



Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on X @HelenRSalisbury

Cite this as: *BMJ* 2024;385:q858<http://dx.doi.org/10.1136/bmj.q858>

Published: 17 April 2024

PRIMARY COLOUR

Helen Salisbury: With the NHS in crisis, why is Labour looking to private hospitals as the solution?

Helen Salisbury *GP*

This week the shadow health secretary, Wes Streeting, promised to bring in the private sector to help reduce NHS waiting lists. He also stated that no extra resources would be available for the health service under a Labour government.¹

One of the problems with this plan is that it assumes separate sets of doctors and nurses in the NHS and the private sector, with the latter group currently underemployed and kicking their heels. In reality there's a single pool of staff, nearly all of whom have been trained by the NHS, and many of them work in both sectors. The lack of beds in NHS hospitals isn't usually a physical equipment issue—it can't be fixed by a trip to Ikea or even by constructing a Nightingale hospital—but is about having the nurses and doctors to safely care for the patients in the beds.

Another barrier to reducing waiting lists is operating theatre time.² If the private sector really has spare capacity, could these facilities perhaps be requisitioned by the NHS? During the pandemic, under some very badly thought-out contracts, the government paid for all unused capacity in private hospitals—at a cost to the taxpayer of £2bn—but very little of this was used for NHS patients.³ A radical Labour government, rather than continuing to contribute to shareholder profits, might look back to Bevan and consider nationalising private hospitals instead of funding them.

Streeting has chosen to pick a fight with “middle class lefties” who object to the use of the private sector, accusing them of prioritising their principles over the suffering of people stuck on waiting lists. I share his abhorrence of the inequity we're currently seeing, whereby more and more people who can afford insurance or can self-pay are treated promptly, while those less fortunate wait for months or years. Unfortunately, this inequity doesn't disappear when the NHS outsources to private hospitals: figures released by the Health Foundation show that your chances of having an NHS funded treatment in a private hospital are lower if you're poor or from an ethnic minority background than if you're rich and white.⁴ Without more resources—which Streeting has ruled out—it's hard to see how waiting lists will be cut, wherever the surgery is done.

And although private treatment might mean a shorter wait, it doesn't necessarily mean better care. A review in *Lancet Public Health* of the effect of healthcare privatisation has concluded that it “reduces the quality of care and worsens the health outcomes of patients.”⁵ A recent BBC *Panorama* documentary about avoidable deaths in private hospitals also aired

concerns about safety, given their lack of staff and facilities to cope if things go wrong.⁶

We might question why this topic is the focus of the shadow health secretary's pronouncements. Last week the Royal College of Emergency Medicine released an analysis showing that 268 excess deaths occurred each week in 2023 in relation to very long waiting times in emergency departments.⁷ That's the equivalent of a jumbo jet crashing, with no survivors, every fortnight.⁸ One in five GP surgeries has closed or merged since 2013, and the equivalent of 1862 full time, fully trained GPs has been lost in the past eight years.^{9 10} In the face of these crises, surely there are more pressing issues demanding Streeting's attention?

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

Provenance and peer review: Commissioned; not externally peer reviewed.

- Cole H. NHS needs reform: Wes Streeting warns NHS that there'll be no additional funding without “major surgery” under Labour. *Sun* 2024 Apr 7. <https://wwwthesun.co.uk/news/27175749/wes-streeting-nhs-major-reform-labour/>
- Royal College of Surgeons of England. More than half of UK surgical workforce says access to operating theatres is a major challenge. 18 Jan 2024. <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/surgical-workforce-census-2023/>
- Ryan S. “A gift to the sector”: why did the NHS's contract with independent hospitals allow private patients to be treated when the NHS was overwhelmed? *BMJ* 2023;380:. <https://www.bmj.com/content/380/bmj.p348>. doi: 10.1136/bmj.p348 pmid: 36792134
- Coughlan E, Keith J, Gardner T, Peytrignet S, Hughes J, Tallack C. Waiting for NHS hospital care: the role of the independent sector in delivering orthopaedic and ophthalmic care. Health Foundation. 30 Apr 2023. <https://www.health.org.uk/publications/long-reads/waiting-for-nhs-hospital-care-the-role-of-the-independent-sector-in>
- Goodair B. The effect of health-care privatisation on the quality of care. *Lancet Public Health* 2024;9:-206. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00003-3/fulltext#seccetitle90](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00003-3/fulltext#seccetitle90)
- Plaha M. Spire Healthcare: Death of NHS-funded private patient raises safety concerns. *BBC News* 2024 Apr 9. <https://www.bbc.co.uk/news/uk-68717086>
- Royal College of Emergency Medicine. Almost 300 deaths a week in 2023 associated with long A&E waits despite UEC Recovery Plan. 1 Apr 2024. <https://rcem.ac.uk/almost-300-deaths-a-week-in-2023-associated-with-long-ae-waits-despite-uec-recovery-plan/>
- Whitaker P. Our A&E crisis is killing hundreds a week—and government spin can't hide it. *New Statesman* 2024 Apr 9. <https://www.newstatesman.com/comment/2024/04/nhs-crisis-killing-hundreds-week-government-spin-cant-hide-it>
- Bostock N. Fifth of GP practices have closed or merged since NHS England was formed. *Pulse* 2022 Jun 20. <https://www.gponline.com/fifth-gp-practices-closed-merged-nhs-england-formed/article/1790429>
- BMA. Pressures in general practice data analysis. Updated 4 Apr 2024. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>