

Average seat occupancy on public service buses

I have received the following answer to my recent Parliamentary Question:

The Department for Transport has provided the following answer to your written parliamentary question (41595):

Question:

To ask the Secretary of State for Transport, what the average seat occupancy is on public service buses in the most recent period for which figures are available. (41595)

Tabled on: 03 September 2021

Answer:

Rachel Maclean:

The table below shows average bus occupancy¹ on local bus services by metropolitan area status and country in Great Britain, annually from 2004/05

Year	London	English metropolitan areas	English non-metropolitan areas	England	Scotland	Wales	Great Britain	Number England outside London
2004/05	16.6	9.8	7.5	10.1	9.0	7.6	9.8	8.3
2005/06	18.3	9.7	7.3	10.4	9.2	7.3	10.0	8.2
2006/07	18.8	9.9	7.9	10.8	9.2	7.6	10.4	8.6
2007/08	20.3	10.3	8.5	11.6	9.1	7.8	11.0	9.1
2008/09	19.9	10.7	8.8	11.8	9.8	8.2	11.3	9.5
2009/10	19.6	11.0	8.6	11.7	10.0	7.6	11.3	9.4
2010/11	19.5	10.5	8.5	11.5	10.0	8.1	11.1	9.2
2011/12	19.7	10.1	8.6	11.6	9.5	8.9	11.2	9.2
2012/13	19.9	10.1	9.1	11.9	9.0	8.3	11.3	9.4
2013/14	20.6	10.2	9.4	12.3	8.9	8.4	11.6	9.7
2014/15	20.5	10.4	9.3	12.2	8.6	8.4	11.6	9.7
2015/16	19.8	10.2	9.0	11.9	8.4	8.4	11.3	9.4
2016/17	19.3	10.7	8.9	11.9	8.2	9.0	11.3	9.5
2017/18	20.2	10.5	9.1	12.2	8.2	8.8	11.5	9.5
2018/19	20.0	10.6	9.9	12.6	8.0	8.8	11.8	10.1
2019/20	18.7	10.8	10.6	12.8	7.6	8.8	11.8	10.7

¹ Calculated as passenger miles (table bus0302) divided by vehicle miles (table BUS0203).

The answer was submitted on 13 Sep 2021 at 15:05.

[My Question during the statement on the Government's plans to address heavy goods vehicle driver shortages](#)

Readers of this blog may be interested to see my question to the Secretary of State about the need to improve lorry park facilities:

[My Interview on GB News about HS2](#)

Readers of this blog might be interested to see my recent interview on GB News about HS2:

'Nobody thinks HS2 will cost less than £150 billion. Wouldn't it be a great idea to scrap HS2 and allow the Conservatives to maintain their tradition of low taxes'

Nigel Farage asks Sir John Redwood MP if scrapping HS2 would be better than raising tax for health and social care
pic.twitter.com/3mPOYmyxiL

– GB News (@GBNEWS) [September 12, 2021](#)

[Managing the NHS](#)

Many MPs raised issues with Ministers about how they will ensure that the extra money voted by Parliament in principle this week to bring down waiting lists will be spent to achieve this end. I myself asked the Minister proposing the NIC rise followed by a new levy what reduction in waiting lists could be secured for the sum in question. Like the Health Ministers themselves he would give no commitment to specific reductions.

The quest for this extra money seems to have come from the new Secretary of State for Health following briefings from the senior management of his department and the NHS. They conjured forecasts of large increases in waiting

lists from current levels unless a major new funding package was put in place. I understand the difficulty of making these forecasts, but surely barring a major outbreak of a new virus variant that defeats the vaccinations the waiting lists should be falling as the NHS returns to a more normal working pattern, with the number of serious covid cases well down on the peak before mass vaccination.

Government forecasters seem to specialise in gloom, and have put out some very pessimistic estimates of the spread of the virus which did not come true. This issue of waiting lists should be easier to predict as much of it is in their control.

It is also important to understand why managers and officials think there could be a further surge in waiting list cases if we rely on the £230bn agreed health spend, and then to probe how an extra 4% would make all the difference. If there was more visibility of exactly what the new money would be spent on there could also be a better debate about budget priorities within the existing large agreed totals. We could for example examine the big budget for test and trace and see how that could be reduced as we move to a world where most people are vaccinated and where compliance with it is now low. We could examine the profusion of managers and policy people, of structures and offices that hang heavily above the work of the surgeries and hospitals.

This new team of Health Ministers needs to go through a thorough review of costs and priorities to ensure more money goes to the good medical teams doing the work, and more is spent on acquiring in house additional capacity. The current dependence on locums and temporary medical staff is very expensive.

The NHS also needs to clarify what future use of the private sector it intends to make. Mr Blair started the idea that the NHS would buy capacity in areas like cataract removal from specialist units in the private sector that could achieve good results at affordable prices, leaving NHS main hospitals for more complex tasks. During lockdown the NHS paid to block book a lot of the private capacity to keep some non COVID activities going. How did that work out? Are reports of underuse true?

Questions about health spending

I am asking the Health Secretary to share more of the detail of how extra money could be used to reduce waiting lists. I am also asking why some senior NHS managers think there is going to be a further bulge in waiting times, given the much lower level of covid cases in hospital now, the progress of vaccinations, and the extra cash allocated to health budgets.

He needs to know how many senior managers and Chief Executives there are now

across the public health sector. How is their remuneration aligned with the public interest in high quality care and low waiting lists? Is there a continuing danger of overlap and blurred responsibilities within what is a complex structure?

As the state embarks on recruiting a large number of new Chief Executives for the Integrated Care Boards and for the Integrated Care Partnerships, what reductions if any will there be in the old management architecture this replaces? What arrangements are there to transfer appropriate staff to these new bodies to cut the costs of recruitment and to avoid redundancy costs and disruption to staff?

How will these new Care bodies arrange their purchasing of medical and care services from the NHS Trusts and other health providers? Are the current procurement organisations now withdrawing from contracts with private hospitals, or will they be needing and using more private sector capacity to help reduce waiting lists?

Presumably much of the answer to workload, stress on staff and high waiting lists lies in recruiting additional nurses and doctors to undertake the necessary procedures and treatments. What is the latest view on how many people can pass successfully through training? What action is being taken to encourage the return of already qualified people? How can new technology assist in raising quality and productivity?

The use of temporary and contract staff is expensive and too common. the NHS needs to have more permanent staff members.