VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Should I go private, doctor?

Helen Salisbury *GP*

Oxford

I've always had some patients whose default option is to seek private hospital consultations and treatment. Some have health insurance through their work, some come from overseas and have never felt comfortable with the NHS, and a few are just wealthy. They don't tend to ask me whether they should go private.

This question about private treatment comes from other patients. They may want procedures that the NHS no longer funds—surgical treatment of troublesome varicose veins, removal of unsightly but non-malignant skin lesions, or other “low priority” complaints. That’s “low priority” to the clinical commissioning group: the individual patient may not see it that way. In these cases, the only option for patients is to find the money or put up with the symptoms.

Some patients ask me about quality of care: will they get a better standard of care in a private hospital? We might talk about the length of consultations, senior input, and safety in private hospitals.¹

Mostly, however, we talk about money and symptoms: what’s affordable and what’s bearable. These are patients who need investigation and treatment beyond what I can offer in my surgery. We’ve agreed that a referral is necessary, I’ve done the routine NHS paperwork, and a few days later the patient returns with an appointment date six months in the future.

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Some of these patients are at pains to express that they’re great believers in the NHS, who would never have imagined themselves as private healthcare users or “queue jumpers,” and I can see their struggle as they wrestle with this decision.

Patients are mainly asking, “How bad will these symptoms get if I hang on for NHS treatment?” They’re making complicated assessments about where the money will come from, time off work, and what adjustments they need to make to afford private care.

For many of my patients and many more around the country, however, this conversation doesn’t arise. There is no spare money. All I can do is apologise on behalf of the service I work for. The NHS—which is meant to provide timely investigation, treatment, and relief of suffering—is failing patients as waiting times increase.²

I think I understand why the doctors at my local trust are falling so far short of the official targets: there aren’t enough doctors, nurses, or funds.

There’s a gap between the promise of a comprehensive NHS, available to all according to clinical need,³ and the reality. The recently announced NHS funding plan may be enough to stem further decline,⁴ but it doesn’t look likely to put an end to this question in my surgery any time soon.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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- 1 Iacobucci G. Private sector hospitals must improve safety, says CQC. *BMJ* 2018;361:k1606. doi: 10.1136/bmj.k1606 29643094
- 2 NHS England. Consultant-led referral to treatment waiting times data 2018-19. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2018-19/>.
- 3 Department of Health and Social Care, Public Health England. Handbook to the NHS Constitution for England. 14 Jan 2019. <https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england>.
- 4 Health Foundation. Health Foundation response to government announcement of additional NHS funding. 16 Jun 2018. <https://www.health.org.uk/news-and-comment/news/health-foundation-response-to-government-announcement-of-additional-nhs-funding>.

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