

# Growing the UK's haulage industry

The UK has lost market share in long distance haulage. Lower labour rates and lower taxes on vehicles in parts of the EU have allowed undercutting of UK hauliers. The UK did introduce the HGV levy to require foreign hauliers to make some contribution to road costs in the UK, as otherwise their trucks did not pay VED and they often evaded refuelling here to take advantage of lower taxes elsewhere. This has been cancelled for a year.

Now we are independent we need to reconsider our haulage industry. The first thing should be to restore the HGV levy on foreign trucks using our roads and to make sure the UK haulier does not pay twice for using our highways. The idea of the HGV charge was to make a charge for use of our roads by lorries not paying VED.

We could look at the balance of containers that come to the UK unaccompanied and those coming with a tractor unit and driver from the continent. Maybe more could be brought in more cheaply by a continental driver delivering the container to an EU port and a UK driver picking it up at the UK harbour.

The railway needs to bid for more of the longer distance work within the UK, offering single container or waggon marshalling at sufficient locations where UK drivers and haulage companies can pick up the load for the final delivery journey. This becomes more of an option with the decline of passenger use.

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## Vaccinations

Today I expect Parliament to want more detail on how we get out of lockdown. The Regulations imply another quarter of badly disrupted jobs and businesses, with no early let up in controls. What would be the trigger to allow some relaxation?

As the NHS experts see vaccines as the ultimate way out, there will be active debate on how the vaccinations can be speeded up. Presumably if enough people can be protected the government's experts would then consider allowing more social contact and economic activity.

It would be helpful to know how much vaccine of the approved types is available on delivery schedules, and to be offered reassurance about who is going to administer the doses. Will the NHS seek the help of pharmacies as with annual flu vaccines? Will the NHS speed up accepting the volunteers with medical training who are willing to come back to work and would help inoculate people? Will others be trained to carry out the work? Will all GP surgeries and hospitals be offering the service and have supplies?

The sooner we can get back to saving jobs the better. Another national lock down has a big economic price.

Some of the experts now seem to think getting the first jab into people gives a decent level of protection. This will speed up the process if they adopt that approach, which will require clarity for those receiving the vaccine over whether to expect a second dose and if so at what interval.

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## Can lockdowns work?

Many countries have imposed lockdowns and curfews. There is no sign from the international numbers that those locking down more for longer have been more successful in reducing case numbers or deaths.

The 20 countries with most cases per million so far are mainly continental European ones that have imposed tough lockdowns, and the USA with severe lockdowns on the populous Democrat controlled east and west coasts. The top six countries for deaths per million are small European countries led by Belgium, with Peru in seventh place in the grisly table.

Government advisers have long concentrated on recommending lock downs for long periods while we await enough people being vaccinated. Their ultimate way out depends both on good rates of vaccination and the virus not mutating in ways which defeat the vaccines.

I will press again for better treatments, better isolation and infection control in the NHS, use of the Nightingales as specialist units, better cleaning and air flow in public buildings. I have tabled more questions and will try to raise these matters in the debate.

Once again the official government advisers present the case for lock down but do not present the case about the damage lock downs do to many people and businesses so we can weigh the balance of the arguments. There is also an absence of regularly published and reliable numbers of hospital beds, bed occupancy and deaths from other lung diseases. The death figures remain with CV 19 rather than because of CV 19. I do not doubt that this is a nasty disease and some people catch a serious version of it which can be life threatening. We need to target our response based on improving knowledge of it, and offer good safeguarding to all those most vulnerable to it.

I will seek more information about the capacity of the NHS before deciding how to vote on new controls.

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## Should the schools open?

Some are writing to me to support the Prime Minister and the Chief Inspector of schools in wanting the schools to open today. Others are contacting me urging closure in line with the ideas of the main teaching Union and the Opposition parties. I invite more views.

The government case is based on several propositions. Children get very mild versions of the disease and the younger ones often show no symptoms so they are not much at risk. There will be testing systems to ensure early isolation of anyone with the disease. Teachers will be protected by social distancing with bubbles , limits on numbers in confined spaces to reduce the risk of any infection spreading and regular cleaning.

If children are barred from school they will lack social contacts with their friends and will miss the benefit of a class teacher. There will be more cases of depression and other mental illnesses. Exams ,ay be disrupted leading to another year with a likely different basis for assessing a student's level of achievement for qualifications.

Closing schools will force many more parents into home working or not working leading to income loss and further strains on other important activities that need the workforce to turn up to work in person.

The Union case argues that with the advent of a strain of the virus which is more infectious there is a danger that school children will spread the virus to others at home. Teachers need more protection than the testing and social distancing regimes adopted so far. They think seeking to limit any additional spread of the virus should take precedence over any other consideration of people's mental health, educational progress or ability to go to work.

The government counters by saying it advises families with elderly and at risk members who do not live with them to avoid any contact with the children until those at risk have been vaccinated.

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## Taming the virus

Next week I will return to issues over how we handle the virus that I have often raised before. I welcome the arrival of two vaccines which will be widely taken up by those who want protection. The UK has been first of the advanced countries to licence these products and to start vaccinating people. The scientific advisers have always seen this as the way out of lockdown, so the sooner a lot of people are vaccinated the sooner presumably they will be satisfied,

Meanwhile there are other things that could help us live with the virus, as we have to do with a number of potential killer diseases without locking down society.

- 1, Air extraction. Where have the government got to in improving air extraction at their own buildings including hospitals to ensure rapid removal of potentially contaminated air?
2. Where are the grant and advice schemes to allow private sector businesses from shops to restaurants to improve their air extraction and make their venues safer?
3. Air and surfaces purification. Where have they reached in using powerful UV cleaners (in safe spaces) to clean up recycled air and to decontaminate surfaces?
4. Other treatments. After the initial break through with a steroid we were promised test results for a range of other possible treatments. Where have they got to with those?
5. Isolation hospitals. Why are they not using the Nightingales as specialist isolation CV 19 units to cut numbers going to District General hospitals and to allow more hospitals to be CV 19 free? Cross infection is still an issue.
6. Staffing. Why do they not do 5 above to cut numbers of staff away from work because they have CV 19 or may have been in contact with it?
7. When will they cut through the barriers to the return of retired staff who are qualified to help them?