Syria

Paul Flynn: To ask the Secretary of State for Defence whether the UK has provided any *(a)* internal security training, *(b)* public order training and *(c)* sniper training or training in the use of heavy military equipment to Syria since President Bashar al-Assad came to office. [156010]

Mr Robathan: The UK has not provided any specific internal security training, public order training, sniper training or training in the use of heavy military equipment to Syria since President Bashar al-Assad came to office in July 2000.

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The small number of Syrian personnel who attended initial officer training and staff courses between 2000 and 2008 will have been exposed to UK doctrine on these topics.

Paul Flynn: To ask the Secretary of State for Defence what consideration the Defence Exports Support Group has given to lifting restrictions on exports of *(a)* lethal and *(b)* non-lethal military equipment to Syrian opposition groups. [156014]

Mr Dunne: The Defence Export Support Group has not met recently, however, Ministers consider, through the National Security Council and its sub-groups, important export issues.

The situation in Syria continues to deteriorate at an ever more rapid pace. Since the outbreak of the Syrian revolution, more than 70,000 people have died. There are now more than one million Syrian refugees in the region. A year ago, one million people needed humanitarian aid inside Syria: that figure is now four million.

In the face of this situation of extreme humanitarian distress and political stalemate, we want Europe to review all options. We should support diplomatic progress in every way we can, but we also believe that we should review the European sanctions regime again given the extreme gravity of the situation. However, we have taken no decision at present to send arms to Syria.

Unmanned Air Vehicles

Rehman Chishti: To ask the Secretary of State for Defence in which countries US forces have flown UK unmanned aerial vehicles to date. [154584]

Mr Robathan: US pilots have not flown UK Reaper except during the launch and recovery phase, from Kandahar, in support of operations in Afghanistan.

USA

Fabian Hamilton: To ask the Secretary of State for Defence whether US law applies on US military bases in the UK. [156007]

Mr Robathan: The United States Visiting Forces are subject to both US and UK law, as set out in the NATO Status of Forces Agreement 1951, and enacted through the Visiting Forces Act 1952.

Fabian Hamilton: To ask the Secretary of State for Defence who is in overall charge of security at *(a)* NSA Menwith Hill, *(b)* USAD Mildenhall, *(c)* USAD Lakenheath, *(d)* JAC Molesworth, *(e)* USAD Croughton, *(f)* USAD Barford St John, *(g)* USAF Fairford and *(h)* USAF Alconbury. [156053]

Mr Robathan: Policing and security arrangements at bases made available to the United States Visiting Force are covered under the terms of the Memorandum of Understanding between the Ministry of Defence Police and Guarding Agency and the United States Visiting Force.

The United Kingdom, as the host nation, is responsible for security outside the perimeter fence of the bases, with the United States Visiting Force responsible for internal security.

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Fabian Hamilton: To ask the Secretary of State for Defence for what reasons military land byelaws are proposed for introduction at USAF Barford St John. [156055]

Mr Robathan: The proposed new byelaws for introduction at RAF Barford St John are designed to facilitate the effective policing and regulation of activity on Ministry of Defence land, while ensuring the safety and security of USAF service personnel manning the site.

Fabian Hamilton: To ask the Secretary of State for Defence whether the Space-based Infra-red systems radomes (SBIRS) at the American base at NSA Menwith Hill are actively operational; and if SBIRS have been used to date. [156063]

Mr Robathan: The Space Based Infra-Red System (SBIRS) at RAF Menwith Hill achieved operational status during 2011. We do not comment, for security and operational reasons, on the specific use of the SBIRS facilities at the base.

Veterans: Employment

Mr Jim Murphy: To ask the Secretary of State for Defence how many people went through the Career Transition Partnership in *(a)* 2010, *(b)* 2011 and *(c)* 2012. [155306]

Mr Robathan *[holding answer 15 May 2013]:* The number of people who accessed Career Transition Partnership services in recent years is as follows:

	Number
2008	14,182
2009	10,072
2010	10,717
20.11	14,429
2012	15,812

Mr Jim Murphy: To ask the Secretary of State for Defence what restrictions are placed on businesses who wish to advertise employment vacancies through the Career Transition Partnership. [155667]

Mr Robathan *[holding answer 16 May 2013]:* The Career Transition Partnership (CTP) welcomes employment vacancy advertisements from organisations in which the skills and experience of service leavers are recognised as a good fit for their work force. However, to ensure the integrity and quality of vacancies offered, the CTP does not encourage advertisements from recruitment agencies or employment ‘broker' organisations.

Mr Jim Murphy: To ask the Secretary of State for Defence what training is available to those who have left the armed forces to prepare them to find civilian work; and for what period following departure. [155669]

Mr Robathan *[holding answer 16 May 2013]:* All service leavers are entitled to some form of resettlement assistance to enable them to transition successfully into civilian life. This assistance includes a suite of training

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and employment support from the Career Transition Partnership (a partnering arrangement between MOD and Right Management Limited, part of the Manpower Group). This training is also provided for those who have left the armed forces, where training vacancies exist, for up to two years post-discharge.

We monitor constantly the support we provide to service leavers. In 2012 Lord Ashcroft was appointed as Special Representative for Veterans Transition. In this role he will provide the MOD with advice on how we can further support those leaving the armed forces. It is expected that Lord Ashcroft will produce an interim report to the Secretary of State for Defence by the end of 2013, with more comprehensive recommendations being made during 2014.

Mr Jim Murphy: To ask the Secretary of State for Defence what policies led by his Department are in place to provide veterans with employment opportunities on leaving the armed forces. [155670]

Mr Robathan *[holding answer 16 May 2013]:* Prior to leaving, all service personnel are entitled to resettlement assistance consisting of time, money and training according to length of service. Those who have served six years or more, and all those medically discharged regardless of how long served, are entitled to the full resettlement programme, which includes:

a three-day career transition workshop;

use of a career consultant;

a job finding service;

re-training time; and

a re-training grant.

Those who have served four years or more are entitled to employment support in the form of a bespoke job finding service and career interview. Resettlement services are provided by the Career Transition Partnership (CTP), a partnering arrangement between Ministry of Defence and Right Management Limited.

'Right Job' is the bespoke Career Transition Partnership's online job finding service, and it lists thousands of live vacancies which are updated on a daily basis. Right Job assists the service leaver in finding a job they believe is right for them, and enables employers to find qualified candidates who are leaving the armed forces. This service is free of charge to both service leavers and employers.

Service leavers are entitled to lifetime job finding support through either the Officers Association or the Regular Forces Employment Association.

Mr Jim Murphy: To ask the Secretary of State for Defence which businesses advertise employment vacancies through the Career Transition Partnership. [155671]

Mr Robathan *[holding answer 16 May 2013]:* Businesses of all sizes and from a wide and varied range of sectors advertise employment vacancies through the Career Transition Partnership. Sectors include:

business services (e.g. project management and retail management);

security;

energy and utilities;

transport and logistics; and

engineering.

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Mr Jim Murphy: To ask the Secretary of State for Defence what training is available to those currently serving and preparing to leave the armed forces in order to prepare them to find civilian work. [155668]

Mr Robathan *[holding answer 16 May 2013]:* Training is an integral part of our broader efforts to help service personnel make the transition into civilian life.

Service leavers may qualify for a resettlement training grant and Government-sponsored enhanced learning credits, to help towards the cost of nationally recognised qualifications.

The Career Transition Partnership (CTP) provides a resettlement programme including up to 35 days retraining time and access to a wide range of accredited vocational training courses and workshops. The CTP service, including resettlement support, lasts for up to two years after individuals have left the armed forces.

HEALTH

Abortion

Fiona Bruce: To ask the Secretary of State for Health when the abortion statistics for 2012 in England and Wales will be published. [156417]

Anna Soubry: The Department's publication, 'Abortion Statistics, England and Wales: 2012', will be published in July 2013.

Abortion statistics are typically published in May or June each year. The Department is currently consulting users of abortion statistics on proposed changes to the publication, in particular the most effective way to present the detailed geography tables. The consultation closes on 10 June 2013. The 2012 abortion statistics have therefore been slightly delayed to accommodate the outcome of the consultation.

Accident and Emergency Departments

Mr Jim Cunningham: To ask the Secretary of State for Health (1) if he will take steps to ensure that all accident and emergency units have at least 10 consultants assigned to them; [156364]

(2) what guidance he gives to accident and emergency units on ensuring that staff are not overworked. [156365]

Anna Soubry: National health service bodies are responsible for considering what staffing levels are necessary and appropriate within their organisations, as well as the health and well-being of their staff. Therefore, the Department has not issued any central guidance on these issues.

NHS England's Urgent and Emergency Care Review, led by Sir Bruce Keogh, is taking a holistic look at the complex issues surrounding care delivery in this area. The Review, which is benefiting from the input of a wide range of experts, is tasked with making recommendations to ensure that urgent and emergency care is provided in a safe, effective and sustainable way.

One of the aims of the Review is to come to a consensus on options for organising and delivering urgent and emergency care, which will involve taking an evidence-based look at work force and resourcing issues.

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Health Education England has also set up an expert group, working in close collaboration with the College of Emergency Medicine and other key stakeholders, to look at what more can be done to ensure there is sufficient medical work force being trained for accident and emergency requirements. The advice of this group will help inform NHS England's Urgent and Emergency Care Review.

Breast Cancer

Steve McCabe: To ask the Secretary of State for Health how many individual breast screenings were conducted under the NHS Breast Cancer Screening Programme in *(a)* England, *(b)* the West Midlands and *(c)* Birmingham in (i) 2010, (ii) 2011, (iii) 2012 and (iv) 2013 to date. [156557]

Anna Soubry: The information is not available in the format requested. Information on the number of women screened for England, the West Midlands strategic health authority (SHA) and Birmingham is provided in the following table.

Number of women screened (aged 45 and over) for England, West Midlands SHA and selected Breast Screening Units, 2009 to 2012

	Reporting year		
	2009-10	*2010-11*	*2011-12*
England	1,794,909	1,884,368	1,940,603
West Midlands SHA	193,172	204,956	214,472
City, Sandwell and Walsall Breast Screening Unit	33,585	37,259	42,048
South Birmingham Breast Screening Unit	10,974	10,447	14,026

Notes: 1. The breast screening programme collects information on the number of women screened and not individual breast screenings. 2. The two Breast Screening Units (BSUs) above cover Birmingham, but City, Sandwell and Walsall BSU also screens women from outside the Birmingham area. 3. Statistics are collected and reported by financial year and not calendar year. The most recent statistics available are for 2011-12. 4. SHAs were abolished on 31 March. *Source:* KC62 return, Health and Social Care Information Centre.

Coronavirus

Andrew Rosindell: To ask the Secretary of State for Health what assessment he has made of the World Health Organisation's update of 12 May 2013 on the coronavirus infection. [156083]

Anna Soubry: Based on the information in the World Health Organisation's update of 12 May 2013, there is evidence of limited, non-sustained person-to-person transmission. The risk of novel coronavirus infection (nCoV) to United Kingdom residents in the UK remains very low. The risk to UK residents travelling to the middle east remains very low and does not warrant a change to current travel advice.

The risk of coronavirus infection to residents of or recent visitors to the middle east who are investigated in the UK with an unexplained severe acute respiratory illness also remains very low, but warrants investigation for coronavirus infection.

The risk of contacts of confirmed cases of nCoV infection is still generally considered to be low but emerging evidence suggests there may be specific circumstances where transmission can occur.

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Andrew Rosindell: To ask the Secretary of State for Health what steps he is taking to ensure hospitals are adequately prepared for any widespread outbreak of novel coronavirus. [156084]

Anna Soubry: National health service hospitals are well versed in dealing with infection prevention and control covering the protection of staff, patients and members of the public and the normal practice of good hand hygiene is effectively used to reduce the spread of infection as far as is practicable.

Once laboratory confirmed cases have been identified, strict isolation and use of full personal protective equipment is recommended. Public Health England (PHE) has worked with the NHS to ensure contact tracing on all confirmed cases is undertaken to identify further possible cases and close contacts of confirmed cases are followed up for a period of 10 days since the date of last exposure to the index case.

PHE continuously reviews and updates its guidance on novel coronavirus infections.

Andrew Rosindell: To ask the Secretary of State for Health what discussions his Department has had with other European governments on containing an outbreak of novel coronavirus. [156085]

Anna Soubry: Departmental officials and Public Health England are involved in discussions with the EU Health Security Committee, influenza section, on the subject of avian influenza A(H7N9) in China and novel coronavirus in Europe and the middle east. The purpose of these collaborations is to share recent developments and, based on international risk assessments, consider the health measures member states are taking at a national level to strengthen preparedness in case the two events develop further.

Aural Hygiene: Children

Andrew Rosindell: To ask the Secretary of State for Health what steps he is taking to ensure that children are taught the importance of good aural hygiene. [156088]

Dr Poulter: None. Parents and children are generally advised not to attempt to clean inside the ear canal in case they damage its lining.

Derriford Hospital

Oliver Colvile: To ask the Secretary of State for Health what steps his Department is taking to reduce the number of never events at Derriford Hospital. [156005]

Dr Poulter: The Department is aware of recent never events that have occurred at the Plymouth Hospitals NHS Trust. We understand the Trust has implemented a number of immediate actions to safeguard patients pending the outcome of the formal investigations.

NHS England has established a Surgical Never Events Task Force to examine the reasons why there are still a relatively high proportion of never events related to the peri-operative environment being reported. The findings of the taskforce will inform

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further work to eradicate these incidents from the national health service. The taskforce will report to NHS England by the end of July.

More widely, Professor Don Berwick is chairing the National Advisory Group on the Safety of Patients in England, which is exploring how to improve patient safety in the NHS in the wake of the Mid-Staffordshire Public Inquiry, and will also report in July.

Diabetes UK

Keith Vaz: To ask the Secretary of State for Health if he will make a statement on the contract between NHS IQ and Diabetes UK. [155897]

Anna Soubry: NHS Improving Quality is a joint venture between NHS England and the Department and is hosted by NHS England.

NHS Improving Quality works with a number of key stakeholders including charities like Diabetes UK to ensure our work is aligned to patients 'and carers' requirements. NHS England advises that NHS Improving Quality has no contract in place with Diabetes UK.

Dietary Supplements: EU Action

Mr Gregory Campbell: To ask the Secretary of State for Health what steps he is taking to protect the specialist retail and manufacturing of food health supplements following the proposal for EU maximum permitted levels for vitamins and minerals in such supplements. [156044]

Anna Soubry: Discussions on the setting of maximum permitted levels for vitamins and minerals in food supplements halted at the European Union level in 2009. Currently there is no date planned for negotiations to resume.

The Government's position is that any future decisions on vitamins and mineral food supplements need to be proportionate and based on evidence, so that consumers have confidence in what they buy, while maintaining a wide choice of safe products.

I have written to the European Commissioner for Health and Consumer Policy, Tonio Borg, and the Secretary of State for Health, my right hon. Friend the Member for South West Surrey (Mr Hunt), has met with the Commissioner to emphasise the United Kingdom's position. Until further details are released on any future proposals, it is not possible to anticipate the full impact that the setting of maximum levels may have on consumer choice and the specialist food supplement sector.

Eating Disorders: Greater London

Andrew Rosindell: To ask the Secretary of State for Health how many people have been admitted to hospitals within Barking, Havering and Redbridge University Hospitals NHS Trust for *(a)* anorexia nervosa and *(b)* bulimia in each of the last five years. [156121]

Dr Poulter: The information is not available in the format requested.

Data for finished admission episodes with a primary diagnosis of anorexia nervosa and bulimia nervosa at Barking, Havering and Redbridge University Hospitals NHS Trust and London strategic health authority (the main provider for 2007-08 to 2011-12) are shown in the following table.

Finished admission episodes[1] with a primary diagnosis[2] of (a) anorexia nervosa or (b) bulimia nervosa at Barking, Havering and Redbridge University Hospitals NHS Trust and London strategic health authority of main provider[3] for 2007-08 to 2011-12[4], activity in English NHS hospitals and English NHS commissioned activity in the independent sector

	Barking, Havering and Redbridge University Hospitals NHS Trust		*London strategic health authority of main provider*	
	Anorexia nervosa	*Bulimia nervosa*	*Anorexia nervosa*	*Bulimia nervosa*
2007-08	*	*	147	19
2008-09	*	*	138	15
2009-10	*	0	215	26
2010-11	*	0	182	23
2011-12	*	*	368	31

* Denotes a suppressed number between 1 and 5. To protect patient confidentiality, figures between 1 and 5 have been replaced with "*" (an asterisk). Where it was still possible to identify figures from the total, additional figures have been replaced with "*". [1] A finished admission episode (FAE) is the first period of in-patient care under one consultant within one health care provider. FAEs are counted against the year in which the admission episode finishes. Admissions do not represent the number of in-patients, as a person may have more than one admission within the year. [2]*Primary diagnosis* The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and seven prior to 2002-03) diagnosis fields in the hospital episode statistics (HES) data set and provides the main reason why the patient was admitted to hospital. [3]*SHA of main provider* This indicates the strategic health authority (SHA) area within which the organisation providing treatment was located. [4]*Assessing growth through time (in-patients)* HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, changes in activity may be due to changes in the provision of care. *Source:* Hospital Episode Statistics (HES), Health and Social Care Information Centre.

Eating Disorders: Young People

Andrew Rosindell: To ask the Secretary of State for Health what steps he is taking to ensure young people are aware of the dangers of undereating. [156120]

Anna Soubry: Public Health England is working to promote the achievement of a healthy weight across different population groups including, for example, through the Change4Life Campaign.

The NHS Choices website provides information covering eating disorders, reasons for being underweight, why being underweight is bad for health now and in the future and how to gain weight healthily. This information is aimed at underweight teenage boys and girls.

The National Child Measurement Programme captures information on children who are underweight, which provides an opportunity for local follow-up where there is a concern.

Andrew Rosindell: To ask the Secretary of State for Health what assessment he has made of the prevalence of eating disorders among teenage men. [156122]

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Dr Poulter: This information is not collected centrally. A survey carried out on behalf of the Department and the Welsh and Scottish Governments by the Office for National Statistics in 2004 found the prevalence of eating disorders in boys aged 11 to 16 to be 0.1% (compared to 0.6% for girls of the same age). The survey was published as 'Mental health of children and young people in Great Britain', 2004 (ONS 2005).

For adults (aged 16 years and over) the most recent 'Adult Psychiatric Morbidity Survey', based on a survey by the National Centre for Social Research and the University of Leicester in 2007, was published by the Health and Social Care Information Centre in 2009. This was based on answers to a survey rather than on existing diagnoses. For eating disorders this is based on a set of questions on attitudes to eating and a separate question about whether feelings about food had a significant effect on everyday life. The survey found that 6.1% of men aged 16 to 24 (compared to 20.3% of women of the same age) had possible eating disorders and that this had a significant impact on the lives of 1.7% of men aged 16 to 24 (compared with 5.4% of women).

General Practitioners

Nicholas Soames: To ask the Secretary of State for Health when he plans to next amend the GP contract. [156628]

Dr Poulter: From 1 April 2013, responsibility for negotiating amendments to the general medical services contract passed to NHS England. Any regulatory changes required following these negotiations are made by the Department.

Preparations for the 2014-15 contract negotiations are under way and the negotiations are planned to conclude before the end of the calendar year in order to allow amendments, if required, to be made to general medical services contract regulations to come into force from 1 April 2014.

Nicholas Soames: To ask the Secretary of State for Health what steps GPs are taking to keep elderly, frail people out of hospital. [156629]

Dr Poulter: The Secretary of State for Health recently announced that the Department will be developing, with NHS England, a plan for vulnerable older people. The plan will set out how general practice can best meet the needs of older people and those with long term conditions. This will include considering how best to ensure that older people are treated in the most appropriate setting.

NHS England has advised that general practitioner practices are increasingly taking a more proactive, population based approach to care management and NHS England is working with clinical commissioning groups to embed its approach.

Nicholas Soames: To ask the Secretary of State for Health (1) if he will introduce a rota of general practitioners into all accident and emergency departments; [156632]

(2) if he will require general practitioners to provide a 24 hour a day service seven days a week. [156633]

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Anna Soubry: NHS England is responsible for the oversight of commissioning of urgent care services in England. This includes the development of new models of care to best meet patients' needs, including how health professionals, such as general practitioners (GPs), can best deliver urgent care in a range of settings.

As part of this, NHS England has established the Seven Day Service Forum, led by Sir Bruce Keogh, to identify ways to improve access to routine services around the country, seven days a week. The forum will consider the role of non-hospital services such as primary and community health care, and social services, in providing urgent care services. The use of GPs delivering care in different settings, for example the use of a rota in accident and emergency departments amongst other options, will be considered within this context.

The forum will report in the autumn.

Genito-urinary Medicine: Havering

Andrew Rosindell: To ask the Secretary of State for Health what steps he is taking to improve the provision of sexual health services in the London borough of Havering. [156087]

Anna Soubry: The Government's ambition for sexual health is set out in their Framework for Sexual Health Improvement in England published in March 2013. This makes clear the importance of good sexual health and well-being for people of all ages and across the life course. Each local authority will commission sexual health services based upon the needs of its community. The London borough of Havering will receive the following public health allocation, which also covers sexual health services, in 2013-14 and 2014-15.

	£/%
2013-14 opening baseline—historical spend (£)	8,030.000
2013-14 opening target—what they should get based on ACRA formula (£)	10,355,000
2013-14 increase based on historical spend plus growth[(1)] (%)	10
2013-14 allocation—actual allocation 2013-14 (£)	8,833,000
2014-15 allocation—actual allocation 2014-15 with 10% increase[(1)] (£)	9,717,000
[(1)] 10% increase is the maximum any local authority will receive for 2013-14 and 2014-15.	

Heart Diseases

Seema Malhotra: To ask the Secretary of State for Health what recent estimate he has made of the number of *(a)* men and *(b)* women diagnosed with heart disease in (i) Hounslow, (ii) London and (iii) England. [156554]

Anna Soubry: The Department does not hold the information as requested as we are unable to provide an estimate of the number of people diagnosed with heart disease.

The following table details a count of finished admission episodes with a diagnosis of heart disease by for males and females for Hounslow Primary Care Trust (PCT), London Strategic Health Authority (SHA) and England residents for the year 2011-12.

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	Male	*Female*	*Unknown*
Hounslow PCT	1,523	967	—
London SHA	44,780	29,101	8
England	346,444	228,727	16

This information is not a count of people as the same person may have been admitted on more than one occasion.

HIV Infection

Pauline Latham: To ask the Secretary of State for Health for what reason NHS England has withdrawn its BHIVA guidelines commissioning policy; and whether it intends to commission HIV treatment and services according to authoritative clinical guidelines. [156623]

Anna Soubry: We understand from NHS England that the British HIV Association guidelines are explicitly referred to in the service specification, which was recently consulted on and adopted by NHS England, and will be used to inform commissioning decisions relating to Human Immunodeficiency Virus treatment and services. The service specification is to be published on the NHS England website within the next few weeks.

Mental Health Services

Ian Austin: To ask the Secretary of State for Health what steps he is taking to improve training in mental health conditions and treatment amongst NHS staff. [155838]

Dr Poulter: The standards of health care training is the responsibility of the independent regulatory bodies.

Through their role as the custodians of quality standards in education and practice, these organisations are committed to ensuring high quality patient care delivered by high quality health professionals and that health care professionals are equipped with the knowledge, skills and behaviours required to deal with the problems and conditions they will encounter in practice.

From 1 April 2013 Health Education England (HEE) has responsibility for promoting high quality education and training that is responsive to the changing needs of patients and local communities and will work with stakeholders to influence training curricula as appropriate.

HEE has announced the launch of a dementia awareness on-line training module through e-Learning For Healthcare. The module is intended to ensure that staff working in health and social care are able to recognise and understand dementia. Additional modules will help staff to answer questions about dementia. This is part of a wider educational strategy that is in development to support implementation of the National Dementia Strategy and the Prime Minister's challenge to deliver major improvements in dementia care and research by 2015.

Ian Austin: To ask the Secretary of State for Health what estimate he has made of the annual cost to the NHS of treating mental illness. [155839]

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Dr Poulter: The 2011-12 National Survey of Investment in Mental Health Services showed that total reported investment in mental health services was £6.629 billion for working age adults and £2.830 billion for older people.

Ian Austin: To ask the Secretary of State for Health what measures are in place in the NHS to encourage people with a mental illness to receive treatment. [155840]

Dr Poulter: NHS England has advised that it aims to both identify and encourage people with mental ill health to seek treatment. Commissioning agencies should have in place systematic ways of assessing the needs of their patients in order to identify those who have a mental illness, or are at increased risk of developing one. Those identified can then be prioritised for outreach and early intervention.

NHS England is also working with Public Health England and expert informatics partners to explore the use of both new technologies and community-based assertive outreach support involving families, communities and partner agencies. Work is also under way with Health Education England, clinical commissioning groups and the Academic Health Science Networks to explore ways of helping primary care staff to recognise and treat mental ill health early in primary care.

NHS England is committed to exploring ways of making it easier for people to get the information they need about how to access care and support. This includes a commitment in NHS England's Business Plan to encourage use of modern media format forms of information on self-help, self-management and available services for those members of the public wanting to access services for the first time. For those people already in services, there is a commitment to improve access to care plans including better information on what to do in a crisis.

The introduction of NHS Health Check, for adults in England aged between 40 and 74, is also a proactive opportunity for people to seek information on health matters, including mental health.

Mental Health Services: Havering

Andrew Rosindell: To ask the Secretary of State for Health what steps he is taking to improve the provision of mental health services in the London borough of Havering. [156086]

Dr Poulter: North East London NHS Foundation Trust is working closely with Barking, Havering and Redbridge Hospitals University Hospitals NHS Trust to improve health for people with mental health problems.

Mental health and well-being is a priority for this Government. Our overarching goal is to ensure that mental health has equal priority with physical health. The mandate to NHS England makes clear that everyone should have timely access to the mental health services they need.

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NHS 111: South East

Nicholas Soames: To ask the Secretary of State for Health what assessment he has made of the effectiveness of the 111 service in the south-east; and if he will make a statement. [156630]

Anna Soubry: There have been problems with the roll-out of NHS 111 in the south-east.

A range of indicators are used to measure performance of providers, and a number of these have not been met in the south-east coast region of the NHS (there are a number of providers in the wider region as the south east is not a specific NHS area).

We recognise that the service has not been good enough and we are working closely with NHS England to ensure improvement in performance. NHS England has put a number of measures in place already. NHS England area teams have been keeping a close oversight of the issues and are supporting local clinical commissioning groups and individual providers to ensure the service improves. NHS England has close monitoring arrangements, including where necessary daily, and also reports weekly on performance to the Secretary of State for Health. It will continue to do so until the key performance indicators are routinely met. We expect to see continued improved performance week on week into the summer.

NHS: Compensation

Andrew Gwynne: To ask the Secretary of State for Health (1) how many successful compensation claims made against the NHS referenced *(a)* anticoagulation, *(b)* warfarin, *(c)* heparin, *(d)* deep vein thrombosis and *(e)* pulmonary embolism in each of the last five years for which figures are available; [155998]

(2) how many cases brought against the NHS Litigation Authority referenced *(a)* anticoagulation, *(b)* warfarin, *(c)* heparin, *(d)* deep vein thrombosis and *(e)* pulmonary embolism in each of the last five years for which figures are available; [155999]

(3) what the cost was of successful compensation claims made against the NHS which referenced *(a)* anticoagulation, *(b)* warfarin, *(c)* heparin, *(d)* deep vein thrombosis and *(e)* pulmonary embolism in each of the last five years for which figures are available. [156000]

Dr Poulter: The Department does not hold these data centrally, but they have been provided by the National Health Service Litigation Authority (NHS LA), and are shown in the tables.

The following points in relation to the data should be noted. The data show the position at 31 March 2012; the data for 2012-13 is not yet available. The year refers to the year when the claim was made. Relevant claims were selected by searching for the keywords in the incident details on the NHS LA database. However a particular claim's data could possibly be duplicated, i.e. the incident could be identified by one or more referenced words. The amounts paid in a given year may include payments on settlements made in that year as well as payments made against settlements agreed in earlier years, for example where there are on-going annual payments.

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The information in the following table shows how many successful clinical negligence compensation claims against the NHS were made which referenced

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(a)

anticoagulation,

(b)

warfarin,

(c)

heparin,

(d)

deep vein thrombosis,

(e)

pulmonary embolism in each of the last five years for which figures are available.

	Number of successful compensation claims against the NHS which referenced				
	2011-12	*2010-11*	*2009-10*	*2008-09*	*2007-08*
Anticoagulation	[(1)]__	8	4	5	4
Warfarin	7	14	12	6	9
Heparin	3	6	3	6	6

Deep Vein Thrombosis	34	35	32	37	30
'Pulmonary Embolism	14	18	23	20	18

(1) Data for anticoagulation are not shown due to personal data protection reasons because they relate to a single anticoagulation claim and therefore it might be possible to identify the claimant from the data. *Date:* 15 May 2013 *Source:* NHS LA

The information in the following table shows the number of compensation cases brought against the NHS which referenced *(a)* anticoagulation, *(b)* warfarin, *(c)* heparin, *(d)* deep vein thrombosis, *(e)* pulmonary embolism in each of the last five years for which figures are available.

	Number of compensation cases brought against the NHS which referenced				
	2011-12	*2010-11*	*2009-10*	*2008-09*	*2007-08*
Anticoagulation	10	9	7	6'	7
Warfarin	19	17	16	11	14
Heparin	8	12	5	7	9
Deep Vein Thrombosis	95	59	51	42	46
Pulmonary Embolism	35	29	30	28	28

Date: 15 May 2013 *Source:* NHS LA

The information in the following table shows the cost of successful claims made against the NHS which referenced *(a)* anticoagulation, *(b)* warfarin, *(c)* heparin, *(d)* deep vein thrombosis, *(e)* pulmonary embolism in each of the last five years for. which figures are available.

£					
	Cost of successful compensation claims against the NHS which referenced				
	2011-12	*2010-11*	*2009-10*	*2008-09*	*2007-08*
Anticoagulation	(1)—	1,703,661	441,425	1,011,800	622,408
Warfarin	248,990	901,591	611,721	502,251	1,348,535
Heparin	240,232	717,777	331,613	1,803,292	660,779
Deep Vein Thrombosis	1,705,428	2,199,062	3,262,018	4,418,785	6,244,859
Pulmonary Embolism	765,704	1,779,480	2,147,342	1,809,637	2,499,314

(1) Data for anticoagulation are not shown due to personal data protection reasons because they relate to a single anticoagulation claim and therefore it might be possible to identify the claimant from the data. *Date:* 15 May 2013 *Source:* NHS LA

NHS: Resignations

Steve McCabe: To ask the Secretary of State for Health what estimate he has made of the number of *(a)* NHS doctors and *(b)* NHS nurses who have left their employment with between two and five years' experience in (i) 2010, (ii) 2011, (iii) 2012 and (iv) 2013 to date. [156559]

Dr Poulter: No estimate has been made of the number of national health service doctors and NHS nurses who have left their employment with between two and five years' experience in 2010, 2011, 2012 and 2013 to date.

The primary source of NHS work force information is the electronic staff record (ESR) Data Warehouse.

However, the ESR Data Warehouse does not hold a robust record of employees' experience.

Regulation

Priti Patel: To ask the Secretary of State for Health what processes his Department has put in place to *(a)* monitor, *(b)* collate cost information on, *(c)* review and *(d)* respond to requests to amend or revoke regulations introduced by his Department. [155797]

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Dr Poulter: For each new regulation, the Department prepares an Impact Assessment, using guidance prepared by HM Treasury and the Department for Business, Innovation and Skills. Where regulations have an impact on business, or seek to transpose European Union legislation into United Kingdom law, the Department seeks approval and validation from the Regulatory Policy Committee. Additionally, the impact of regulation within scope of the one-in, one-out and one-in, two-out rules is independently verified and reported twice a year in the Statement of New Regulation.

The Department has worked with Cabinet Office to review its regulations through two Red Tape Challenges (RTC). Between 9 March and 12 April 2012, the Department ran a RTC on medicines, which identified 215 regulations that would be merged, simplified or scrapped altogether.

The Department ran a second RTC between 6 November 2012 and 31 January 2013, to review over 500 regulations relating to public health, quality of care, mental health, the national health service and professional standards. The Department is still

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reviewing the responses to this challenge and will announce deregulatory proposals in October 2013.

Priti Patel: To ask the Secretary of State for Health (1) what the title was of each set of regulations introduced by his Department in each month since May 2010; and which of those regulations have been *(a)* subject to the (i) one-in, one-out and (ii) one-in, two-out procedure and *(b)* (i) revoked and (ii) amended; [155819]

(2) if he will provide the estimated cost of each regulation introduced by his Department since May 2010; and what the estimated benefits of each regulation *(a)* amended and *(b)* revoked were. [155963]

Dr Poulter: Since January 2011, Whitehall Departments have been expected, under one in, one out (OIOO), to offset any increases in the cost of regulation by finding deregulatory measures of at least an equivalent value. This covered all regulation that came into force until December 2012. From January 2013, one in, two out (OITO) applies.

The following table sets out the regulations that have been introduced under OIOO and OITO.

Title of the measure	*Came into force*	*'In' net cost (£ million)*	*'Out' net benefit (£ million)*
The Medical Profession (Responsible Officers) Regulations 2010	January 2011	1.78	—
The Health Service Branded Medicines (Control of Prices and Supply of Information) Amendment Regulations 2010	January 2011	0.00	—
Regulation of Sunbeds	April 2011	7.50	—
Amendments to the Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008	April 2011	0.00	—
IR(ME)R Amendment Regulations 2011	October 2011	0.05	—
Prohibition on the sale of tobacco from vending machines	October 2011	9.80	—
Three Year Rule for New Pharmacies	October 2011	—	0.07
Prohibition of the display of tobacco at point of sale	April 2012	2.41	—
Care Quality Commission registration	June 2012	—	0.42
Consolidation of UK Medicines . legislation	June 2012	—	0.94
Smoke free signs	October 2012	—	0.07
OIOO subtotal		21.54	1.50
Medical Profession (Responsible Officers) Regs Language Skills	April 2013	0.00	—
OITO subtotal		0.00	0.00

Sodium Valproate

Jonathan Ashworth: To ask the Secretary of State for Health if he will request that the Medicines and Healthcare products Regulatory Agency issue regular caution in use warnings to general practitioners relating to the risks posed by taking sodium valproate during pregnancy. [155921]

Dr Poulter: The Medicines and Healthcare products Regulatory Agency (MHRA) has ensured that warnings about the potential for sodium valproate to cause birth defects in animals and possible related hazards to women of childbearing age have been in the product information available to health care professionals since the time of licensing in 1972.

As new data have emerged the product information supplied to all doctors and the Patient Information Leaflets available with the medicine have been updated in a timely manner and in accordance with legal and regulatory guidance to reflect the known side effects including new information with regards to the safety of use during pregnancy.

The MHRA is committed to carefully reviewing any new evidence of risk and informing health care professionals and patients about any changes to the way the product should be used through changes to the product information and patient information leaflets.

Any new prescribing advice is also brought to the attention of prescribers in the monthly MHRA bulletin Drug Safety Update. The MHRA has issued three articles on the risks associated with the use of sodium valproate during pregnancy in Drug Safety Update and its predecessor, Current Problems in Pharmacovigilance and will continue to do so as new information emerges.

The product information for all medicines containing sodium valproate contains detailed advice in relation to its use during pregnancy. It is currently advised that women of childbearing potential should

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not be started on sodium valproate unless clearly necessary (i.e. in situations where other treatments are ineffective or not tolerated).

Sorafenib

Chris Ruane: To ask the Secretary of State for Health what assessment he has made of the availability of the drug sorafenib in England. [155906]

Anna Soubry: The National Institute for Health and Care Excellence (NICE) has issued technology appraisal guidance which does not recommend the use of sorafenib (Nexavar) for the first and second-line treatment of advanced and/or metastatic renal cell carcinoma, or for the treatment of advanced hepatocellular carcinoma.

In the absence of positive NICE technology appraisal guidance, national health service commissioners should make funding decisions based on an assessment of the available evidence and on the basis of an individual patient's clinical circumstances.

Where a cancer drug is not routinely funded by the NHS, patients may be able to access it through the Cancer Drugs Fund. A number of patients have received funding for sorafenib through the fund.

Speech and Language Disorders: Children

Paul Maynard: To ask the Secretary of State for Health if he will adopt the recommendations from the Communication Champion for England's report Augmentative and alternative communication: a report on provision for children and young people in England; and if he will make a statement. [156542]

Dr Poulter: Communication aids are directly commissioned by both NHS England and other commissioners (including clinical commissioning groups).

We are advised that NHS England's Clinical Reference Group (CRG) for complex disability equipment has developed a new, nationally consistent specification for this service, which was subject to public consultation prior to its adoption from 1 April 2013.

The specification notes the recommendations of the communication champion's report of 2010. The CRG will be meeting with a representative of the champion's office to go through the report and its assumptions, as part of its drive to ensure commissioning for this specialised service is placed on a more robust and equitable footing across England.

Vitamin D

Seema Malhotra: To ask the Secretary of State for Health what estimate he has made of the number of *(a)* men and *(b)* women diagnosed with vitamin D deficiency in (i) Hounslow, (ii) London and (iii) England. [156637]

Anna Soubry: The Department does not hold the information as requested. However, we are able to provide a count of finished admission episodes with a primary or secondary diagnosis of vitamin D

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deficiency by gender for Hounslow Primary Care Trust (PCT), London Strategic Health Authority (SHA) and England residents.

The following table details a count of finished admission episodes with a primary or secondary diagnosis of vitamin D deficiency by gender for Hounslow PCT, London SHA and England residents for the year 2011-12.

PCT/SHA/country of residence	*Male*	*Female*	*Unknown*
Hounslow PCT	66	113	0
London SHA	2,123	3,819	3
England	5,263	11,068	6

The above information relates to secondary care admissions only and does not include diagnoses in primary care or other settings.

This information is not a count of people as the same person may have been admitted on more than one occasion.

Young People: Departmental Co-ordination

Ann Coffey: To ask the Secretary of State for Health if he will conduct a joint investigation with the Secretary of State for Education on ways to improve the safe sharing of information between health and social care services and schools and other services relevant to children and young people through the adoption of common standards and procedures for sharing information; and if he will make a statement. [156080]

Dr Poulter: This was one of a number of recommendations contained in the report of the review into information governance and information sharing in the health and care system conducted by Dame Fiona Caldicott at the request of the Secretary of State for Health, my right hon. Friend the Member for South West Surrey (Mr Hunt). This report was published on 26 April 2013. The Department of Health is preparing the Government's response to Dame Fiona's report and will be discussing this recommendation with the Department for Education. The Government response is expected in the summer.

JUSTICE

Personal Injury Claims

22. **Stephen Mosley:** To ask the Secretary of State for Justice what steps he is taking to reduce the cost of vehicle insurance through the reform of personal injury claim arrangements. [156196]

Mrs Grant: Part 2 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, which was implemented on 1 April 2013, will reduce insurers' costs in defending personal injury claims. We expect the industry to pass on these savings to the public through lower premiums.

Employment of Ex-offenders

Mark Menzies: To ask the Secretary of State for Justice what plans he has to assist ex-offenders into employment. [156190]

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Jeremy Wright: We have already ensured that prison leavers aged over 18 who claim jobseeker's allowance on release or shortly afterwards are referred to the Work programme immediately. And we have introduced work in prisons on a much larger scale than before, providing offenders with real work experiences and helping to build their confidence about operating in the workplace on release.

Our Transforming Rehabilitation reforms will see new rehabilitation provider working to tackle the root causes of offending by using innovative approaches such as mentoring, and by signposting to services aimed at housing, training and employment.

Legal Aid

Karl McCartney: To ask the Secretary of State for Justice what steps he is taking to improve the value for money of the legal aid system. [156193]

Jeremy Wright: As set out in our consultation paper 'Transforming Legal Aid: Delivering a More Credible and Efficient System', we are bringing forward a number of proposals to reduce the cost of legal aid. These include reductions to the fees earned by those providing legal aid and making it harder for unmeritorious cases to gain funding.

Offending by Probationers

Graham Evans: To ask the Secretary of State for Justice what steps he plans to take to reduce the number of offences committed by people on probation. [156195]

Jeremy Wright: We will put in place an unprecedented nationwide 'through the prison gate' resettlement service, meaning most offenders are given continuous support by one provider from custody into the community. We will support this by ensuring that most offenders are held in a prison designated to their area for at least three months before release. All offenders will then receive rehabilitation support in the community once they are released.

Animal Welfare: Crime

Mr Frank Field: To ask the Secretary of State for Justice if he will introduce tougher sentences in cases of extreme cruelty to animals; and if he will make a statement. [155030]

Mr Heath: I have been asked to reply on behalf of the Department for Environment, Food and Rural Affairs.

The maximum penalty for those convicted of offences connected with animal cruelty is six months imprisonment, or a fine of £20,000, or both. It is for the courts to decide what the appropriate sentence is following a conviction. The magistrates court sentencing guidelines provide magistrates with guidance on suitable penalties for individual cases.

Corporate Manslaughter

Roberta Blackman-Woods: To ask the Secretary of State for Justice how many convictions there have been for corporate manslaughter since 2007. [154198]

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Jeremy Wright: There were no convictions for corporate manslaughter between 2007 and 2010 and one conviction in 2011.

Court proceedings data for 2012 are planned for publication later in May 2013.

Crime: Victims

Priti Patel: To ask the Secretary of State for Justice if he will amend the Surveying Prisoner Crime Reduction report to include a section on the needs of victims and the prisoners' attitudes towards their victims. [154181]

Jeremy Wright: The Surveying Prisoner Crime Reduction (SPCR) reports are based on a survey of prisoners sentenced to between one month and four years in England and Wales in 2005 and 2006. The last interviews were conducted in 2010. Questions on the needs of victims were not asked. However, prisoners were asked whether they believed there was a victim of their offence. There are no plans to conduct another large-scale prisoner cohort study.

Our consultation on a revised Victims' Code, with an emphasis on providing clearer and stronger entitlements for victims, closed on 10 May. We are now considering the responses to consultation and are planning to respond to the consultation and publish the final version of the Code in the summer. MOJ has committed £50 million of annual funding since 2010 to victims' services. Through reforms to the Victim Surcharge and financial penalties, we have committed to raise up to a further £50 million for victims' services from offenders.

Offenders: Rehabilitation

Andrea Leadsom: To ask the Secretary of State for Justice (1) if he will make it his policy that the Probation Service should not use door-to-door selling as part of the rehabilitation of young offenders; [155099]

(2) whether there are any statutory requirements for probation officers to offer training to offenders as door-to-door salesmen as part of their rehabilitation programme. [155100]

Jeremy Wright: There is no statutory requirement for probation officers to offer training to offenders as door-to-door salesmen, nor does the National Offender Management Service (NOMS) engage with or support any programme of this nature.

Although NOMS has received complaints from members of the public approached by people selling door-to-door, who claim to be ex-offenders engaged in a rehabilitation programme, offenders subject to post custodial licences are only permitted to undertake employment which is approved by their offender manager and it is very unlikely that permission would be given to undertake employment of this nature.

Parole

Sadiq Khan: To ask the Secretary of State for Justice (1) how many cases the Parole Board dealt with in *(a)* 2008, *(b)* 2009, *(c)* 2010, *(d)* 2011 and *(e)* 2012; [154418]

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(2) what the Parole Board case load was on 1 April *(a)* 2008, *(b)* 2009, *(c)* 2010, *(d)* 2011 and *(e)* 2012. [154419]

Jeremy Wright: The number of cases that the Parole Board dealt with in the following financial years was:

	Number
2008-09	28,596
2009-10	24,204
2010-11	25,566
2011-12	26,414

The figure in respect of 2012-13 is not yet available and will be published in the Board's 2012-13 Annual Report.

The Parole Board has not recorded the level of its case load on 1 April of each of the years stated in the question.

Parole Board

Sadiq Khan: To ask the Secretary of State for Justice what the Parole Board's funding was in each of the last five financial years. [154420]

Jeremy Wright: The funding provided by the Ministry of Justice to the Parole Board in each of the last five financial years through the supplementary estimate was:

	£ million
2008-09	8.36
2009-10	9.85
2010-11	10.36
2011-12	10.17
2012-13	11.59

Sadiq Khan: To ask the Secretary of State for Justice what the Parole Board's budget is for *(a)* 2013-14, *(b)* 2014-15 and *(c)* 2015-16. [154421]

Jeremy Wright: The Parole Board's resource budget for 2013-14 is £10.85 million. Its budget allocations for the years 2014-15 and 2015-16 have yet to be finalised.

Sadiq Khan: To ask the Secretary of State for Justice how many full time equivalent staff were employed by the Parole Board in each year since 2008. [154432]

Jeremy Wright: The total number of individual permanent staff employed by the Parole Board for the following financial years was:

2008-09: 104

2009-10: 115.

The number of full-time equivalent staff employed by the Parole Board has not been recorded for the above two financial years.

The number of full-time equivalent staff employed by the Parole Board for the following three financial years was:

2010-11: 99.2

2011-12: 106.3

2012-13: 99.05.

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Police Cautions

Mr Mark Williams: To ask the Secretary of State for Justice how many conditional cautions for which categories of offence were issued by police authorities in each of the last five years. [155392]

The Solicitor-General: I have been asked to reply.

The following Crown Prosecution Service (CPS) data show the total number of conditional cautions that were issued in each of the last five years for each police force area. Further tables containing a detailed breakdown of data by offence category have been placed in the Library of the House. The number of conditional cautions issued is taken from defendant based data and not the number of offences committed. The total number of cautions issued will therefore differ from that noted in the breakdown of offence category.

Prior to 8 April 2013, a decision to issue a conditional caution was taken following consultation between the police and the CPS. The police are now able to issue a conditional caution without reference to the CPS in all categories of offences except for indictable only offences and those categorised as hate crime or domestic violence.

CPS: Conditional cautions issued.

	2008-09	*2009-10*	*2010-11*	*2011-12*	*2012-13*
Total	8,378	8,229	6,933	4,981	3,774
Avon and Somerset	303	226	216	254	273
Bedfordshire	86	94	164	80	77
Cambridgeshire	163	254	460	185	123
Cheshire	155	155	148	144	82
Cleveland	80	53	83	47	39
Cumbria	193	225	147	89	78
Derbyshire	189	92	54	24	11
Devon and Cornwall	191	251	220	171	93
Dorset	167	117	154	143	193
Durham	86	83	45	19	8
Dyfed Powys	119	112	65	59	17
Essex	118	320	215	153	103
Gloucestershire	77	41	14	6	5
Greater Manchester	125	91	106	52	40
Gwent	25	33	36	11	7
Hampshire and IOW	405	347	296	177	294
Hertfordshire	53	85	222	138	111
Humberside	189	285	265	145	110
Kent	180	176	213	107	52
Lancashire	1,002	685	447	380	344
Leicestershire	148	199	90	79	59

Lincolnshire	29	93	41	19	2
London	769	748	615	494	334
Merseyside	511	392	495	451	249
Norfolk	352	341	262	233	129
Northamptonshire	51	140	87	66	38
Northumbria	119	138	84	61	60
North Wales	255	227	132	103	78
North Yorkshire	279	261	169	157	84
Nottinghamshire	159	181	185	106	42
South Wales	116	154	132	128	134

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South Yorkshire	211	267	62	42	26
Staffordshire	134	176	78	84	76
Suffolk	90	81	64	54	28
Surrey	69	98	100	69	71
Sussex	243	281	286	132	47
Thames Valley	173	177	170	111	112
Warwickshire	80	76	41	22	16
West Mercia	162	123	60	29	9
West Midlands	295	147	61	48	57
West Yorkshire	163	130	105	88	50
Wiltshire	64	74	44	21	13

Prison Sentences

Priti Patel: To ask the Secretary of State for Justice how many and what proportion of prisoners serve the full length of their original sentence. [154183]

Jeremy Wright: All sentences are served in full. For the majority of offenders, this means serving part of their sentence in custody and part in the community. All release provisions are now contained in the Criminal Justice Act 2003 as amended.

Prisoners must be released in accordance with the legislation laid down by Parliament. While there have been various changes to this over the years, Parliament has consistently maintained the view that custodial sentences should be served part in custody and part in the community.

For determinate sentences of 12 months or more imposed on or after 3 December 2012 and those imposed before that date where the offence was committed on or after 4 April 2005, the first half of the sentence is served in custody and the second half is served on release on licence in the community to the end of the sentence. Release from sentences of less than 12 months is currently unconditional at the halfway point. The Offender Rehabilitation Bill changes this position.

For determinate sentences or four years or more imposed before 3 December 2012 where the offence was committed prior to 4 April 2005, release is determined on the basis of risk by the Parole Board between the halfway and two-thirds point of the sentence. The offender is on licence from the point at which he is released until the three-quarters point of sentence. In respect of sentences of less than four years, the offender will be released at the halfway point, on licence to three-quarters point.

For determinate sentences imposed before 1 October 1992, release is determined on the basis of risk by the Parole Board between the one-third and the two-thirds point of the sentence. The offender is on licence from the point at which he is released until the two-thirds point. If parole is not granted, automatic release is unconditional at the two-thirds point.

For indeterminate sentence prisoners, the sentencing judge with regard to the legislation and guidelines in place at the time and taking into account any aggravating and mitigating factors of the case will set a

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minimum term to be served. This punitive period is known commonly as the "tariff" period. No indeterminate sentence prisoner can expect to be released before they have served the tariff period in full. Release on expiry of the tariff period is not automatic. Release will only take place once this period has been served and the Parole Board is satisfied that the risk of harm the prisoner poses to the public is acceptable. As such, some life sentence prisoners remain in prison beyond their tariff as they are not considered to present an acceptable risk to the public. Whole life prisoners will spend the rest of their lives in prison.

Prisoner Transfers

Jenny Chapman: To ask the Secretary of State for Justice what the cost was of transferring prisoners between prison establishments in England and Wales in each year from 2010 to 2012. [154940]

Jeremy Wright: The Prisoner Escort Custody Service (PECS), which is part of the National Offender Management Service, is responsible for the movement of prisoners between prisons, police stations and courts and their care and security while in court custody. PECS manages the secure escort contracts covering all those sent to custody in the prison estate, apart from Category A prisoners.

Under the current contractual arrangements for PECS, inter-prison transfers are provided for as part of a single contract, which includes all other prisoner escort journeys apart from those of Category A prisoners. It is not possible to separate out the cost of movements between prison establishments.

The full cost of delivering the PECS services between the years 2005-06 to 2012-13 was:

Cost of transporting prisoners, other than Category A prisoners, accommodated in the prison estate

	Total cost (£ million)
2005-06	146.5
2006-07	155.8
2007-08	164.2
2008-09	157.3
2009-10	161.4
2010-11	163.6
2011-12	146.1
2002-13	134.3

Information on the cost of transferring Category A prisoners between establishments is not collected centrally and to provide it would incur disproportionate cost.

Prisoners: Suicide

Sadiq Khan: To ask the Secretary of State for Justice how many incidences of *(a)* suicide, *(b)* attempted suicide and *(c)* self-harming there were in prisons in England and Wales in each of the last five years. [155173]

Jeremy Wright: All deaths in prison custody are subject to a coroner's inquest and it is for the coroner to determine the cause of death. The National Offender Management Service (NOMS) classification system does not include suicide as this requires knowledge of intent, which is not always known.

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Within the NOMS classification system, suicides are included in self-inflicted deaths, which also includes deaths where the prisoner took their own life irrespective of intent.

The number of apparent self-inflicted deaths for the last five years is provided in Table 1.

Table 1: Number of apparent self-inflicted deaths in prison custody, England and Wales, 2008-12

	Number of apparent self-inflicted deaths
2008	61
2009	61

2010	58
2011	57
2012	60

An attempted suicide will be recorded as a self-harm incident. As it is not always possible to know the intent of the person to attempt to take their own life the number of attempted suicides in prison is not available.

The number of self-harm incidents between 2008 and 2012 is provided in Table 2. These will be higher than the number of individuals self-harming in prison custody as some individuals may self-harm more than once.

Table 2: Number of self-harm incidents in prison establishments, England and Wales, 2008-2012

	Number of self-harm incidents
2008	25,234
2009	24,184
2010	26,979
2011	24,648
2012	23,158

Statistics on deaths, assaults and self-harm in prison custody are published quarterly in the Safety in Custody statistics bulletin available at:

https://www.gov.uk/government/publications/safety-in-custody

The latest publication with figures up to 2012 was published on 25 April 2013.

Sadiq Khan: To ask the Secretary of State for Justice how many incidents of *(a)* suicide, *(b)* attempted suicide and *(c)* self-harming occurred within the first (i) week, (ii) fortnight or (iii) month of arrival into a prison in the last year for which figures are available. [155558]

Jeremy Wright: All deaths in prison custody are subject to a coroner's inquest and it is for the coroner to determine the cause of death. The National Offender Management Service (NOMS) classification system does not include suicide as this requires knowledge of intent, which is not always known. Within the NOMS classification system, suicides are included in self-inflicted deaths, which also includes deaths where the prisoner took their own life irrespective of intent.

Figures for the number of apparent self-inflicted deaths by time in the prison at the time of death in 2012 are provided in Table 1.

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Table 1: Number of apparent self-inflicted deaths by time in most recent prison, England and Wales, 2012

Time in most recent prison	
0 to 7 days	10
8 to 14 days	5
15 to 30 days	3

(a) An attempted suicide will be recorded as a self-harm incident. As it is not always possible to know the intent of the person to attempt to take their own life the number of attempted suicides in prison is not available.

(b) The number of self-harm incidents by time in current prison for 2012 is provided in table 2. These figures do not represent the number of individuals as individuals may be responsible for more than one self-harm incident.

Table 2: Number of self-harm incidents by time in current prison, England and Wales, 2012

Time in current prison	
0 to 7 days	115
8 to 14 days	835
15 to 30 days	1,378

Statistics on deaths, assaults and self-harm in prison custody are published quarterly in the Safety in Custody statistics bulletin available at:

https://www.gov.uk/government/publications/safety-in-custody

The latest publication with figures up to 2012 was published on 25 April 2013.

Prisons: Electronic Equipment

Priti Patel: To ask the Secretary of State for Justice what proportion of prison inmates have access to *(a)* television, *(b)* games consoles and *(c)* newspaper subscriptions. [155461]

Jeremy Wright: NOMS does not hold information on the proportion of prisoners who have access to television, games consoles or newspaper subscriptions. To obtain the information would involve contacting each prison and this would incur disproportionate cost.

On 30 April 2013, we announced changes to the incentives and earned privileges (IEP) scheme, under which prisoners earn access to privileges, including TV, games consoles and newspapers. The changes, which will come into effect from 1 November 2013, will ensure that prisoners will now have to actively contribute to their own rehabilitation, help others and continue to behave well to earn privileges. Prisoners who refuse to work or engage in their own rehabilitation will not earn privileges. The revised IEP system will support what this Government are seeking to achieve in improving rehabilitation and reducing reoffending.

Under the current IEP scheme, in-cell television is available to prisoners at the standard and enhanced levels of the scheme. In addition, television can be provided in other circumstances, such as within health care facilities or for those at risk of self-harm if judged to be appropriate. In both public and private sector prisons, in-cell television is entirely self-financing; the money comes from payments made by prisoners.

In the adult estate, access to games consoles is restricted to prisoners who are on the enhanced level of the IEP scheme. Each prison will have decided locally whether or not to offer access to games consoles as part of the local IEP scheme. All games consoles are purchased at prisoners' own expense and no public funds must be used to purchase games consoles and equipment. 18-rated games are not permitted for any prisoner, no matter what their age is. Individual access to games consoles in the young people's estate is only available to those on the enhanced level of the rewards and sanctions scheme which operates in the same way as the IEP scheme in adult prisons. Young people may also access games consoles in communal areas. They are only permitted to purchase computer games and a games console for their own use and from a pre-determined list of approved consoles.

Newspapers and periodicals may, at the discretion of each individual establishment, be purchased by prisoners through the use of local supplier agreements. Permitted publications should be comparable to those available to the general public, but must not compromise safety, security or decency.

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