

Letter to the Business Secretary to get more back to work

Dear Alok,

It is imperative more is done to rescue and help businesses that rely on social contact. Too many companies in events, leisure, travel and tourism are badly damaged by anti CV 19 rules, and some remain completely closed.

One way forward which could provide urgent relief short of repealing the Controls that do the damage is to help businesses adapt their ventilation and heating systems to make them safer. There is plenty of research saying that if a restaurant, hotel, meeting room has a system for extracting stale air promptly and replacing it with clean air it can offer a safer environment. Extraction from the top and supply of new air from the bottom greatly cuts the spread of the virus and other contagions in the circulating air.

I understand your department is responsible for these policies for the public sector and has done work on suitable advice and shared technical research for the private sector. Will you now make this more public? Will you provide advice and where appropriate adaptation grants to business to get this done quickly for all who wish to go this way? Could there be a CV19 standard for air change which those who wished could reach, showing their certification to reassure customers? Will you lead the public sector in adapting government and Council buildings?

We must do more to save all those businesses. Best of all would be a clear exit plan from restrictions generally.

How should we live with and control CV 19?

Today I seek your views on how much economic sacrifice we should make to try to slow or delay the transmission of this disease.

It is clearly lethal for a minority who get the bad version of it, but no worse than flu or bad colds for many others. The Global death rate so far from it is 0.015% of the world population, and it seems to account for under 3% of deaths. Cardiovascular problems remain the prime killer. CV 19 is on track to kill a few more than road traffic accidents but ranks well below cancer and other lung infections.

It is good news that in its second wave in the Americas and Europe the death

rate is much reduced. Treatments are better and maybe more younger people are getting it with much less risk of death. Some of the advisers think it is just a lag and deaths will rise as they did in the spring. That would every worrying.

So how much economic pain should we suffer to delay the spread of the disease? Is there a realistic exit through a vaccine to make the cost of delay a price worth paying, or will there just be another flare up as soon as we relax controls again?

I think the government needs to do more to save livelihoods and needs to remove those controls that have limited utility in defeating the virus but do considerable damage to jobs and business. Can we do more to help people most at risk protect themselves from it? Can we have isolation hospitals and high standards of infection control in all care homes and other health settings?

[Saving the NHS](#)

One of the main reasons given for the national lockdown earlier this year was to get the NHS ready to handle a wave of CV19 cases. They expanded the Intensive Care capacity substantially, putting in new Nightingale hospitals as part of the answer, increasing intensive care beds in existing hospitals and buying more ventilators.

To increase capacity further they cancelled all non urgent operations in main hospitals, took over the capacity of the private sector hospitals to undertake some non CV 19 work for them and were keen to move patients out of hospital as soon as possible after treatment.

Today some people are still worrying about NHS capacity. Of course we all pay tribute and say thanks to the dedicated staff who bore the brunt of the first wave of CV 19 in hospitals, gave diligent care and pioneered treatments to respond. By now I assume more have been trained to handle CV 19, and we see the good news that there are better treatments with the death rate falling substantially as a result

Today I would like to ask a crucial question.

What is now happening to NHS output for non CV 19 conditions? Ministers tell me the NHS is operating again as before for non pandemic conditions. Is it? What is your experience of access to non urgent treatments, and to treatments for serious conditions like heart attacks and cancer .

The NHS England/DHSS budget for 2020/21 was £148bn at the start of the year, up from £140bn the previous year by £8bn or 5.7%. The NHS had been offered an increase of £33bn by 2023/24 as part of a five year settlement to allow growth and improvement. Special money to handle CV 19 has now added an

additional £31.9bn to this year's total to provide protective clothing, to introduce Test and Trace, to buy in private sector capacity, increase ventilators and provide extra facilities in the Nightingales.

I am seeking information from government about how output in the NHS now compares with this time last year. We know there was a large dip in activity during the intense period of the CV 19 crisis in the spring. It would be good to know we are more than back to normal, given the backlog and the resource now being committed. It would also be good to know when we can stop paying for the private sector capacity as well.

How much rail capacity do we need?

The UK passenger railway had a big business running commuters into and out of cities for their work five days a week. Even after allowing for the discount element of the season ticket, these travellers were made to pay premium prices for their travel, as there was little by way of alternative for most of them. The roads were jammed and there were too few car parks at work to make the car an alternative for many.

The railway always complained that it was very costly having to provide so much rolling stock and so many staff for a couple of peak hours in the morning and another couple of peak hours in the evening. It was that peak volume which the railways said justified the high fares. In an attempt to fill the rolling stock the rest of the time and to pay staff wages for more than four hours a day the railway adopted heavily discounted fares to persuade people to undertake leisure, shopping and entertainment trips by train to use the empty carriages.

Today we still see a pattern of dear tickets at peak times, and cheap tickets at off peak across the network. If we take some longer journeys as examples we see

Standard single ticket London to Manchester off peak £33 peak £157

Standard single ticket London to Birmingham off peak £15.50 peak £74

The peak fare is around five times the off peak.

Today the talk is of a major change of future working even assuming an end to special CV 19 lock downs. Office workers look forward to going to the office two or three times a week instead of five times, and want to be offered flexible hours so they can switch to the old off peak. Many have discovered how much better off they are working from home and saving all that money on rail travel and expensive coffees.

If some of this comes to pass it requires revolution on the railways. It

means a substantial reduction in numbers of travellers and a bigger reduction in fares revenue if charging policies are unaltered. The railway managements are talking about how their leisure business has picked up but this is largely heavily discounted tickets that come nowhere near paying the high fixed costs of the amount of rail travel being offered. They say it is very green, but creating more journeys on trains that otherwise would not have happened is not green but the opposite. Trying to run a railway around heavily discounted leisure use will leave a huge hole in railway finances. We cannot carry on for much longer with the current system of running 90% of pre pandemic services for maybe a third of the passenger numbers. It is unaffordable for taxpayers. When will the rail experts tell us what level of demand they think they can recapture and what fares they can charge in this new world.

Tackling the virus

There are three government models for tackling the pandemic.

The first is to give priority in all policy matters to curbing the spread and reducing the death rate from the virus through strong national action. The UK and most other governments tried this in the spring. The problem with this approach is that as soon as governments relax the virus spreads again, leading to pressures to shut down more of the economy for a second or successive times. The concentration of resources is difficult to sustain for long periods, leads to unwelcome deaths from other conditions that can go untreated or may be exacerbated by the policy, and merely delays the spread of the pandemic itself.

The second is to see the problem of public health as one for local government. Patterns of infection and pressures on health services vary widely within the same country, so why not have a menu of possible actions for local government to adopt as they see fit? This is the US model, where State Governors led the responses to the virus, drawing on Federal resource and law where needed. The UK has also been moving more to this model in recent weeks with a three tier approach to lock down.

The third is to trust people and free institutions within a democracy to make their own decisions about how and whether to protect themselves from possible transmission. Government sets out the dangers and passes on national and international knowledge about the threat and the spread. Government also provides support for those who wish to shield themselves, offering the ability to work from home, to have home deliveries and help with technology to switch more of their lives to on line. Governments can message that people need to keep their distance from possible infection, wash their hands and reduce their risk through their choice of travel and work patterns.

Forming hybrids of these approaches is complex. Devolved and local

governments often want a say but do not want to take full responsibility. They may wish to lock down, but see it as an opportunity to demand other policy initiatives and resources from central government. Some wish to play politics with it, to try to shift blame onto national government and cast them in a poor light.

My advice is to keep working away on a wide range of actions that can tame the virus and make living with it less dangerous. The medical teams are now coming up with a wider range of drugs to treat the severe forms of the disease, and the death rate in intensive care is dropping. More can be expected from improved understanding of the disease and from trials of better treatments. More knowledge and communication about how the disease spreads should lead to more people opting to take precautions voluntarily, to reduce the risks to themselves, which should help.

It is difficult to see a Test and Trace scheme which can guarantee success as democratic governments hope. Delays in testing and getting results, imperfect recoding of who was present in an infected location, false results from tests, and reluctance by some to self isolate owing to the difficulties it poses for their lives mean it is not the silver bullet some seek.