# **The Guardian view on the privatisation of health: outsourcing will not save the NHS**

Buying care from the private sector brings short-term relief, but it won’t solve the problem of underfunding

Private hospitals in England carried out [more procedures](https://www.theguardian.com/society/2024/mar/08/private-hospitals-cannibalising-nhs-in-england-by-doing-10-of-elective-operations) on the NHS’s behalf last year than ever before. The total figure of 1.67m elective (non-urgent) treatments such as joint replacements and cataract removals amounted to 10% of the total – the first time this symbolically important threshold has been reached.

In the short term, the arrangement under which the NHS purchases care from private providers is reducing waiting times for some treatments. But the benefits to patients, and to NHS administrators and ministers struggling with waiting lists and [rising public dissatisfaction](https://www.theguardian.com/society/2023/mar/29/satisfaction-with-the-nhs-plummets-to-lowest-level-in-40-years), should not blind anyone to the fact that the growth of private healthcare undermines the NHS and the principles that are its foundation.

Rising demand for private healthcare is not limited to NHS commissioners. At the same time that they are spending more money than ever on private providers, demand for insurance is booming. Last week, Aviva reported a [41% year-on-year rise](https://www.theguardian.com/business/2024/mar/07/avivas-profits-rise-as-demand-for-uk-private-health-insurance-booms) in sales of health policies in 2023. Customers were split between individuals and businesses, more of which are choosing to offer cover to employees, partly in response to NHS waiting lists. In addition, increasing numbers of people are unfairly being forced to dip into savings to fund one-off treatments and avoid spending years on a waiting list.

Private healthcare is not new. The market has long enabled those who can afford it to [access care more quickly](https://www.theguardian.com/society/2024/mar/08/my-gp-suggested-it-britons-explain-why-they-went-private-for-surgery). Some policies enable access to drugs or other treatments that are unavailable on the NHS. But the current expansion of private provision is unprecedented and includes significant capital investment. In Birmingham and Surrey, new hospitals have been built jointly by NHS trusts and businesses.

The [systematic underfunding](https://www.theguardian.com/society/2022/dec/12/decade-of-neglect-means-nhs-unable-to-tackle-care-backlog-report-says) of the NHS over 14 years of Conservative government, combined with the failure to develop a social care policy and the rising cost of ill health, has caused the current crisis. But the temporary relief that is provided by the expansion of private provision, for those whose circumstances enable them to access it, must be weighed against the longer-term impact.

These include competition for staff between public and private employers. Over time, there is a danger that the more straightforward work typically undertaken in the private sector, combined with higher pay, will draw staff away from public hospitals. A related risk is that NHS clinicians will see the proportion of their cases that are [complex and chronic](https://www.theguardian.com/society/2024/jan/19/back-and-neck-problems-driving-major-uk-health-crisis-say-medical-leaders) increase – relative to simpler, easier-to-treat problems that are more easily outsourced. This could damage morale and make the NHS a less attractive place to work. At a time when staff recruitment and retention are already [acute problems](https://www.theguardian.com/society/2024/jan/16/nhs-across-uk-spends-a-staggering-10bn-on-temporary-staff), anything that adversely effects job satisfaction must be taken seriously.

For supporters of the UK’s unique public healthcare model, the overarching fear is that the growth of for-profit healthcare will gradually weaken people’s attachment to the NHS. If the proportion of the population with private insurance keeps rising, and the service [continues to be underfunded](https://www.theguardian.com/uk-news/2024/mar/04/nhs-funding-faces-biggest-real-terms-cuts-since-1970s-warns-ifs), there may come a point when support for the principle of taxpayer-funded care that is free at the point of delivery starts to be eroded. If the NHS is to remain one of the cornerstones of our public realm, this must be prevented. It seems all but certain that it will fall to a Labour government to stop the rot. Without substantial public investment, it is unclear if and how it will achieve this.