

excluding special hospitals; and what percentage of total admissions and residents they constituted, at the latest available date.

Mr. Freeman: The most recent complete information is for 1986. During that year there were 237,311 admissions, of which 16,193 (6.8 per cent.) were formal admissions under compulsory powers, to National Health Service mental handicap and mental illness hospitals and units in England. It is estimated that 9,900 patients, already admitted as informal, were subsequently detained as formal patients and 7,600 formal patients had a change of legal status although remaining detained. On 31 December 1986 there was a total of 93,442 patients resident in these hospitals and units, of whom 4,602 (or 4.9 per cent.) were formally detained patients.

Welfare Milk

Mr. Bermingham: To ask the Secretary of State for Health if he will list the proportion of total redeemed token value in the welfare milk scheme submitted by roundsmen in each year since 1979 in England and Wales; and if he will make a statement.

Mr. Freeman: Information is not available in the form requested.

Mr. Bermingham: To ask the Secretary of State for Health what are his proposals for apportioning revenue loss costs between farmers, dairies and distributors with respect to his proposed welfare milk scheme discount; and if he will make a statement.

Mr. Freeman: The regulations laid on 5 January enable the dairy trade, on a voluntary basis, to accept tokens for the supply of liquid welfare milk and pass them up through the trade so that the cost of the price reduction can be shared equitably. The dairy trade has well established mechanisms and procedures for deciding prices and discounts between milk marketing boards and distributors.

Mr. Bermingham: To ask the Secretary of State for Health what negotiations have taken place with the milk trade and its constituent companies concerning proposals for changes to the welfare milk scheme; and if he will make a statement.

Mr. Freeman: Before negotiations commenced we wrote to all suppliers explaining that as part of the Government's initiative to see whether better value for money could be obtained the cost of purchasing liquid welfare milk was to be examined. Detailed and extensive negotiations subsequently took place over a period of eight months involving over 40 separate companies and six major supermarket chains. Discussions were held with representatives from all sectors of the dairy trade including the dairy trade federations, the National Dairyman's Association and the milk marketing boards. Meetings were held with representatives of the British Retail Association, the National Farmers Union and the National Federation of Self Employed and Small businesses. Following the decision to introduce a revised pricing structure, we have written to all suppliers explaining the decision together with details of the measures that we have introduced to enable the cost of the price reduction to be shared equitably throughout the trade.

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Mr. Bermingham: To ask the Secretary of State for Health what representations have been received by his Department with respect to current proposals to change funding arrangements for the welfare milk scheme; and if he will make a statement.

Mr. Freeman: Following the announcement of the decision to implement a revised price structure for the supply of liquid welfare milk we have received representations from the English Dairy Trade Federation and the National Dairyman's Association. In response my noble Friend Baroness Hooper met with officers and members of the English and Scottish dairy trade federations on 9 January to hear the trade's views and make arrangements to discuss implementation of the new structure.

Hepatitis C

Mr. Cousins: To ask the Secretary of State for Health whether imported blood products are tested for hepatitis C; and what are the differences in testing procedures between imported blood products and fresh blood donations from British resident donors.

Mr. Freeman [holding answer 10 January 1990]: As far as we are aware, at present there is no routine testing for hepatitis C carried out by the home authorities in any country from which blood products are imported to the UK. Such tests as are available are still being developed and evaluated.

It is a matter for the authorities in each country to decide on appropriate screening procedures for blood. These may vary according to the prevalence of certain infectious agents in the country of origin. The Department keeps testing procedures under review and recommends the introduction of new tests in the light of scientific and other developments.

Blood or plasma collected overseas for processing into blood products which are to be imported into the United Kingdom under United Kingdom product licence is subjected to such screening tests as are laid down by the home authority, as well as any that are required by our licensing authority—the Medicines Control Agency.

SCOTLAND

Training

Mr. Menzies Campbell: To ask the Secretary of State for Scotland how employment training and YTS will be administered after the Scottish Enterprise and the Highlands and Islands Enterprise proposals are implemented.

Mr. Lang: Scottish Enterprise and Highlands and Islands Enterprise will contract with local enterprise companies for the provision of all Government training in their respective areas.

Mr. Wallace: To ask the Secretary of State for Scotland whether he intends to promote any measures to increase the take-up of YTS and employment training places in Scotland; and if he will make a statement.

Mr. Lang: I have no present plans for further measures specifically designed to increase uptake of employment training and youth training. However, I fully expect that