

Spending priorities

I am all in favour of the government spending money to obtain high quality health and education services, to ensure our country is properly defended, our law upheld and all those in need offered financial help. Governments understandably concentrate on making announcements where they are planning to spend more, and claim that the mere fact that they are spending more means things must be better. Opposition parties from the left of centre encourage this thinking and usually oppose on the grounds that not enough is being spent, making it impossible for things to be better. A badly run part of the public sector will usually blame a lack of cash rather than any error of policy or misdirected effort on their part.

This budget needs to go beyond stressing where the government is spending more, to examine where it can spend less or where it can spend to better effect. It needs to remind us all that simply spending more cash can be inflationary, or can fail to deliver what is wanted. Higher public sector wages are often desirable but need to be offered against a background of working smarter. They are affordable if backed by productivity gains, They might prove to be inflationary if more money chases the same output.

There are many areas where spending can now come down. The government is rightly ending the Furlough and other special income support measures it brought in to handle lockdowns. It needs to come up with a new plan for the railways to avoid spending a subsidy fortune on sending many nearly empty trains around the country to service patterns of work demand that have disappeared with the homeworking revolution. The government will doubtless think it too late to cancel HS2, but its poor business case has just be undermined more by the big reduction in passenger rail travel. The railway can be repurposed for more freight travel, to contribute to the green initiatives and to take lorries off congested roads.

In the health budget the huge sums committed to finding a vaccine, setting up a vaccination programme, designing and implementing a test and trace system, and putting in more testing capacity can in part be redeployed to getting waiting lists down and doing the day job as the pandemic wanes. There will also be the saving on putting in and then closing the extra Nightingale capacity. All of these sums stay in the overall budget and are rolled over for the years ahead as if these commitments would repeat.

In areas like energy, transport and housing where we need more capacity we can finance more of these through private sector investment.

The sooner the government stops illegal migration and regulates economic migration at sensible levels the better. Everyone we welcome to the UK needs a major investment in housing, public services and transport infrastructure to make their lives decent. Reducing these pressures would ease budget difficulties in several areas.

[My Question about the details of all the provisions in the upcoming Budget that have been made public in advance of the Chancellor's statement](#)

http://johnredwoodsdiary.com/wp-content/uploads/2021/10/House_of_Commons_26-10-21_12-42-09.mp4

[My Question to the Government about NHS England Funding – Announcement to Media](#)

Sir John Redwood (Wokingham) (Con): Given that in the last two years very large sums of money have been spent on test and trace, establishing a successful vaccine programme, Nightingale capacity and other one-offs for the pandemic, how much of that money will become available to spend on the other work that is now so desperately needed in the NHS?

Minister of State (Mr Edward Argar): My right hon. Friend will know that by far and away the overwhelming majority of that money was one-off spending to tackle the pandemic in its most acute phase. We will need to continue to spend some of that on therapeutics, vaccinations and similar.

On other things, such as the significant increase in infrastructure and understanding that we have built in test and trace and in testing and diagnostic capacity, I am looking at how a long-term legacy can be born of that and how we can transition the learnings and infrastructure from that to continue to deliver for patients in more normal times.

[My Question to the Government about](#)

Large Goods Vehicle Drivers – Driving Licences

Sir John Redwood (Wokingham) (Con): To ask the Secretary of State for Transport, by what date his Department expects the backlog of HGV licence applications to be cleared.

Parliamentary Under Secretary of State (Ms Trudy Harrison): The Driver and Vehicle Licensing Agency (DVLA) is prioritising applications for vocational driving licences, including those for HGV entitlement. There is no backlog for provisional vocational licences and these are being processed within the normal turnaround time of five working days.

The DVLA has significantly increased the processing of vocational licence renewals and has moved more staff into this area. Given this, the DVLA expects to be processing applications for both provisional vocational licences and renewals within normal turnaround times by early November. The large majority of those applying to renew an HGV licence can continue driving while their application is being processed.

My Question to the Government about NHS Waiting Lists

Sir John Redwood (Wokingham) (Con): To ask the Secretary of State for Health and Social Care, if he will provide details of how the NHS plans to reduce waiting lists.

Minister of State (Mr Edward Argar): We intend to publish the elective recovery delivery plan in November 2021.

We have committed further £1 billion this year to the existing £1 billion Elective Recovery Fund, with more than £8 billion in 2022/23 to 2024/2025. This could deliver the equivalent of nine million more checks, scans and procedures and allow the National Health Service to deliver the equivalent of 30% more elective activity by 2024-25, compared to pre-pandemic levels.

We will also establish a new £700 million Targeted Investment Fund, which includes £250 million to enable cutting edge technologies and £250 million to increase operating theatre capacity and improve productivity in hospitals.