# **The desperate struggle to access NHS treatment**

Readers on the lottery that British healthcare has become, with many forced to go private to get the necessary treatment to stay alive

Many people may be shocked by your article on the role of private hospitals in reducing the NHS waiting list, but it doesn’t tell the whole story ([Private hospitals ‘cannibalising’ NHS in England by doing 10% of elective operations, 8 March](https://www.theguardian.com/society/2024/mar/08/private-hospitals-cannibalising-nhs-in-england-by-doing-10-of-elective-operations)). I decided in desperation to go to a private hospital for a consultation more than 12 months after an initial NHS diagnosis. I saw a doctor who offered me the latest treatment; his quote was £8,000. This, and second thoughts about going private, made me give up on the idea. Months later, I got a letter from the same private hospital offering a pre-consultation for the procedure, which was “to be paid for by the NHS”.

I discovered that the named consultant was the head of department in the specialism at the local [NHS](https://www.theguardian.com/society/nhs) hospital. In fact, several of the doctors in that specialism are also treating patients privately in the nearby private hospital. I find it hard to get my head around this game of musical chairs. It surely brings into question the ethics of a profession that is in effect, to coin a phrase, stealing your watch and charging you to tell you the time.  
 **Name and address supplied**

After a week in hospital, my husband was discharged with an “urgent” referral to gastroenterology. “Urgent”, we discover, means an average wait of 50 weeks. While treatment delays pose risks, there are also, as David Rowland of the Centre for [Health](https://www.theguardian.com/society/health) and the Public Interest thinktank points out in your article, “systemic patient safety risks” in the private sector, which transfers patients to the NHS when it cannot cope with complications. It does not train doctors. It uses the existing pool of state-trained medics, so no additional resources are being added to the system.

As private medicine grows, it will suck out more and more, leaving a skeletal NHS that everyone relies on, whether they can pay privately or have insurance cover or not. I have not heard of any private alternative being set up to cover A&E.  
**Jennifer Rees***Cardiff*

Many diagnostics clinics are also outsourced to the private sector. My recent appointment for an ultrasound scan arrived on my phone from a caller unknown to me, so I almost deleted it as a scam. I was given an appointment on a date that I could not make at a clinic some distance away, which I could not reach without a driver since no public transport served the area. Those without such assistance would be forced to forgo the test unless a nearer clinic could be offered. Excellent diagnostic clinics have previously been available at two local hospitals easily accessible by public transport. Why are patients being sent 20 or more miles away? Money is the answer.

As a child of pre-NHS days, I remember the joy that its arrival brought to our parents. We are sad now as we see it being broken up to be replaced, by stealth, with profit-making private clinics and hospitals.  
**Patricia Goddard***Chesham, Buckinghamshire*

Eric Tyrer’s suggestion that his age, 76, had something to do with not going on the waiting list echoes my own experience ([Letters, 11 March](https://www.theguardian.com/society/2024/mar/11/an-agonising-wait-for-surgery-and-nhs-rationing-forced-me-to-go-private)). Having been diagnosed with prostate cancer at 78, I was told by my private consultant that “we don’t operate on people over 75”. Luckily, I found another surgeon who told me: “I don’t go off age. I go off how you look and how well you are. I’ll operate.” Five months on, I’m cancer-free and have started playing golf again.  
**Bob Dawson** *Bury, Greater Manchester*

Re your report on NHS funding ([NHS England leaders welcome £6bn budget boost but say much more is needed, 6 March](https://www.theguardian.com/society/2024/mar/06/nhs-england-leaders-welcome-6bn-budget-boost-but-say-much-more-is-needed?CMP=Share_AndroidApp_Other)), my 35-year-old son in law was diagnosed with a brain tumour in September 2022. An initial operation removed half of it and he was offered radio- and chemotherapy. Due to the generosity of people through a JustGiving page, he was able to access private treatment and went into remission for six months. Sadly, a further tumour was detected just before Christmas. He was advised by his NHS consultant that it was inoperable. Fortunately, he was able to access further charitable funding and it has now been removed in a hospital abroad. The future is looking hopeful.

Our health service was the envy of the world. It has been slashed and bashed to the point where it offers no more than a rump service to people who have no alternative. Facilities are run-down and overcrowded. Staff are overworked and demoralised. It is down to his determination and that of his partner, together with the generosity of strangers, that he is still here.

But why are these possibilities not available to those who don’t have the financial means and the determination to source alternatives? The destruction of the NHS is a gross act of political vandalism. Its loss will diminish us all.