

## My Written Question asking the Minister for Vaccines and Public Health about the monthly cost of Test and Trace

The Department of Health and Social Care has provided the following answer to your written parliamentary question (56360):

### **Question:**

To ask the Secretary of State for Health and Social Care, what the costs are of NHS Test and Trace each month. (56360)

Tabled on: 15 October 2021

### **Answer:**

**Maggie Throup (Minister for Vaccines and Public Health):**

The costs for NHS Test and Trace vary each month according to the prevalence of COVID-19. The budget for NHS Test and Trace activities in 2021/22 is £15 billion. On average this equates to approximately £1.25 billion per month.

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## Why were there shouts of Resign to the Health Secretary?

I sat through the Health Secretary's latest statement in disappointed silence. I have heard a few Ministerial statements over the years that have bombed with the Ministers own side as this did, but do not recollect cries of Resign before from the government benches. Sajid Javed needs to ask himself why and start improving the way he does the job.

I guess the impatience with the Secretary of State reflects pent up anger about the way Ministers are constantly telling us the NHS cannot cope despite £64 bn more being spent on health this year than two years ago. Ministers are unable to answer basic questions about plans to recruit more, to increase beds, to improve air filtration in health settings, to improve infection control, and to find new treatments.

The PM and the Treasury both want the Health Secretary to get a grip on staffing budgets. They want him to turn the extra gold for the NHS into extra capacity and lower waiting lists. They want the NHS through a combination of vaccines, better treatments and extra capacity to show it can

handle a realistic volume of covid disease going forward.

I did not ask another question as so many of my questions recently have not produced informative answers. My advice to Secretary of State is simple. Go through all the main issues with the CEO of NHS England so you can tell us how the money is being spent, how you will increase capacity, how you will improve infection control, how you will expand the range of covid treatments, how you will bring down the waiting list and then come back to the Commons with a plan to get better results. If the CEO cannot supply you with decent answers you need to consider how this can be brought about.

The public regard you as responsible. The CEO is your chosen person to run the NHS under your supervision, so make sure you know what is happening and are able to defend it.

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## Questions to the advisers over the pandemic

The Chief Executive of the NHS was rarely present at the news conferences to present the actions being taken to handle the pandemic. That was a pity, as many of the most important matters were for those running the NHS. One of the main aims of the policy generally was to avoid placing too much strain on NHS capacity. We needed to know how staff were going to be protected and helped to tackle this big challenge. We needed to know how all the extra money and resource was going to be deployed, how the hospitals would cope and how the virus would gradually be brought under control.

The scientific and medical advisers usually present have a close working relationship with the NHS senior administrators. They did not however see fit to give us presentations about work on finding drugs that could abate symptoms or avert serious developments in a covid patient. They did not comment much on why the NHS put in substantial extra bed capacity for the pandemic, used it little and then closed it all down again before the pandemic was over. They did not comment on the underuse made of the private hospitals whose capacity the NHS bought up for the first year of the disease.

They were reluctant to be tempted to discuss improving infection control. We did not get regular reports on how they were changing and improving air extraction, UV filtration and better air management though they told us it was an airborne disease. They decided against creating isolation hospitals that just handled covid, living with cross infection dangers in all DG hospitals. They allowed early discharge of elderly patients to care homes in the first weeks of the pandemic which may have increased the wave of infection that visited those homes.

On the whole the news conferences stuck to a routine of presenting figures

for cases, hospital admissions and deaths, and forecasts of grim news to come, followed by announcements and comments on various lockdown policies being followed. They did not do a good job bringing out the need for strong action on treatments, infection control and improving NHS capacity. They told us little about how the senior management of the NHS were using their staff and facilities, how they were managing the covid workload or how they were ensuring fairness and safety for their medical employees facing the pandemic dangers.

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## Advisers advise, Ministers decide

I have had enough of news conferences of the PM or some senior Minister flanked by a scientific and a medical government adviser setting out policy. It is a distortion of our constitution, blurring the roles of both Minister and senior official. The format chosen also gives a very lopsided view of what should be happening in government when making difficult decisions over how to respond to a pandemic.

At the peak of the first wave of the virus I wrote about the questionable use of some figures and charts and the unreliability of some of the data. The media mainly played the game of accepting everything the “experts” said as true and acting as interpreters of their wisdom to the rest of us. Ministers seemed to add little to the narrative.

It was wrong that the only experts in the room were of one mind with one purpose, beating the virus. Their advice is rightly bound to be ultra cautious over the virus as that is their sole preoccupation. Where were the other health experts worried about what might happen to people with other conditions who might lose out on hospital and GP capacity? Would we get more deaths from other causes? Where were the experts worrying about mental health and the impact on people that lockdown could bring. Where were the economic experts asking about ways of limiting the damage to jobs, investment and incomes whilst wishing to assist with controlling the disease?

Responding to the virus is a cross government large task. It needs the inputs of many departments and many different areas of expertise. It is the job of Ministers within their departments and acting collectively across government to reconcile conflicting needs and pressures and come up with a balanced package of measures for the circumstances. The best way of then reporting would be to Parliament with MPs challenging government and putting forward issues and problems they wished to highlight. We should not see the individuals providing advice on the scientific, medical, NHS, economic, business and social policy issues, but Ministers should draw on it to support their final decisions. Government would publish relevant data to help us monitor progress. Outside experts would be free to query what the government was doing to inform a better debate.

Tomorrow I will look at some of the important questions that got little air time thanks to this style of presentation.

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## NHS budgets and management

The relatively new Secretary of State for Health has a major job to do. He has to ensure the NHS sustains high quality care and a good level of response and service. He needs to supervise how the substantial extra money will be spent and check on how the base budget is used.

Doing good and doing no harm to patients must be the common starting point. Tackling the unacceptably high waiting lists is a clear priority.

This agenda should include

- 1 Further improvements in infection control. Controlling viral transmission requires better air extraction and UV filters in air systems. Other hospital infections require high levels of disinfecting and cleaning.
2. Expansion of capacity. Hospitals are short of beds and of some medical staff to man them. This should be a priority in new spend.
3. Reduction of administrative overhead where there are too many layers and bodies over the heads of medical teams
- 4 Intelligent digitalisation of records with good access for all screened medical staff who need access to a patients condition and diagnoses.
5. Development of more specialist units that become very good and efficient at the more routine operations like joint surgery and cataract removal.
6. Provision of more social care back up to allow discharge of frail and elderly from hospital after treatment.