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Wednesday 23 September 2009

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Skunk Cannabis

11. Ann Winterton (Congleton) (Con): What recent evaluation he has made of research into the effects on mental health of the use of skunk cannabis. [281545]

The Minister of State, Department of Health (Gillian Merron): At present, we do not have enough research evidence to be clear about any extra risks posed to mental health resulting from skunk cannabis use. However, the cross-governmental drug strategy research group is identifying what further research is needed.

Ann Winterton: Some studies have shown that heavy users of skunk are much more liable to develop schizophrenia. In fact, the risk to them is 40 per cent. greater. How can the Government combat that, because there are serious long-term effects? In fact, the problem could be described as a mental health time bomb.

Gillian Merron: I am sympathetic to the points made. It is for that reason, and because of public concern and the kind of issues that have been raised, that despite the fact that what we know so far is that there is a probable but weak causal link,

we have promoted the FRANK campaign, which has the slogan, "cannabis can mess with your mind", and we will continue to do that. Of course, while it is true that cannabis use is declining, the use of more potent cannabis such as skunk is increasing, and we are aware of that. We will continue our research and continue providing messages and information to the public.

Fiona Mactaggart (Slough) (Lab): If the Minister is considering where to focus research on the harmful effects of drugs, would she please look at the impact of khat, which is a legal drug, but which causes real concern in the Somali community, where its use is widespread?

Gillian Merron: I understand that that is a matter of increasing concern, and I will be glad to look at it and get back to my hon. Friend.

Maternity Services

12. Mr. Adam Holloway (Gravesham) (Con): What his latest assessment is of the performance of maternity services in (a) Gravesham and (b) England. [281546]

The Parliamentary Under-Secretary of State for Health (Ann Keen): In 2008, the Healthcare Commission published "Towards better births: A review of maternity services in England", which assessed the quality, capability and efficiency of maternity services in England. We have always put safety and high-quality care for mothers and babies at the heart of our vision for maternity services, and nine out of 10 women are pleased with the care that they have received.

Mr. Holloway: At various times, the Government have pledged that women will be able to choose where they give birth. Is the Minister confident that the Government will hit that target? If they have not done so yet, when will they be able to do it?

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Ann Keen: We are working towards that target. We have had an unprecedented rise in the birth rate, and we had a midwife recruitment problem. We have now reached 1,000 and are working towards the extra 4,000, along with the Royal College of Midwives. The situation varies around the country, but I repeat that the safety of mothers and babies is paramount.

Topical Questions

T1. [281560] Dr. Brian Iddon (Bolton, South-East) (Lab): If he will make a statement on his departmental responsibilities.

The Secretary of State for Health (Andy Burnham): Yesterday, Professor Jimmy Steele published his independent review of NHS dental services. I have accepted the recommendations in principle and believe that the report sets out a clear vision for the future of dentistry that the profession can unite around. Next week, Lord Darzi will publish "High quality care for all: one year on", which will set out the progress at both local and national level in terms of embedding quality at the heart of the NHS. In early July, we will publish a Green Paper setting out options to reform the care and support system.

Dr. Iddon: Why has my right hon. Friend rejected Lord Archer's recommendation that patients who have contracted the hepatitis C virus from contaminated blood should receive the same compensation as those who contracted HIV from contaminated blood, as in the Irish Republic and several other countries?

The Minister of State, Department of Health (Gillian Merron): I deeply regret that patients have contracted serious infections as a result of NHS treatment 20 or more years ago. However, it is the different circumstances of patients that are reflected in the different financial arrangements. We will review the Skipton fund, which was set up for those infected with hepatitis C, in 2014, 10 years after its commencement. I cannot accept the comparison with Ireland, because the Irish blood transfusion service was found to be at fault, and that was not the case here.

T3. [281562] John Hemming (Birmingham, Yardley) (LD): Several people from the Birmingham area who were among the earliest to be infected with swine flu outside Mexico were in fact infected on a plane, which is almost a mechanism for cross-infection. What reviews have the Government carried out on what should be done on planes, not necessarily for this virus, whose symptoms are not so severe, but for future more serious infections?

Andy Burnham: Obviously, we take advice at all times from the Government's scientific advisory group, and I will seek advice from it on that point. It is looking at potential scenarios as this outbreak develops, and we keep all scenarios under consideration.

T2. [281561] Mr. Gordon Prentice (Pendle) (Lab): A few hours ago, I faxed to the Department a letter that I had received from my primary care trust, telling me that there was likely to be a delay in the new Colne health centre in my constituency. Everyone is dismayed.

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by this, as I am. What is happening to new-build projects in the NHS, given that its financial outlook is a bit pessimistic?

The Parliamentary Under-Secretary of State for Health (Ann Keen): Health care will always be a priority for this Government, and it is of course the responsibility of PCTs to plan, develop and improve local health services. I understand that

the East Lancashire PCT board will consider the issue in July this year.

T5. [281564] Mr. Stewart Jackson (Peterborough) (Con): The Minister referred earlier to last year's "Towards better births" report, which highlighted the issue of the lack of clean bathroom facilities available on maternity units, particularly as regards facilities for newborn babies. Only 16 per cent. of units had one bathroom per delivery room and fewer than half of women said that the toilets associated with those units were "very clean". Precisely what do the Government intend to do about the results of that report?

Ann Keen: We take the issue extremely seriously wherever there is that need. I am sure that the hon. Gentleman is aware of the progress that we are making in relation to health-care-associated infections and general cleanliness overall. We need to continue to develop our work in modernising health care and facilities, eventually getting single-sex accommodation for health care across the board. In maternity, of course, that is much easier to deliver.

T4. [281563] Barry Gardiner (Brent, North) (Lab): Given that epidemiologists predict that swine flu might return next winter in a more virulent form, will my right hon. Friend undertake to consider the provision of isolation units around the country, particularly close to major centres where there is immigration, such as Heathrow?

Andy Burnham: It is vital that we take steps now to ensure that the NHS is able to cope with the extra demand that it will face over the coming months, and particularly over the coming winter period. Ian Dalton is leading work for the Department on this issue to ensure that the NHS is ready to cope. Obviously, the availability of isolation facilities and critical care facilities is important, but it is also important to say, for the avoidance of doubt, that for the vast majority of people this has been a mild condition from which they have been able to make a speedy recovery. In a small minority of cases—I stress that it is a small minority of cases—the symptoms have been more severe. Obviously, we will take advice from the scientific advisers as we know more about this particular disease.

T9. [281569] Mr. Philip Hollobone (Kettering) (Con): The Department's "Give and Let Live" organ donation programme for schools was launched almost two years ago, inspired by the work of the Jeanette Crizzle Trust, based in the Kettering constituency. As of this time, only 3 per cent. of secondary schools have got involved in the programme. Will the Secretary of State or one of his Ministers produce an action plan to put a rocket behind the programme so that children can find out how they can donate tissue, blood and bone marrow to help those who need it?

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Ann Keen: We aim to see donor rates increase, so of course we will work very closely with the Department for Children, Schools and Families to achieve better outcomes, such as those noted by the hon. Gentleman.

T8. [281567] Mr. Brian Jenkins (Tamworth) (Lab): The Secretary of State responded to a question about the flu pandemic and the possibility of a rise in the incidence of flu in October and November. Surely he is aware that our concern will be for the small minority that he mentioned to have hospital beds in hospitals. What role does he see the local community hospital playing in providing those hospital beds? Would he or one of his Front-Bench team like to visit the community hospital in Tamworth to see whether it would be able to provide those beds?

The Minister of State, Department of Health (Mr. Mike O'Brien): I am a neighbour of the Tamworth constituency and, as my hon. Friend knows, some of my constituents use the Sir Robert Peel hospital in Tamworth. I am aware that there are some issues in relation to agreements between that hospital and adjoining hospitals, particularly Good Hope hospital, that are in play at the moment. I am happy to meet my hon. Friend to discuss that and, if he wants me to, to go gently across the constituency border and visit Peel hospital.

T6. [281565] Mark Hunter (Cheadle) (LD): The Minister said that he will accept in principle the recommendations of the independent review of NHS dentistry, published yesterday. However, will he make a further firm commitment to implement the detail of the proposals put forward in that review, including reform of the system of payment so that income for dentists is determined by the number of NHS patients registered and the quality of care provided rather than simply by the number of treatments?

Andy Burnham: The hon. Gentleman summarises the report very well. Obviously, it seeks to build on the system of local commissioning put in place in 2006. As he rightly says, it places much of the emphasis on oral health and its promotion rather than on activity and on measuring and encouraging it. That is the important change that the document puts forward. Rather than mandate a single contract, we will pilot the best way of achieving that change across the country. We want to ensure that we work with the profession at all times, but a survey by *Which?* last week found that nine out of 10 people who sought an NHS dentist in recent times were able to find one. That shows that there is a better success story about NHS dentistry than is usually reported to the public.

Mr. Jim McGovern (Dundee, West) (Lab): Thank you for calling me, Mr. Speaker, and may I welcome you to your new position? With your permission, I should like to return to the subject of the health and welfare of children in our communities. A report was published today into the tragic death of Brandon Muir, a toddler in Dundee. I live in that city, and what the report says about the lack of communication between the NHS, the local social work department and Tayside police is appalling. Does the Minister agree that there has to be greater co-ordination between those organisations to make sure that our children are well looked after?

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Ann Keen: My hon. Friend raises the matter of that child's death, which is, of course, an issue in Scotland. However, we are working hard to raise awareness among front-line staff in health, social care and all the other sectors with relevant responsibility. We must make it very clear that we are all working together to make sure that fewer, or no, such cases happen in future.

T7. [281566] Simon Hughes (North Southwark and Bermondsey) (LD): Ministers may not have heard yet, but last Wednesday London's King's College hospital made the very welcome announcement that, following consultation about the future of its accident and emergency department buildings, it was going to ask the architects to redesign them so that there is

"a designated space for mental health patients' assessment and waiting."

That is a hugely welcome announcement. Will Ministers use the experience of the community in south London to make sure that all A and E departments in England have adequate facilities for receiving mental health patients and that—

Mr. Speaker: Order. May I just say to the hon. Gentleman that topical questions are supposed to be very brief and pithy? The same can be said of answers.

Mr. Mike O'Brien: Throughout the NHS, we need to ensure that we always learn best practice.

Dr. Stephen Ladyman (South Thanet) (Lab): Campaigners estimate that there is a growing shortfall—possibly as much as £200 million a year—in the money provided for people with complex needs in respect of learning difficulties. Will the question of how we are to fill that gap in the future be addressed in the forthcoming social care Green Paper? If not, when will it be addressed?

The Minister of State, Department of Health (Phil Hope): I thank my hon. Friend for that question. He has been a long-standing campaigner on these matters, and will know that our "Valuing People Now" report sets out our strategy for supporting people with learning disabilities. Indeed, we will publish a document setting out our plans for employing such people in the very near future. I can confirm that, when the care and support Green Paper is published in early July, it will set out an overall direction for high-quality and cost-effective services for people with learning disabilities, among others, to choose from. Moreover, it will show that the funding system is fair, sustainable and affordable for all.

Christopher Fraser (South-West Norfolk) (Con): In 1997, Tony Blair promised to end the scandal of people selling their homes to pay for their long-term care. Why have the Government taken so long to address that problem?

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Phil Hope: Unlike the Conservatives, who have said that they will put this matter in the "too difficult to do" box, the Government will be publishing our care and support Green Paper in a few weeks. I can assure the hon. Gentleman that it will be radical, and that it will spell out what we will do in future to ensure that people get high-quality care, and that they have choice and control over that care. We will make sure that the system is fair, transparent, simple and affordable for all. Those things are matters of principle for us, but the Opposition, of course, oppose them.

Clive Efford (Eltham) (Lab): I attended the opening today of the Demelza children's hospice in my constituency. Will my hon. Friend the Minister join me in sending congratulations to everyone who brought about that development, and especially those of my constituents who have been raising funds and volunteering to make the hospice a success? Does he agree that it will make a significant contribution to the well-being of young people in south-east London in the future?

Ann Keen: Many congratulations to my hon. Friend. Working with children is very testing for all health professionals and end-of-life care in a hospice is particularly challenging, so of course we congratulate all concerned.

Tim Farron (Westmorland and Lonsdale) (LD): My constituent, Mrs. GRO-A, a young woman from Kendal, suffers from a rare form of cancer—a chordoma of the spine. The treat that could cure her is proton therapy; it is not available in this country but is available overseas. Will the Secretary of State agree to meet me, Mrs. GRO-A and her consultant to look at ways in which the NHS can fund her treatment overseas?

Ann Keen: There have been meetings at the Department of Health between me and other interested parties. Proton therapy is being looked at, and we hope in the very near future to be able to make a decision as to how we take things forward. That is what we are doing.

Paul Flynn (Newport, West) (Lab): In considering the problem of skunk cannabis, will the Minister promise to disregard the hysterical, evidence-free hyperbole, an example of which we heard this afternoon, and heed instead the scientific, evidence-based advice from the Advisory Council on the Misuse of Drugs?

Gillian Merron: As I said earlier, we are looking forward to further research to establish the link between cannabis use, including skunk cannabis, and the effects on health, including mental health, and we will respond to it in the proper fashion.

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