

has been reported as missing, in the last 12 months for which figures were available, including Giro cheques reported as missing which have subsequently turned up as cashed.

**Mr. Orme:** During 1977, the latest period for which information is available, my Department issued 57.3 million Giro cheques, of which some 78,000—0.14 per cent.—were reported missing.

#### Disabled Persons (Day Centres)

**Mr. Noble** asked the Secretary of State for Social Services how much cash was allocated by his Department through the rate support grant to Lancashire county council to support occupational day centres for the physically disabled in 1974, 1975, 1976 and 1977; and of those amounts, what proportion was actually taken up by the county.

**Mr. Alfred Morris:** Rate support grant is a block grant. The allocation of the amounts received by individual local authorities to particular services is for them to decide. Net expenditure by Lancashire county council on day centres, occupational centres and clubs for the younger physically handicapped for the years requested was as follows:

Year	Net Expenditure £
1974-75	297,500
1975-76	433,700
1976-77	542,000
1977-78	544,400

#### Renal Dialysis and Transplantation

**Mrs. Wise** asked the Secretary of State for Social Services why the number of new patients accepted for renal dialysis and transplantation is lower in Great Britain than in the USA, Japan, France, West Germany, East Germany, Italy and Spain.

**Mr. Moyle:** The number of patients per million population treated by renal transplantation in the United Kingdom in 1977 was 12.4, a higher rate than all the countries mentioned in the question, except the USA. The rate of acceptance for dialysis treatment in this country in 1977 was lower than that in many countries including all those mentioned. Contributory factors include widely varying clinical selection criteria for treatment between countries, and also the shortage of dialysis facilities in this country. The

Government are concerned about this shortage and have recently taken several urgent measures, including setting aside from the extra money made available to the NHS earlier this year an additional £3½ million for increasing the availability of this form of treatment.

#### Haemophilia

**Mrs. Wise** asked the Secretary of State for Social Services (1) what plans he has for increasing the manufacture by the National Health Service of substances for haemophilia treatment and to reduce reliance on commercial sources in the light of the high cost of commercial preparations and the fact that they are more likely to be contaminated with hepatitis;

(2) why the National Health Service has not reached its target of self-sufficiency in the production of factor VIII for the treatment of haemophilia by July 1977; why none of the three plasma fractionation centres in the United Kingdom is working at full capacity; and what his plans are to remedy this.

**Mr. Moyle:** The production of factor VIII in England and Wales estimated in 1975 to be needed was exceeded by July 1977, and production has risen substantially since then. The two fractionation centres for which my Department is responsible are working at full current capacity. My Department is reviewing current levels of production in relation to present demands and resources.

#### Hospital Admissions

**Mr. Pavitt** asked the Secretary of State for Social Services if he will publish in the *Official Report* the number of hospital admissions in each of the five years 1973 to 1977 inclusive in England and Wales, and a table showing the numbers within each area health authority hospital for rickets and osteomalacia treatment.

**Mr. Deakins:** The estimated number of discharges from hospitals in England and Wales of patients treated for diseases where the main diagnosis was given as vitamin D deficiency, which includes rickets and osteomalacia, was 810 in each of the three years 1973 to 1975. These figures are for spells in hospitals and do not necessarily relate to individual cases or new patients. Figures for 1976 and 1977 are not yet available, and figures of

discharges from individuals could be obtained only at disproportionate cost.

#### Joint Financing

**Mr. Pavitt** asked the Secretary of State for Social Services if he will revised guidelines on joint financing in the light of experience showing present arrangements tend to be used to social service projects.

**Mr. Moyle:** The main purpose of joint financing is to facilitate the co-ordinated efforts of health and local authorities by helping to fund personal services projects, but the original guidelines have been extended to cover the funding of agreed projects in the primary health care field.

#### Retirement Pensions

**Mr. Newton** asked the Secretary of State for Social Services what the actual value of the retirement pension, both for single and married, were in March 1977 and their value, at November 1977 for that month.

**Mr. Orme:** In March 1974 the rates of retirement pension were £7.75 for a single person and £12.50 for a couple. On the basis of the movement in the general index of retail prices in March 1974 these rates were, in March 1977, equivalent in value to £17.50 and £22.83 respectively, compared with the actual rates of £17.50 and £22.83 introduced in that month.

#### Family Planning Association

**Mr. Patrick Jenkin** asked the Secretary of State for Social Services how much money is given by his Department to the Family Planning Association; and for what purposes.

**Mr. Ennals:** My Department sponsors half the net expenditure of the regional centres in England belonging to the Family Planning Association up to a maximum of £40,000 per annum. The grant is initially for a period of three years from 1st January 1976 and is in support of the general aims of the centres, which are to promote and finance local family planning services. My Department also sponsors courses of education used by the education unit of the Family Planning Association for health visitors.