

TFL trains

Last week-end I tried a day return to London from Twyford by train. Whilst this line is outside my constituency it is close to the northern boundary. I went outbound by TFL and returned by Great Western.

A large sum has been spent on changed logos, signs and facilities on the stations to introduce the TFL brand. The trains both ways were little used. They were running too many carriages. The TFL trains have nine carriages when two or three would have done. The seats were hard and uncomfortable especially on the Great Western.

The TFL railway was designed for five day a week mass commuting. The trains lack toilets and envisage a lot of people standing, using hanging straps in the large open central areas in the carriages. The seats are down the sides. The idea seems to have been to sell commuters an uncomfortable strap hanging experience at a high price. The poor service of Network Rail is one of the main reasons people do not want to return to five day working in an office. The pandemic allowed a major revolt against the nationalised train service with timetables and standards laid down by government.

The train I went on was an expensive way of carrying out a leisure journey for taxpayers. Clearly TFL need to look at how to make it more attractive for the leisure travellers who will play an increasing role in providing passengers to offset the decline in people travelling to work. The nationalised railway shows no wish yet to publish a plan to innovate or to change the source of its revenues to justify its huge state backed costs. Getting to the station by car, parking, paying and then crossing the track to access the station was not easy. Railway planners need to grasp that most of us need to drive to get to a station and see that as part of the journey. The state railways needs to work with Council roads and highways to make it easier.

My question during the statement about Bulb Energy entering administration

http://johnredwoodsdiary.com/wp-content/uploads/2021/11/House_of_Commons_24-11-21_12-45-03.mp4

Working smarter and better

Most people think boosting productivity is a good thing. If you increase the amount of goods or service each individual worker can produce you have a more efficient economy and pay can rise to reflect the boost to output.

Now that the NHS is taking such a large amount of the national budget and a substantial share of total public spending, the issue of working smarter and better in the NHS has returned to prominence. According to the ONS NHS health productivity fell by 0.8%, the last year (2019) before the pandemic disrupted it. In the period 1996 to 2019 NHS productivity advanced by 0.7% per annum, or a bit faster if you make a quality adjustment to the figures. This is a disappointing result given the ability to use digital technology to boost output through more remote consultations and the growing efficacy of some less invasive treatments.

Quality and efficiency are two sides of the same coin. Get things right first time and there will be no remedial pains and costs. Eliminate hospital carried infections and cut the workload. Recruit and train more nurses and doctors who share the aims of each Trust and wish to be regular employees, cutting back on the need for agency staff. Encourage specialisms so skilled teams become excellent at elective treatments through regular experience from specialisation. Fashion protocols for additional less invasive treatments. Adopt more medicines with good test results for treating conditions. Cut waste levels in the use of drugs, surgical and nursing products and medical equipment.

We are still waiting for the plans to spend the extra money for the waiting list reduction and the manpower plans. Why don't we get extra hospital beds capacity for all the extra money? The Health Secretary needs to challenge the NHS CEO more.

My interventions during the Health and Care Bill

Sir John Redwood (Wokingham) (Con): I am grateful to the Minister. Will he confirm that the amount of tax that is going to be raised in the immediate future, in national insurance and then in a separate tax, will make up a relatively small minority of the total costs of public social care?

Will he also confirm that none of these measures addresses the issue of the hotel costs that people need to pay when they go into care homes?

The Minister of Health (Mr Edward Argar): My right hon. Friend is right to

highlight that this is talking about personal care costs, so he is right in his point on that.

Did I see the hon. Member for Hornsey and Wood Green (Catherine West) rise earlier?

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John Redwood: Will the Minister give us a brief comment on the recruitment of chief executives and senior management to the boards? Will we be using people who already have senior NHS jobs, meaning that there will be no redundancy and transfer costs, or will there be quite a redundancy bill because we want to change personnel?

Edward Argar: I think my right hon. Friend is talking about executive posts. Yes, there will be processes in place to ensure that employment rights are respected. There will be some roles that are completely new and there will be a competition, but I would expect that those with a significant track record and experience would therefore find themselves in a strong position. I will not prejudge any of those individual decisions.

...

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Social care

The Commons is half way through its closing debates on the Health and Care Bill.

I have concerns about both main elements of the legislation. The first concern the extensive reorganisation of NHS England. This gives legislative force to the creation of Integrated Care Boards and Integrated Care Partnerships. These bodies are being set up to change the landscape of purchasing services from the NHS trusts, GP partnerships and other providers. They bring together various budgets, decide on what they need to provide for their area and divide up the budget to seek to procure what is needed.

I am not clear as to how they will be better than the Clinical Commissioning Groups they replace nor see why their boundaries have been configured as they are. There are big variations in geographical area and populations covered by these bodies. They need to hit the ground running now, as they have a big job to supervise the expenditures of large and increasing sums of money with a view to providing high quality care throughout England, and to bring waiting lists and times down to more acceptable levels. My concern is too much time and resource might go into reorganisation when we need it to be pushed to the front line to provide the extra treatments and care needed by the large influx of patients.

The second concern is about the social care reform. I have written and spoken before about the need to put raising the quality of care and supplying enough of it to the fore of the consideration, rather than the vexed issue of how much people need to pay for themselves where they have assets. For many years there has been cross party support for the proposition that all frail elderly people should get their health care free as part of the NHS pledge, but should pay for their own board and lodging where they can afford to do so. It has meant that where someone moves into a Care home leaving their old home empty it is usual for it to be sold and for them to pay for their hotel costs at the Care Home from their own resources.

There have been some who suggest that placing a cap on care costs will free many people from having to sell their homes to pay the bills, but this does not cover the costs of board and lodging which can be considerable. There is a danger that some will think this new system and legislation will free their families from the need to sell a home and spend the proceeds, when in many cases there will still be substantial bills that people need to self fund. There is also the danger that the introduction of a Care Tax , starting at around 1.25% on National Insurance, will make people think social care is cheap. In practice this tax will pay for around one fifth of the total state costs of social care.

There needs to be more discussion and more consideration of what social care will look like in five years time, and how we will all help pay for it.