

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.

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.

[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.

[John Redwood's Diary 2021-12-09](#) [17:18:05](#)

The Department of Health and Social Care has provided the following answer to your written parliamentary question (86525):

Question:

To ask the Secretary of State for Health and Social Care, how much of the funding increase for the NHS announced in the Autumn Budget and Spending Review 2021 will be spent on reducing waiting lists in the NHS in England. (86525)

Tabled on: 03 December 2021

Answer:

Edward Argar (Minister of State):

We have made £2 billion available this year to start to tackle the backlog. Over the next three years, we plan to spend more than £8 billion to support elective recovery and reduce waiting lists in England.

Update on M4 Junctions 3 to 12 Motorway Upgrade

I have received the enclosed update from National Highways:

Dear Sir John,

M4 Junctions 3 to 12 motorway upgrade update

I am writing to update you on progress on the M4 Junctions 3 to 12 motorway upgrade project, part of which runs through your constituency, and to outline a recent milestone in the delivery of the scheme.

Since July 2018, we have been constructing four lanes in each direction between junctions 3 and 12 of the M4 motorway, with upgraded technology to make journeys more reliable.

Between Junctions 8/9 (Maidenhead) and 12 (Theale) all temporary restrictions have now been removed and this section of the M4 motorway upgrade is finished.

The key changes drivers will see are as follows:

- The M4 between junctions 8/9 and 12 is now operating at the national speed limit.
- There will be variable speed limits at certain times to smooth out traffic and tackle frustrating stop-start congestion.
- The hard shoulder has been converted to a new fourth traffic lane in each direction, boosting capacity by a third on this vital route between London, the south west and Wales.
- Between junctions 8/9 and 12, if drivers get into difficulty, they will be able to use one of 29 places to stop in an emergency, which include emergency areas.

The new radar Stopped Vehicle Detection (SVD) technology identifies a stopped vehicle, typically within 20 seconds, and provides an alert to our control room. At the same time, it can also automatically display a 'report of obstruction' message to warn oncoming drivers of a stopped vehicle ahead. Our operators then set a Red X sign to close one or more lanes, adjust speed limits and deploy traffic officers.

When the entire upgrade project between junction 3 and 12 is fully completed, there will be places to stop in an emergency approximately every 1.3 miles.

In October 2019, the Secretary of State for Transport asked the Department to carry out an evidence stocktake to gather the facts on the safety of smart motorways and make recommendations. A wide range of data was considered, and conclusions drawn on what the evidence told us about the safety of this type of motorway. This work is set out in the 2020 Evidence Stocktake and Action

Plan:

<https://www.gov.uk/government/publications/smart-motorway-evidence-stocktake-and-action-plan>.

We've been working with the Department for Transport to implement the actions from the stocktake, and in April of this year we published the Smart Motorways Stocktake first year progress report, setting out our progress in delivering the 2020 Action Plan, the latest evidence on the safety of smart motorways, and commitments we have made to accelerate measures.

On 2 November 2021 the Transport Select Committee (TSC) published the findings of its inquiry into the rollout and safety of smart motorways. We are absolutely committed to making smart motorways as safe as possible and we welcome the TSC's scrutiny. We are considering the inquiry's findings and recommendations in detail and working with the DfT to support them in the response that they will be making to the report.

Activity is continuing between junctions 3 and 8/9. Inevitably, a scheme of this size and complexity does have an impact on local residents and road users and we do our utmost to minimise this. We have a community relations team that deals with correspondence from residents and we liaise regularly with the local authority to discuss any issues of concern.

We continue to engage with local communities through parish councils, site visits, letters, newsletters and email updates. This will include notifications and dissemination of information on forthcoming work and the motorway closures. The latest information can be found on the project website at: <https://www.nationalhighways.co.uk/m4j3to12>.

Yours sincerely,

Mike Grant

Delivery Director, M4 Junctions 3 to 12 motorway upgrade