

# Resolving the Northern Ireland trade issues

Next week the EU is likely once again to try to force its wrong interpretation of the NI Protocol onto the U.K. negotiating team. Once more the EU will wish to ignore the mutual enforcement proposal from the U.K. which could free GB/ NI trade from EU restrictions whilst offering U.K. enforcement to prevent the on sale and delivery of goods into the EU from NI that are not compliant with EU rules.

The EU has violated the Protocol in three main ways. It has used it to divert trade from GB/NI to NI/EU. It has damaged the Good Friday Agreement with the First Minister vacating his office over the EU attitude to the Protocol. It has failed to maintain the support of the Unionist community for the EU approach because the EU does not respect NI's place in the U.K.

The U.K. government should move now to offer NI some of the Brexit benefits. NI should be offered a large Freeport to promote investment and trade with a range of tax concessions and facilitation for growing businesses. Why not offer to match the Republic of Ireland's low Corporation tax rate? The government should remove VAT from all green products and from domestic fuel, and legislate for this to apply in NI as well as the rest of the U.K.

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## New Covid Vaccination Centre To Open This Weekend at the Wokingham Library

Wokingham Borough Council have informed me of the opening of a new walk-in Covid-19 vaccination centre at the Wokingham Library. Please see their announcement below:

### **NEW COVID-19 VACCINATION CENTRE TO OPEN IN WOKINGHAM THIS WEEKEND**

A new walk-in Covid-19 vaccination centre will open at the Wokingham Library this Friday (18 February), to help make access to the vaccine easier for residents.

The site will open from 2pm to 7pm on Fridays and 11am to 4.45pm on Saturdays and Sundays, with no appointment necessary. A review of the site will take place after six weeks, so the council is encouraging residents to make good use of the facility.

First, second, and booster doses of the Pfizer vaccine are available to **all** eligible people, including:

- Pregnant women
- 12–15-year-olds
- People not registered with a GP or those without an NHS number
- People with no indefinite leave to remain status

Visitors travelling by car can park at Denmark Street Car Park, and more parking options are available across the town.

Cllr Charles Margetts, executive member for health, wellbeing and adult services, said: “One of the cornerstones of moving forward and living with endemic Covid is vaccination. While the uptake rate is good in the borough, there are still many people who are yet to take up the offer, and we have often felt it would be significantly improved by the provision of more local vaccination centres.

“We have campaigned for months for a standalone vaccination centre in the borough and are pleased that the CCG has agreed to our request. We would encourage all residents to take advantage of this local facility and get vaccinated, and we look forward to welcoming residents in for their jabs.”

Nobody going for their first, second or booster jab will be questioned about why they haven’t had it yet. The onsite staff will be happy to welcome residents. Anyone who has questions about the Covid-19 vaccine can come and chat to the health professionals working at the site or email the council’s vaccine support team on [covid.info@wokingham.gov.uk](mailto:covid.info@wokingham.gov.uk).

“Everyone would like to see the back of the pandemic, but it is important that we don’t lose sight of what protects us from the virus”, said Cllr Margetts. “While Omicron is milder in the sense that it has so far resulted in a lower hospitalisation and death rate than prior variants, it can still make you very sick and it is highly transmissible. The vaccine is what helps make this sickness less serious, reduce transmission and it is still strongly recommended.”

If you tested positive in December and were unable to get your booster, it’s now time to come forward for it (28 days/4 weeks from when you tested positive). Parents, carers and guardians are also encouraged to bring children and young people over the age of 12 to this new site over half term (for 12–15-year-olds this must be 12 weeks from the date of their positive PCR test if they were recently infected).

For Covid-19 vaccine updates in the borough, please keep an eye on the Wokingham Borough Council website:

<https://www.wokingham.gov.uk/covid-19/testing-and-vaccinations/covid-19-vaccinations/>

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# How will the extra money for the NHS be spent?

The government has embarked on administrative reform again for the NHS. This time it stems from the senior management of the NHS rather than from any political agenda. As the new budgets transfer and shake down it is time for Ministers to engage more fully with NHS management over how the extra cash is going to be spent. They need also to chase up how the special budgets of the covid period will be closed down as we move on from needing huge sums to be spent on vaccine development and roll out, on test and trace, and on supplementing NHS capacity with rights to use much of the capacity of the private sector or with the construction of new temporary facilities.

It seems that Ministers find it difficult to get all the information and reassurance they need from senior management of NHS England. The structure is said to be devolved, with considerable independence granted to the senior management. That is all very well but Ministers are thought to be responsible and have to answer for the service in the Commons and to the public and media. There is rarely any sign of senior management taking public responsibility for mistakes and removing senior managers that have failed, so Ministers do need to insist on seeing, influencing and signing off the main plans and headings of spending. Ministers after all have to make the overall judgement about how much money the NHS needs to perform its tasks, and to weigh priorities where choices have to be made.

The Secretary of State needs to press the management to come up with a proper staffing plan. More medically trained people are needed to perform procedures, to diagnose problems and supervise treatments. The UK needs to train more of our own people to provide the numbers we need. The NHS could look into what is relevant and necessary training for each of the medical tasks that need to be performed. As we saw with vaccine roll out the registered doctors and nurses could be supplemented by others to get the job done.

The government needs to decide how much use it wishes to make of the private hospitals and clinics to provide additional care free to NHS patients . During the early days of the pandemic it was paying for a lot of private capacity it was not fully using. Speciality centres that are good at cataracts or hip replacements or knee surgery could offer high quality treatments at fair prices for the NHS to take some of the burden off the District General hospitals.

The government and NHS need to decide how far the digital revolution in health care should go. Many people may well be happy to see their GP via a video link as it avoids the travel and delay for a visit. Others who wish to see them in person should have that option unless there is a good reason not to. Hospital records, vaccination records and drug treatment patterns in hospital or at home could all benefit from digital recording with easy access for patient and medics alike.

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## War of words

The US President is putting out a lot of information about Russian troops, weapons and naval deployments. He is telling us that an invasion of Ukraine may well be imminent. Russia denies an invasion but cannot credibly deny the deployment of a lot of military might. Mr Putin tells us these are Russian and Belarus forces jointly exercising on their own lands. The USA has a different view.

The USA speaking for NATO makes clear that NATO forces would not respond to invasion by entering the fight in Ukraine, but NATO would clearly be on the side of the Ukrainian government and the large majority of the people who would fight against a military takeover of their country. Some NATO members have supplied weapons to Ukraine and offered training to Ukrainian personnel. Presumably in the event of an invasion more such support would be supplied.

NATO's main threat to Russia is its members will impose wide ranging sanctions with a view to damaging the Russian economy. The idea is these would be tougher than the ones introduced after the annexation of Crimea . It is not clear they would extend to preventing Russia using western banking systems, nor has Germany made clear whether any of this extends to gas.

France and Germany hope for a negotiated settlement of the issues surrounding the Russian presence in Luhansk and Donetsk. They wish to revive the Minsk 2 Agreement they helped broker in 2015 which aimed to secure Russian withdrawal from east Ukraine in return for substantial devolved power to new elected governments in the two anti Kiev provinces. The original Agreement failed because the local forces and Russia wanted more devolution than Ukraine wished to provide, and Ukraine wanted a faster and more comprehensive Russian withdrawal than was on offer. Events in Crimea followed the expulsion of an elected Ukrainian President who wanted to follow a more pro Russian and less pro EU foreign policy.

The fate of East Ukraine is not however the only thing Russia is raising. Russia also wants assurances Ukraine will not pursue her wish to join NATO, and wants NATO to cut its forces deployed in its eastern member countries for self defence. The USA needs to handle the NATO discussions following consultation with allies, and France and Germany should continue the Minsk discussions following talks with the Ukraine government and the Eastern opponents of the Kiev line. President Biden has to erase again his suggestion that a limited Russian incursion would not be so bad, and stress the corrections his team have put out.

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## How good is the NHS Plan?

A recent cruel Matt cartoon showed someone being told on their mobile phone that they are now Number One in the queue to pay extra tax to fund the NHS, but several million down the list to get the health treatment they have been waiting for. The Plan to cut waiting lists finally produced on February 8th came a long time after the legislation to put in place a tax rise to pay for it. That made me suspicious as I always think you need to know what you are buying and what it costs before deciding how much to budget. The delay apparently arose because the Treasury and PM wanted reassurances that the money would be well spent so the waiting lists could come down. The NHS was unwilling to offer any such promise. Their voice, the Secretary of State, has told us all that despite the extra cash waiting list numbers are likely to go up, not down.

So what did the Treasury wrestle from the NHS for yet more extra cash? The promise is no-one will have to wait for elective surgery (non urgent treatment) for longer than two years by July of this year, and no longer than eighteen months from April next year. These are modest promises. Aware of the possible criticism that with its large reorganisation underway and with so many Health bodies with Chief Executives overseeing the hospitals and surgeries that the NHS spends too much on overhead, we are told that by international standards it has a low cost. It is according to the NHS 2% of total spend. I suspect that is based on careful definitions. It quite clearly is not comparable with many overseas health systems where admin costs include the costs of payments and insurance. The UK admin costs should include all the administrative costs of the Income Tax section of the Revenue as we would not need Income Tax without the NHS, or the admin costs of several other entire taxes if you hypothecated them instead.

I find it strange that the NHS cannot or will not tell me how many Chief Executives they have on their payrolls amidst all the quangos that work with and for them. I am disappointed that we still do not seem to have the staff plan which must be central to delivery of shorter waiting lists and fundamental to costing the programme. We are told "further work is needed to train, recruit and retain staff". We can have precise time based targets for the results of the planned work but no precise targets for how many trained medical people they will recruit and pay to get the work done. Whenever I have supervised budgets for an organisation forecasting the staff costs is usually the easy bit as you know how many people you employ and how many extra you plan to add.

I and others will keep pressing the Secretary of State to tell the nation how they will expand treatments sufficiently to remove the long waits, which mainly requires more staff or more full time staff. The Chief Executive of NHS England needs to tell Ministers and the public more about how she intends to turn round the very high waiting lists, given the willingness of the government visible over the last two years to supply very large additional sums of cash to the service.