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Population Statistics

Sir Brandon Rhys Williams asked the Secretary of State for Social Services what is his latest estimate of the current percentage of the population who at some stage live in two-parent two-child households.

Mr. John Patten: It is estimated that at the time of the 1981 census about one quarter of the population of England and Wales were members of two-parent two-child families. Approximately a further one-fifth of the population were members of two-parent families with 3 or more children.

No precise estimates are available for the proportions of persons who did not belong to such families at the time of the census but who, either as a child or a parent, belonged to a two-parent two-child family before the census or who will belong to such a family in the future. However, over a whole life-time, whether as children or parents, much the greatest part of the population will at some stage either live or have lived as part of a two-parent two-child family.

Sir Brandon Rhys Williams asked the Secretary of State for Social Services what is the latest estimate of the percentage of children who grow up in families with three or more children.

Mr. John Patten: Families numbering three or more children have accounted for about half of all children born to the group of women who are currently reaching the end of the childbearing ages. Although children do not necessarily spend all the years of their childhood in the family unit in which they are born, this figure provides a reasonable estimate of the proportion of children who at some stage are part of a family of three or more children.

Bassetlaw District Hospital

Mr. Ashton asked the Secretary of State for Social Services (1) how many patients have had to be transferred from Bassetlaw district hospital because the intensive care unit is not being used;

(2) how many vacancies there are at Bassetlaw district general hospital, Worksop, for consultants and junior doctors, respectively; how long these posts have been vacant; and what measures are being taken to fill them.

Mr. Kenneth Clarke: We do not collect this sort of detailed local information centrally. The hon. Member may wish to seek information from the chairman of the Bassetlaw health authority.

Mr. Ashton asked the Secretary of State for Social Services how many operations have had to be postponed at Bassetlaw district hospital due to a shortage of doctors; and when permission will be given to the hospital to train junior doctors.

Mr. Kenneth Clarke: I shall let the hon. Member have a reply as soon as possible.

EEC Anti-poverty Programme

Mr. Meadowcroft asked the Secretary of State for Social Services (1) if he will announce details of his Department's arrangements for inviting applications for funds from the European Economic Community anti-poverty programme and of the timetable for decision making on applications;

(2) if he will list the steps he is taking to encourage the voluntary sector to participate in the European Economic Community anti-poverty programme;

(3) if he will list the consultations his Department has initiated to ensure that the United Kingdom participates to the maximum extent in the European Economic Community anti-poverty programme.

Mr. John Patten: Officials of this Department and of other relevant Departments in the United Kingdom, representatives of voluntary organisations and individual experts have played a full part in the numerous consultations arranged by the European Commission on its proposals for a second European community programme to combat poverty. The Council of Ministers agreed on 19 December 1984 that a second programme would take place in the four years 1985-88 with a maximum EC expenditure of 25 million ecu (approximately £13 million). There have been meetings with individuals and organisations in this country from central and local government, institutions and relevant voluntary organisations to discuss arrangements for the programme and for United Kingdom participation. The Department will shortly announce arrangements and the timetable for the submission of applications for the limited funds available from those voluntary and other organisations who are most likely to be interested in undertaking action research projects under the programme and whose activities relate most closely to the themes put forward by the Commission.

"Women and the Health Service"

Mrs. Renée Short asked the Secretary of State for Social Services which of the recommendations issued in the report entitled "Women and the Health Service" published by the Women's National Commission, a copy of which has been sent to him, he intends to implement.

Mr. Kenneth Clarke: We are now considering this report which we have only just received.

AIDS

Mrs. Renée Short asked the Secretary of State for Social Services what action he proposes to take to check the growth rates of acquired immune deficiency syndrome.

Mr. Kenneth Clarke: We are considering the public health implications of AIDS and what further steps might be taken to control it. We have established an expert advisory group to advise the health departments in the United Kingdom, whose members will include experts on all aspects of the disease. Their advice will be valuable in assisting the formulation of a strategy for prevention and control.

There is at present no vaccine against AIDS or specific treatment, but general preventive measures and health education have a major part to play in controlling the disease.

Interim guidelines drawn up by the Advisory Committee on Dangerous Pathogens on the safe handling of AIDS patients have recently been published jointly by our Department and the Health and Safety Commission. These set out the measures which should be taken to protect clinical and laboratory staff who come into contact with patients suffering from AIDS or with specimens taken from them. We are taking steps to reduce the risk of the spread of AIDS through blood transfusion and the use of

blood products. We are strengthening our efforts to dissuade those in AIDS high-risk groups from donating blood, and our revised leaflet "AIDS Important New Information for Blood Donors" will be distributed individually to all donors. We are also considering the need to screen blood donations for the HTLV III antibody. Supplies of heat-treated factor VIII for haemophiliacs will shortly be made available to the NHS from the Central Blood Laboratories Authority.

To promote greater awareness of the risks of the disease, the Health Education Council has produced a leaflet "Some facts about AIDS" which will be made widely available to individuals in at-risk groups and the public generally.

Internationally, we are in touch with the Centers for Disease Control in the United States and the World Health Organisation AIDS Reference Centre in Paris, which have considerable data on the disease. Research in this country is proceeding through five projects funded by the Government through the Medical Research Council.

Mr. David Atkinson asked the Secretary of State for Social Services if acquired immune deficiency syndrome is a notifiable disease; and if sufferers are able to discharge themselves from hospital voluntarily.

Mrs. Jill Knight asked the Secretary of State for Social Services if he will take immediate steps to make acquired immune deficiency syndrome a notifiable disease.

Mr. Kenneth Clarke: This disease is not at present notifiable under the Public Health (Control of Disease) Act 1984 but each case is reported to the communicable disease surveillance centre, which monitors incidence in the United Kingdom. Patients with Aids can discharge themselves from hospital voluntarily. Making the disease notifiable would not alter this situation unless a local authority exercised its discretionary powers under the 1984 Act to ask a justice of the peace to make an order detaining a patient in hospital to prevent the spread of the disease. We are however reviewing the public health implications of making the disease notifiable.

Pendlebury Children's Hospital

Mr. Tony Lloyd asked the Secretary of State for Social Services if he will indicate how many representations he has received about proposals to close the cystic fibrosis unit at Pendlebury children's hospital; and if he will make a statement.

Mr. John Patten: We have had representations from five hon. Members and from two patients against closure of a cystic fibrosis unit at the Royal Manchester children's hospital. I understand, however, that the district health authority does not propose to close the facilities for patients suffering from cystic fibrosis, but to alter arrangements within the hospital so as to improve services for them and for other patients. If it decides to go ahead with these changes, they will consult locally in the normal way.

Cystic Fibrosis

Mr. Tony Lloyd asked the Secretary of State for Social Services (1) if he will estimate the number of cystic fibrosis sufferers who have to pay for prescriptions;

(2) if he will estimate the cost of exempting cystic fibrosis sufferers from prescription charges in 1984-85.

Mr. John Patten: I understand the Cystic Fibrosis Research Trust believes there to be around 1,200 sufferers from cystic fibrosis aged 16 and over. All would be liable to pay charges, but a number of these are likely to be exempt from charges on financial or other medical grounds.

The cost of exempting those not currently exempt would be small. However it would be unfair to single out one group for exemption and to accept all the claims we have received would cost more than we can ask the NHS to take on at present.

Mr. Tony Lloyd asked the Secretary of State for Social Services how many specialist units for cystic fibrosis sufferers exist in England and Wales; how many and which of them are within the north-west region; what advantages flow from the operation of these units; and if he will make a statement.

Mr. John Patten: I shall let the hon. Member have a reply as soon as possible.

Mr. Tony Lloyd asked the Secretary of State for Social Services (1) if he will publish an estimate of the number of sufferers from cystic fibrosis (a) within the north-west region and (b) England and Wales;

(2) if he will publish an estimate of the number of sufferers from cystic fibrosis in England and Wales aged over 16 years and over 21 years at the latest available date and in 1974, respectively.

Mr. John Patten: Information is not collected centrally about the number, age distribution or location of sufferers from cystic fibrosis, which occurs about once in every 2,000 live births. However, it has been estimated that in 1984 there were up to 6,000 people suffering from this condition in the United Kingdom.

Cancer Screening Facilities

Mrs. Renée Short asked the Secretary of State for Social Services what resources he intends to make available for the purpose of advancing screening facilities for breast and cervical cancer and spina bifida babies.

Mr. Kenneth Clarke: It is for health authorities to establish priorities for the development of these services within the resources we make available to them for their services as a whole.

Up-dated guidance has recently been issued to them on the priority to be given to particular groups of women within the screening programme for cervical cancer. We are funding a major programme of research to determine the value of breast cancer screening and will consider its future development in the light of the results of the trials which should begin to become available in 1988.

The report of a working group set up under the chairmanship of Sir Douglas Black to advise on screening for neural tube defects including spina bifida was sent to health authorities in 1979. Our Department endorsed the group's general conclusions that rapid progress towards a national screening service might be unwise in view of some remaining uncertainties about the benefits and risks and the costs entailed. We have subsequently funded further research in this field.

Mr. Dobson asked the Secretary of State for Social Services, pursuant to the reply by his right hon. and learned Friend the Minister for Health of 16 January,