The Secretary of State for Social Services (Mrs. Barbara Castle): As the answer contains a table of figures, I will, with permission, circulate it in the *Official Report*.

Mr. McCrindle: As the Government's family endowment scheme was, I think, seen by many as the entry price for this