

Friday 23 November 1984  
Written Answer

PQ 478/1984/85  
Han Ref Vol 6 8  
Col 326

AIDS VIRUS

W4 Mr Charles Kennedy (SD Ross, Cromarty and Skye):

To ask the Secretary of State for Social Services, whether he will make the necessary money available to enable all blood donors to be screened for the *acquired immune deficiency syndrome virus*.

MR KENNETH CLARKE

The possible test is still in the development stage so that the cost of introducing routine screening for HTLV III virus cannot yet be predicted.

Wednesday 21 November 1984  
Written Answer  
*Tuesdays* December 1984

PQ455/1984/85  
Han Ref Vol 69  
Col. 160

BLOOD DONATION SCREENING

118 Mr Nicholas Brown (La Newcastle upon Tyne East):  
To ask the Secretary of State for Social Services, what funding his Department has made available for the development of an effective screening test for AIDS virus in the National Blood Bank; and what extra measures he intends to take following the recent incident at Newcastle upon Tyne Royal Victoria Infirmary.

MR KENNETH CLARKE

Government financial support for AIDS research has been provided through the Medical Research Council for which my right hon Friend the Secretary of State for Education and Science is responsible.

We are strengthening our efforts to dissuade people from donating blood if they are at high risk of transmitting AIDS virus. A revised version of our leaflet "Aids and how it concerns blood donors" is to be given individually to each donor or potential donor.

... Tony Banks asked the Secretary of State for the Environment what the reduction, measured in 1984-85 prices, has been in the level of local authority capital expenditure in London and the rest of England, respectively, between the years 1978-79 and 1982-83.

Mr. Waldegrave [pursuant to his reply, 29 November 1984, c. 560]: Local authority gross capital expenditure in London and the rest of England fell by 27 per cent. and 14 per cent. respectively in cost terms (at 1984-85 prices) between 1978-79 and 1982-83.

#### GLC (Net Revenue Expenditure)

Mr. Corbyn asked the Secretary of State for the Environment if he will provide an analysis of the Greater London council's 1984-85 budgeted net revenue expenditure broken down by service for each service to be transferred from the Greater London council to the London boroughs and other bodies including the Fire Board, the Thames water authority, the London Planning Commission, the Thamesmead Trust, the Historic Building Commission, the Lee Valley regional park authority, the Residuary Body, the Sports Council, the Arts Council, the Inner London Education Authority, the shire counties and the shire districts.

Mr. Waldegrave [pursuant to his answer, 29 November 1984, c. 561]: Following is the available information, by service, of the GLC's and ILEA's 1984-85 budgeted net current expenditure:

		£ million
GLC*	(i) Fire (including civil defence)	127
	(ii) Land drainage and flood protection	7
	(iii) Lee Valley Regional Park Authority†	4
	(iv) Other‡ (mostly to boroughs)	396
ILEA		900

\* Excluding passenger transport revenue support, which becomes the responsibility of London Regional Transport. Under the abolition proposals fire and civil defence would become the responsibility of a London borough joint board, and land drainage and flood protection the responsibility of the Thames water authority.

† Services will not be transferred from the GLC to the Lee Valley regional park authority.

‡ GLC's budget return does not provide sufficient further detail to break down expenditure into the remaining categories requested. Most of this sum relates to functions which would pass to the London boroughs on abolition.

### SOCIAL SERVICES

#### Blood Donations (Screening Tests)

Mr. Chris Smith asked the Secretary of State for Social Services what steps he is taking to ensure that

regional blood transfusion centres have available to them the resources to carry out HTLV 3 antibody screening tests on blood donated.

Mr. Kenneth Clarke: I refer the hon. Member to my reply of 22 November to the hon. Member for Ross, Cromarty and Skye (Mr. Kennedy) at column 326.

#### Death Grant

Mr. Terlezki asked the Secretary of State for Social Services whether he will consider measures to increase the death grant to £250; and if he will make a statement on the estimated cost to public funds of such an increase.

Mr. Murphy asked the Secretary of State for Social Services what representations he has received regarding the death grant; and if he will make a statement.

Mr. Newton: The Department is currently receiving an average of nine letters a week from hon. Members and members of the public concerning the death grant. We have been continuing to give consideration to our policy towards the grant in the light of the response to the consultative document published in March 1982, which revealed no public consensus in favour of any of the options proposed. This consideration will now be carried forward within the context of the wider re-examination of social security which my right hon. Friend has set in hand. The estimated additional cost of increasing the grant to £250 would be £125 million.

#### Invalidity Allowance

Mr. Gordon Brown asked the Secretary of State for Social Services if he proposes to introduce legislation (a) to offset invalidity allowance against the additional component and (b) to introduce a common earnings rule for dependency additions to invalidity benefit.

Mr. Newton: Yes. As I indicated on Second Reading of the Social Security Bill on 26 November at column 711-2, the necessary amendments will be put down for discussion at the Committee stage of that Bill.

Mr. Gordon Brown asked the Secretary of State for Social Services how many invalidity pensioners receive (a) no invalidity allowance, (b) lower-rate invalidity allowance, (c) middle-rate invalidity allowance and (d) higher-rate invalidity allowance; how many in each category receive an earnings-related additional component with their invalidity pension; what, in each case, is the average additional component; and how many in each category receive an additional component which exceeds their invalidity allowance.

Mr. Newton: The following table provides the information requested as at 2 April 1983, the latest date which information is available.

	(a) No IVA	(b) Lower-rate IVA	(c) Middle-rate IVA	(d) Higher-rate IVA
Number of IVB beneficiaries by entitlement to IVA	119,000	281,000	153,000	184,000
Number of IVB beneficiaries receiving AC	89,000	147,000	60,000	69,000
Average amount of AC	£2.98	£2.88	£2.46	£1.80
Number of IVB beneficiaries receiving AC which equals or exceeds IVA	89,000	82,000	11,000	1,100

y 2 people and to adults. In June 1984 the Manpower Services Commission published a position statement which identified the need for greater effort to be made to open up access to jobs and to training, to ensure that training is relevant and cost-effective and to develop and improve systems of assessment and certification. The Government endorse these objectives which the Commission is carrying forward in concert with industry training organisations and standard-setting bodies.

The Skillcentre Training Agency liaises with industry and examining bodies to ensure that its courses include tests of competence to the latest standards. Industrial training boards are also discussing with a range of bodies (including the Skillcentre Training Agency) the provision of test centres for a locality.

## WALES

### Skillcentres

Mr. Wainwright asked the Secretary of State for Wales what is his latest estimate of the number of skillcentre places per 100,000 work force in Wales; and if he will make a statement.

Mr. John Stradling Thomas: For each 100,000 of the work force in September 1984 it is estimated that 80 skillcentre places were available in Wales. I refer the hon. Gentleman to the statement about skillcentres made by my right hon. Friend the Secretary of State for Employment on 29 November at c. 1108-16.

### Manpower Services Commission

Mr. Rowlands asked the Secretary of State for Wales whether he will estimate the number of people financed at present by the Manpower Services Commission in Wales; and what is his estimate for 1985-86.

Mr. John Stradling Thomas: At the end of October it is estimated that 36,450 people in Wales were taking part in MSC schemes for which information is available. Plans for 1985-86 have yet to be finalised.

### Departmental Staff (Blind Persons)

Mr. Butterfill asked the Secretary of State for Wales how many registered blind people have been employed in his Department for each of the last four years.

Mr. John Stradling Thomas: The Welsh Office has not employed any registered blind persons during the last four years. However, there are three registered partially sighted staff currently employed by our Department.

### Welsh Water Authority

Mr. Gareth Wardell asked the Secretary of State for Wales what financial target has been fixed for the Welsh water authority for 1984-85.

Mr. Wyn Roberts: A financial target of 1.25 per cent. (expressed as a rate of return on net revalued assets) was set for 1984-85.

(The Welsh Water Authority (Return on Assets) Order 1984 SI1984 No. 1470.)

## Job Creation

Mr. Geraint Howells asked the Secretary of State for Wales how many jobs have been created in Wales in general, and Dyfed in particular, during the last 12 months; and if he will make a statement.

Mr. John Stradling Thomas: Comprehensive information is not available. However, since 1 December 1983 projects for which offers of selective financial assistance were accepted or which were allocated Government financed factories promised to provide 17,700 jobs in Wales as a whole. For the same period the figure for Dyfed is over 1,000.

## Hill Farming

Mr. Geraint Howells asked the Secretary of State for Wales what recent discussions he has had with the Farmers Union of Wales and the National Farmers Union about the profitability of hill farming in Wales; and if he will make a statement.

Mr. John Stradling Thomas: My right hon. Friend the Secretary of State for Wales met representatives of the Farmers Union of Wales and the National Farmers Union on 31 October and had discussions with them on the state of the hill and upland economy. Rates of hill livestock compensatory allowances to be paid in 1985 were announced on 29 November.

## West Wales Hospital (Renal Dialysis Unit)

Dr. Roger Thomas asked the Secretary of State for Wales if he will make a statement on the tendering for the contract for the proposed renal dialysis unit at the West Wales hospital, Carmarthen.

Mr. Wyn Roberts: Proposals have been invited for submission to the Department by 10 December. Adjudication and final decision will be by the Welsh Office. We hope to announce the decision by the end of the year.

Dr. Roger Thomas asked the Secretary of State for Wales if he will make a statement on the visit to the United States of America to the headquarters of private companies seeking to tender for the contract for the proposed renal dialysis unit at the West Wales hospital, Carmarthen, of the chairman and chief administrator of the East Dyfed health authority.

Mr. Wyn Roberts: No. This matter is a question for East Dyfed health authority in the first instance.

## SOCIAL SERVICES

### AIDS

Mr. Nicholas Brown asked the Secretary of State for Social Services what funding his Department has made available for the development of an effective screening test for AIDS virus in the national blood bank; and what extra measures he intends to take following the recent incident at Newcastle upon Tyne Royal Victoria infirmary.

Mr. Kenneth Clarke: Government financial support for AIDS research has been provided through the Medical Research Council for which my right hon. Friend the Secretary of State for Education and Science is responsible.

We are strengthening our efforts to dissuade people from donating blood if they are at high risk of transmitting AIDS virus. A revised version of our leaflet "AIDS and how it concerns blood donors" is to be given individually to each donor or potential donor.

**Mrs. Renée Short** asked the Secretary of State for Social Services what new guidelines his Department will be issuing on the donation of blood in relation to acquired immune deficiency syndrome disease.

**Mr. Kenneth Clarke:** The new guidelines comprise a revision of the leaflet "AIDS and how it concerns blood donors", first issued in 1983. It will contain advice, updated in the light of recent medical evidence, about groups at high risk of AIDS who should not volunteer to give blood. We will ask regional transfusion centres to ensure that the leaflet is received on an individual basis by every blood donor within the National Blood Transfusion Service.

### Dentists

**Mr. Rooker** asked the Secretary of State for Social Services what are the average earnings of National Health Service dentists in general practice; and what proportion of these earnings is left after staff costs, running cost of premises, rent, heat, and so on, have been deducted.

**Mr. Kenneth Clarke:** Principals working in the general dental service earned an average of £43,200 from that source in 1983-84. Information is not yet available on the average practice expenses incurred during that year. However, the dental rates study group's estimate of this figure was £26,100 and on this basis, net earnings would represent about 40 per cent. of gross earnings. These figures exclude some GDS dentists who did not work for the whole year and a small number in other groups.

**Mrs. Renée Short** asked the Secretary of State for Social Services if he will take steps to investigate more thoroughly claims and expenses submitted by dentists employed by the National Health Service.

**Mr. Kenneth Clarke:** The recently published report of the Comptroller and Auditor General on the general dental service indicated that known fraud and irregularity were insignificant in relation to overall expenditure and that there seemed to be no reason to assume that undiscovered fraud existed to any significant extent. The report also indicated that the Dental Estimates Board's authorisation and payment arrangements had shown generally satisfactory results but that there were a number of problem areas. Substantial progress has already been made in dealing with many of these including initial arrangements for the purchase of a new computer for the Board.

Dentists do not submit claims for expenses to the board since these are reimbursed on an average basis through the fee scale.

### Cervical Cancer

**Mr. Caborn** asked the Secretary of State for Social Services what evidence is available to him of the risks to women whose male partners work in heavy industry of contracting cancer of the cervix.

**Mr. Kenneth Clarke:** The most recent information available was published in the registrar general's decennial

supplement for England and Wales for the years 1970-72 on occupational mortality; a copy is in the Library. This information includes data on deaths of married women by cause and by husband's occupation, and was published at the occupation order level; it does not specify the industry in which the husband worked. More recently there has been discussion in the medical press of occupational risks of cervical cancer. I refer the hon. Member to a paper by Mrs. Jean Robinson "Cancer of the Cervix: Occupational Risks of Husbands and Wives and Possible Preventive Strategies" published in "Pre-clinical Neoplasia of the Cervix. Proceedings of the 9th study group of the Royal College of Obstetricians and Gynaecologists October 1981"; and to correspondence in *The Lancet* for 24-31 December 1983 and 3 March 1984.

### NHS (Drugs Budget)

**Mr. Hunter** asked the Secretary of State for Social Services what was the percentage of the National Health Service budget devoted to drug expenditure in 1983-84, 1973-74, 1963-64, and 1954-55.

**Mr. Kenneth Clarke:** The proportion of total National Health Service expenditure attributable to the cost of drugs (excluding the cost of dispensing) was:

	Per cent.
1954-55	9.1
1963-64	9.8
1973-74	8.5
1983-84*	10.9

\* Provisional.

Note:

Over the period there were small differences in the way the basic information was assembled.

### Rural Dispensing

**Dr. Roger Thomas** asked the Secretary of State for Social Services if he will make a statement as to his Department's conclusions on the effectiveness of the Crowther rural dispensing regulations; how much general practitioner applications to dispense are outstanding; and how many successful applicants are involved giving a service to: (a) less than 50 patients and (b) between 51 and 100 patients.

**Mr. Kenneth Clarke:** The first annual report of the rural dispensing committee was published on 8 November and copies have been placed in the Library. The report reflects the growing co-operation between the medical and pharmaceutical professions on regulating significant changes in the arrangements for dispensing medicines in rural areas in England and Wales. The report also shows that the professions have found, in this Committee, a formula for achieving the provision of sensible and suitable pharmaceutical services for patients living in rural areas.

I understand that at 29 November, the Committee had 15 applications from general practitioners awaiting determination.

Since the Committee started its work 72 applications have been granted wholly or in part and in 25 of these it was estimated that the maximum number of patients immediately involved would be less than 50 and in 17 it was estimated that the number of patients involved would be from 50 to 100. It is not possible to state how many of

becomes due; how many persons will be disadvantaged by this new arrangement; and what is the longest time any family must wait until receiving the new award.

Mr. Newton: FIS awards, once made, continue for a year regardless of any changes in the recipient's circumstances, including increases in income. In view of this, we concluded that it was anomalous that awards should be uprated during their currency, especially because the result of doing so involves increasing benefit for many families whose circumstances would not justify it at the time.

It is estimated that about 210,000 FIS awards were in payment in November. Transitional arrangements were made which covered some 10,000 families, who will be able to take full advantage of the new rates if they so wish. Of the remaining 200,000 it is estimated that some 40,000 would have been entitled to a partial uprating and some 50,000 to a full uprating, if their awards had been reassessed at the time of the uprating.

The longest a family may have to wait before being able to qualify for an award under the new levels is 51 weeks, although the average is 23 weeks.

#### AIDS (Blood Donors)

Sir Raymond Gower asked the Secretary of State for Social Services how many cases of acquired immune deficiency syndrome are known to have occurred in England; what specialist medical advice he has so far received; what consultation he has had with blood transfusion centres regarding steps to be taken to ensure that blood donors are free of this disease; and if he will make a statement.

Mr. Kenneth Clarke: By 19 November, 85 subsequently confirmed cases in England had been reported to the communicable disease surveillance centre (CDSC). We receive medical advice from CDSC and specialists in the relevant fields of medicine including blood transfusion, genito-urinary medicine, immunology and oncology. After consulting the Advisory Committee on the National Blood Transfusion Service we have decided to ask all regional blood transfusion centres to issue, on an individual basis to all blood donors, a revised leaflet "AIDS and how it concerns blood donors". This leaflet reinforces our previous advice that persons at high risk of transmitting the AIDS virus should not donate blood.

#### RHAs (Managers)

Mrs. Renée Short asked the Secretary of State for Social Services if he will list in the *Official Report* the names of the managers so far appointed to the regional health authorities in England and Wales.

Mr. Kenneth Clarke: The regional general managers appointed so far are:

Mr. B. Edwards—Trent RHA  
 Mr. G. Greenshields—North Western RHA  
 Mr. D. Hague—Northern RHA  
 Miss C. Hawkins—South Western RHA  
 Mr. J. Hoare—Wessex RHA  
 Mr. T. Hunt—North East Thames RHA  
 Mr. A. Kember—South West Thames RHA  
 Mr. D. I. Kenny—North West Thames RHA  
 Mr. P. Le Fleming—South East Thames RHA  
 Mr. D. Nichol—Mersey RHA  
 Mr. K. Punt—Yorkshire RHA  
 Dr. R. Rue—Oxford RHA

Appointments in Wales are a matter for my right hon. Friend the Secretary of State for Wales.

Mrs. Renée Short asked the Secretary of State for Social Services what plans he has made to liaise regularly with representatives of the central committee for hospital medical services and of medical executive committees with a view to assessing tasks performed by regional General managers in the course of their appointments.

Mr. Kenneth Clarke: Our Department already has long-standing arrangements through the Chief Medical Officer for regular liaison with the Central Committee for Hospital Medical Services, which would allow representatives of the committee to raise any particular points of concern on the general management arrangements.

#### Tuberculosis

Mrs. Renée Short asked the Secretary of State for Social Services what proportion of tuberculosis diseases which have occurred during the last five years were found to be carried by homeless alcoholics.

Mr. John Patten: Information is not held centrally on the proportion of people with tuberculosis who are homeless alcoholics.

Mrs. Renée Short asked the Secretary of State for Social Services (1) what steps he is going to take to ensure that the incidence of tuberculosis amongst hospital medical staff is fully documented;

(2) what plans he has for making sure that hospital staff exposed to risks of contracting tuberculosis receive regular chest radiographs; and what provisions he will make for the purpose of setting up screening programmes for professional foreign visitors attached to National Health Service hospitals.

Mr. John Patten: Guidance was issued to health authorities in 1978. We are looking into the specific points the hon. Member raises and will send her a full reply later.

#### Consensus Team Management

Mrs. Renée Short asked the Secretary of State for Social Services how often he will be initiating studies to be conducted by his Department into the effects of the implementation of the Griffith's report on consensus team management.

Mr. Kenneth Clarke: We have no plans to initiate such studies.

#### Griffiths Report

Mrs. Renée Short asked the Secretary of State for Social Services how many applications were submitted by doctors for appointment to the regional general management posts created on the basis of the contents of the Griffith's report; and how many doctors have been appointed.

Mr. Kenneth Clarke: Of 12 regional general managers appointed so far, one is a doctor. All information about individual candidates for general manager appointments is, and should remain, confidential.

#### Cigarettes and Tobacco (Tar Content)

Mrs. Renée Short asked the Secretary of State for Social Services what proposals he has for modifying