

Briefing note: The bet against the NHS – how likely is a two-tier healthcare system in the UK?

Introduction – is the UK moving towards a two-tier healthcare system?

1. Ever since the COVID 19 pandemic left the NHS with over 2.5 million patients waiting more than 18 weeks for treatment, commentators have begun to talk about the emergence of a two-tier healthcare system in England, whereby those who have either health insurance, or the financial resources to pay for their care in the private sector are seen quicker than those who rely on the NHS.¹
2. Whilst patients choosing to pay privately has always been a feature of the UK healthcare system, there is no doubt that over the past year the number of people paying privately has significantly increased, with some in the private sector talking about the pandemic 'turbo-charging' the existing trends in the growth of private healthcare in the UK.
3. This trend has been especially evident amongst those without private health insurance who are paying out of their own resources for private healthcare (also known as 'private pay' or 'self pay').² For example, the Private Hospital Information Network (PHIN) has recently estimated that the number of people paying out of their own resources for hip operations between 2019 and 2022 has increased by 193%.³
4. Spire healthcare – the only major private hospital company in the UK which provides data on its operations because it is listed on the UK stock exchange – has also seen the number of people who have paid out of their own resources for their care increase significantly. Spire's latest annual report shows that its revenue from private pay in 2021 was £292 million compared to £178m prior to the pandemic - a 63% increase.⁴
5. There is also evidence that since the pandemic the private sector in England has for the first time undertaken more hip and knee operations – the most common form of orthopaedic 'elective care' - than the NHS⁵. In the first 8 months of 2021 private hospital undertook 56% of all hip and knee operations, compared to 40% prior to the pandemic with a substantial proportion of those being paid for privately.
6. This shows both that the private for-profit sector has the capacity to meet the current demand from people who are seeking to pay for their care and that medical consultants are increasingly treating people privately, potentially at the expense of NHS patients.
7. Both the growth in healthcare activity which is funded by private pay and the increase in healthcare activity in the private sector suggests a potential shift towards a two-tier healthcare system, although the fact that the NHS is still recovering from the impact of the pandemic makes it difficult to tell whether this trend will continue.

About this briefing note

8. The circumstances which have led to the possibility of a two-tier healthcare system emerging in a country with a publicly funded universal healthcare system based on need rather than ability to pay is poorly understood.
9. This briefing note seeks to explain the growth of the for-profit healthcare industry in the UK over the past two decades and the role played by government in facilitating this.
10. It seeks to demonstrate how decades of investment and marketing strategies by overseas investors along with government support for the for-profit healthcare sector has put it in a position where it can now capitalise on the growing demand for private treatment.
11. It argues that without government support for the private healthcare sector, private hospitals would not be able to offer an alternative to NHS care.
12. It concludes by examining the potential for a two-tier system to emerge in the UK, the factors which may prevent this from happening and the extent to which the switch from a system based on need rather than ability to pay is ultimately a political decision.

Key Facts:

193% - the increase in the number of people paying out of their own resources for hip operations between 2019 and 2022

£2 billion – the amount invested by the private sector in newly opened acute healthcare since 2014

£1 billion – the amount of capital expenditure by just 3 for-profit hospital companies in the 5 years since 2016

£761 million – the amount spent by the NHS on large hospital developments since 2014.

£9 billion – the estimated size of the maintenance backlog in NHS hospitals

£5.6 billion – the increase in the amount spent by the NHS on the private healthcare sector between 2013 and 2018

43 - the number of new private ophthalmology clinics which have opened across the UK since 2014

46% - the amount of total NHS funded cataract operations which were provided in the private ophthalmology sector in 2021, up from 11% in 2016.

£8.75 billion – the cost to the taxpayer of training the 17,500 medical consultants who deliver care in the private sector, a cost which the private sector does not contribute to.

£2 billion – the amount spent by the NHS in the private hospital sector in one year during the COVID pandemic.

Section 1: Over the past 2 decades government has actively grown the private healthcare sector in the UK through a series of policy initiatives.

13. The private acute healthcare sector in the UK is estimated to be worth around £6.2 billion a year.⁶ Out of this, around £1.7 billion is revenue which comes from the taxpayer.
14. The development of the private healthcare sector in the UK has been significantly aided over the past 2 decades by government policies, in particular the outsourcing of NHS treatment to private hospitals, the policy of encouraging NHS Foundation trusts to enter joint venture partnerships with private companies and the provision of support during recent financial crises.

Independent Sector Treatment Centres (ISTCs)

15. Active support for the private hospital sector in the UK began under the Blair/Brown governments where Independent Sector Treatment Centres were used to reduce NHS waiting lists. These privately owned treatment centres provided NHS-funded diagnostics and elective care services such as hip operations, cataract surgery and knee operations.
16. The ISTC programme was especially important to three of the large private healthcare providers operating in the UK today, Spire, Care UK (now known as the Practice Plus Group) and Ramsay Healthcare, whose initial growth can be traced back to the ownership of ISTCs in the early 2000s.⁷
17. To attract mainly overseas private companies to build and run these centres, the government offered them a range of financial incentives. This included paying them on average 11.5% more than equivalent cost of an operation provided by the NHS, a subsidy which cost the taxpayer around £130million.⁸
18. In addition, ISTCs were guaranteed payments irrespective of whether they undertook the contracted number of procedures for the NHS. Although the actual subsidy is not known, it has been estimated that it may have cost the state an additional £220m.⁹
19. The government also gave a guarantee that it would buy back some treatment centres at the end of the 5-year contracts at a potential cost of £187million.¹⁰
20. These subsidies allowed the companies concerned to cover their initial start-up and capital costs and helped lead to 35 new private treatment centres being built. Ultimately these policies led to around £370 million being spent by the NHS from the independent sector in 2012 an increase of 42% since 2006.

NHS Choose and Book initiatives

21. After the ISTC programme had been established, the introduction of the 'Choose and Book' initiative in 2008 – whereby patients visiting a GP were able to choose a private hospital for NHS treatment - has also provided significant income stream to private hospitals. ¹¹
22. Prior to this initiative Primary Care Trusts or Clinical Commissioning Groups would buy a certain number of operations each year from private hospitals or ISTCs which placed a limit on the amount of NHS funded activity which could be undertaken by the private sector.
23. Under Choose and Book, the number of operations which CCGs were required to fund from the private sector would be determined by patients, who would often choose local private hospitals over NHS hospitals because waiting lists were lower.
24. To understand the extent of the growth of NHS funded activity in the private sector it is useful to look at comparative growth rates for elective care which have taken place since the Choose and Book initiative was introduced.
25. Between 2010 and 2018 there was a 19% growth in NHS funded elective care in NHS hospitals compared to a 156% growth in NHS funded care in private hospitals.¹²
26. In financial terms, data from the Department of Health and Social Care's accounts from 2019 show that between 2013/14 and 2018/2019 an additional £5.6 billion of NHS England's budget went on the independent sector – an increase of 23%.¹³
27. An analysis of the accounts of all CCGs in 2019 found that the average spend on non-NHS providers of healthcare was around 15%, with over 30 CCGs spending over 20% of their annual revenue on non-nhs providers.¹⁴

NHS Foundation Trust and Joint Venture Partnerships

28. The creation of NHS Foundation Trusts – NHS hospitals with greater autonomy and which were encouraged by the government to generate more of their income from outside of the NHS - also provided opportunities for the private healthcare sector to engage in joint venture partnerships with the NHS.
29. HCA healthcare, the US owned healthcare company, has focused on developing such partnerships allowing it to benefit from the location, infrastructure and the NHS workforce to expand its operations.
30. For example, the Christie Clinic in Manchester, is a joint venture between HCA and the Christie NHS Trust, which generates £48 million a year in revenue from private cancer patients and whose profits are shared between HCA, the Trust and with the NHS consultants who also have shares in the company.

31. Between 2015 and 2022 the joint venture increased its revenue from £23m to £48m and more than doubled the total number of outpatients from 11,000 in 2015 to 21,000 in 2022.¹⁵
32. HCA also operate a 40 bed inpatient cancer care centre for private patients at the Guys and St Thomas' Hospital at London Bridge and also rents out a section of the University College London Hospital (UCLH) to provide private patient services. ^{16, 17}HCA are soon to open a new £100m private hospital under a joint venture arrangement with University Hospitals Birmingham NHS Trust on their site.¹⁸
33. Other private healthcare companies are also seeking to benefit from joint venture partnerships with the NHS. For example, Barts Health Trust have recently allowed Nuffield Healthcare to take over one of the buildings to establish the first private hospital within the City of London at a cost of £70m.¹⁹

Support for the private hospital sector during financial crises

34. In those situations when the economy has suffered an economic shock causing a reduction in income from private patients the government has often provided financial support.
35. In 2014 the Competition and Markets Authority carried out a study into the UK private healthcare market. It found that the growth in expenditure on the private sector by the NHS in the immediate period following the 2008 financial crisis, 'sheltered them' from the decline in other sources of revenue.²⁰
36. In the recent economic shock caused by the pandemic, the government also provided significant support for the private hospital sector to enable it to remain financially viable and indeed put it in a position to capitalise on the growth in NHS waiting lists.
37. During the first year of the pandemic, the NHS paid for the full operational costs of the private hospital sector at a cost of £2 billion a payment which covered all debt and rental payments. In addition, the NHS also covered all the private hospital sector's indemnity costs when treating NHS patients, provided them with the healthcare staff to treat patients and allowed them to claim furlough payments for any staff who were not working.²¹
38. Although these contracts were set up to enable the NHS to avoid being overwhelmed by COVID patients, very few COVID patients were treated by the private hospital sector and the sector undertook less work for the NHS than prior to the pandemic. ²²

Section 2: Government support for the private hospital sector, combined with a real terms reduction in NHS spending over the past decade has prompted a large influx of capital from overseas investors in the UK healthcare market with the intention of meeting new demand from private payers.

39. Over 50% of the private hospital market in the UK by revenue is owned by overseas companies. Those providers with parent companies overseas include HCA Healthcare – whose parent company is based in the US – Ramsay Healthcare and Genesis – whose parent companies are based in Australia and the Schoen Clinic, whose parent company is based in Germany. In addition, Circle/BMI is owned by the US healthcare corporation Centene, whilst the eye care companies SpaMedica and Optegra are owned by private equity companies Nordic Capital and H2 Equity Partners.²³
40. Government outsourcing of NHS services have provided income streams which these overseas owned companies have been able to rely on as they have planned their expansion in the UK market.
41. For example, Ramsay healthcare generates around 79% of its income from the NHS, whilst prior to the pandemic Spire and BMI Circle generated around 30%. HCA Healthcare generates only a very small proportion of its income from the NHS but as noted above it benefits from the infrastructure and personnel of the NHS in different ways.
42. The existence of this relatively secure income stream has enabled overseas companies to invest in new infrastructure in the UK in the secure knowledge that a significant proportion of the beds, surgical theatres and equipment will be utilised by NHS funded patients.
43. The private healthcare sector also knows that it can rely on NHS consultants to deliver operations in their hospitals on a “freelance” basis, without it having to either contribute to their training costs or to employ them directly.
44. Given that it costs around £0.5m to train a doctor to the level of a consultant and that there are an estimated 17,500 NHS consultants working privately in the UK, this means that overseas investors are given access free of charge to a highly trained, expert workforce worth £8.5 billion. Although there have been many calls over the years for the private hospital sector to contribute to the training costs of consultants these have been resisted.
45. Whilst government policy has created an attractive investment environment for overseas private healthcare care companies, their attitude towards investing in the UK has also been informed by assumptions about the ability of the NHS to meet growing population need.

46. In particular, the reductions in NHS spending over the past decade along with the growth in NHS waiting lists have meant that over the past 5 years many overseas companies have designed their business and marketing strategies with the intention of capitalising on the growing numbers of people unable to access NHS treatment and who are prepared to pay for it themselves privately.
47. For example, in 2018, Spire Healthcare noted in its presentation to investors that “demand for UK healthcare provision will continue to rise rapidly, with NHS waiting lists increasing (especially for elective work), whilst rationing and restrictions are growing”²⁴ Against this NHS backdrop they strongly of the view that ‘consumers were increasingly prepared to pay for healthcare and had identified an additional 1.3 million people who would be willing to “self pay”.
48. This analysis of the UK healthcare market was also supported by investment bank JP Morgan which noted in 2017 that “continued structural pressure on the NHS will increasingly necessitate the use of the most efficient providers and is likely to lead to more outsourcing to the private sector. If not, we still believe the private sector will benefit as individuals are increasingly forced to dip into their own pockets to fund their care”

The bet against the NHS

49. It could be argued that the private healthcare companies are now betting against the NHS being able to meet both current and future population need. Some of them are confident enough in their belief that demand for privately funded healthcare will grow that they are moving away from a reliance on NHS income and towards income from private payers.
50. Thus prior to the pandemic Spire set itself the ambition of reducing the amount of its income it derived from the NHS and replacing it with income from patients paying out of their own resources. Due to the growth in waiting lists since the pandemic, it has achieved this more rapidly than expected. In 2019 the NHS made up 29% of Spire’s income by 2022 this had fallen to 24%, which is now below the amount the company generates from private payers which is 29%²⁵.
51. In addition to capitalising on growing waiting lists, companies like Spire have understandably also sought to create demand for private pay healthcare services. Like other healthcare companies they have made the pricing options for packages of care more attractive by introducing fixed cost packages of care a hip operation as well as making cheap credit available.
52. They have also conducted digital and TV advertising and brand awareness initiatives which according to their latest report led to an increase aware of private healthcare amongst their target audience. This combined with a focus on making “Self Pay” easily and accessible helped to support an ‘exceptionally high revenue growth amounting to a near doubling of pre-pandemic levels. ²⁶

53. The value of the 'bet' against the NHS can also be measured by looking at the investments in new private hospitals and clinics by overseas investors over the last 8 years.
54. Thus between 2014 and 2022 the private sector invested around £2 billion in 40 new acute facilities in England – a figure which excludes investment in new private mental health facilities or eye care clinics and hospitals. In addition, three companies (BMI, Nuffield, Spire) spent £1.1 billion in capital projects in the 5 years between 2016-2020.²⁷
55. The NHS in contrast has been starved of capital for anything other than ongoing maintenance which again provides a further incentive for private investors to commit funds towards building new hospitals and clinics. In terms of large-scale capital investment for new NHS hospitals just £760m has been made available since 2014 of which £322m is for just one NHS hospital in Brighton.²⁸
56. The government has committed to spending £3.7 billion as part of a new 'Hospital Infrastructure Plan' to build 40 new hospitals to make good on a decade of under investment in NHS facilities.
57. However, since 2019, when the commitment was made just over £500 million has been spent on building new hospitals, and £300 million of the available funds have been committed to funding the failed PFI schemes in Birmingham and Liverpool which had been due to open over 5 years ago^{29,30} On top of this the NHS is facing an estimated maintenance backlog of around £9 billion³¹.

Private cancer care and higher acuity services

58. Whilst elective care has been the bread and butter of the private sector for many years, private companies are now generating increasing amounts of revenue from the provision of cancer services and more complex treatments such as cardiology and neurology, which suggests a new source of demand for private healthcare.
59. Healthcare market analysts Laing Buisson in 2019 noted that "general there is a general movement "up acuity" in terms of more complex, care being provided by the private sector. This is in part due to independent hospital investment in equipment, services and Level 3 ITU capability, allowing consultants to treat patients privately that previously might only have been treated on the NHS. These types of patients can be highly lucrative from a provider point of view"³².
60. This shift towards generating more income from more complex forms of care can be seen in the fact that in 2019, the private hospital sector in London generated more of its income from cancer care services than from other specialties such as orthopaedics.³³
61. It also explains the investment strategies of two new entrants into the UK private healthcare market. In 2022 The US not for profit operator the Cleveland Clinic opened a new 184 bed hospital in London at an estimated cost of £890 million.

62. In addition to having 29 intensive care beds the hospital will focus on cardiology, neurology, orthopaedics and gastroenterology.³⁴
63. Genesis Healthcare which specialises in the provision of cancer care services which is mainly owned by American private equity fund KKR and also backed by the Chinese government via investment group China Resources Group, has invested over £100m in new private oncology in 14 centres distributed between Bristol to Nottingham as well as on the South Coast of England.
64. Genesis care's founder told the Financial Times in 2016 that "Access to capital is not a problem for us" and has recently seen a further big injection of cash from KKR and China Resources to support its operations.^{35 36}
65. They have focused on providing chemotherapy services in clinics based in business parks to make them both lower cost and accessible for patients who do not live close to major cities. This strategy also allows NHS consultants who are not based in London, Manchester or Birmingham where the majority of private healthcare is delivered to establish a private practice.

Private Eye care (Ophthalmology)

66. Eye care is another area where the private sector sees new opportunities for growth in the UK. Whilst the provision of optician services (eye tests and the sale of glasses) is provided by high street businesses, ophthalmology – a consultant led healthcare activity – has been traditionally provided in NHS eye hospitals.
67. Since 2014 46 new private ophthalmology clinics have opened, many in the last few years and like, other parts of the private healthcare sector, their ability to generate a profit has depended on income from the NHS.³⁷ Thus in 2021 around 46% of all NHS funded cataract operations were delivered outside of NHS hospitals a significant rise on the 11% delivered by private companies in 2016.³⁸
68. The establishment of this new infrastructure will enable private eye care companies to switch to providing more privately funded services if this becomes more profitable or if demand for private pay treatment increases.
69. There is some suggestion that this may be starting to happen. Since the pandemic there has been a dramatic fall off in the provision of NHS cataract surgery with reports of increased rationing by the local NHS and as a result there has been a growth in people paying out of their own resources to access care. Thus, the percentage of privately funded cataract surgery increased from 53% in 2019 to 66% in 2022.³⁹
70. And because, private eye care providers are now employing increasing numbers of ophthalmologists with concerns about them 'poaching' consultants from the NHS this has the potential to 'hollow out' NHS eye hospitals making it less likely over time that the NHS will be able to meet the growing demand for eye care services.⁴⁰

Conclusion – How likely is a two-tier NHS?

71. The trend towards people paying for their own healthcare is strongly linked to investment in NHS facilities, staffing and frontline care. Recent history shows that when the government invests substantially in the NHS, private healthcare spending drops. Thus in 2009 after the Labour government had increased expenditure on the NHS, spending on private healthcare paid for by individuals had fallen by 4% compared to when it came to power in 1997.⁴¹
72. As of October 2022 the economic outlook facing the UK suggests that even if the government commits to the current spending plans it will face a shortfall of £14 billion.⁴² It is difficult to see on this basis how waiting lists will fall to the point where demand for private healthcare will reduce.
73. However, it is also likely to be case that the recent growth in private healthcare has been in part funded through cash surpluses which were built up during the pandemic, a source of income which will not be available in the future.
74. In addition, increases in mortgage payments, energy costs and wider inflationary pressures are likely to diminish disposable household income over the short to medium term. And the cheap credit options which private healthcare companies had sought to make available to those paying out of their own resources, could also potentially disappear due to rising interest rates. This means that the target consumers for private pay services may not have the funds available to pay for their care.
75. There is also a limit to the ability of the private sector to meet growing demand, even with the large amounts of investment in new facilities and equipment which have occurred over the past 5 years. So long as most medical consultants are employed by the NHS there is a limit on how many procedures and operations the private sector can deliver, as they are contractually obliged to commit most of their time to treating patients in NHS hospitals. And in any case, there are shortages across many of the consultant specialties.⁴³
76. These workforce constraints on private sector expansion could explain the reasons given by Ramsay Healthcare for not increasing its recently rejected £1.4 billion takeover bid for Spire Healthcare. Ramsay's CEO Craig McNally told the Financial Times that there was "no pot of gold at the end of the rainbow" for the private sector just because of a rise in NHS waiting lists.⁴⁴
77. As a result, a two-tier healthcare system in the UK is not an inevitability. Its likelihood depends on political decisions about funding for the NHS, investment in new healthcare facilities and an expansion of the healthcare workforce. Equally, as was seen during the financial crisis of 2008 economic downturns can also impact on the fortunes of the private healthcare market, making the future of both the NHS and the private hospital sector in the UK very uncertain.

78. However, if a two-tier system does emerge over the next decade, it will be to the detriment of the health of the population and is likely to exacerbate the high levels of health inequalities in the UK.
79. Because the UK does not have a surplus of healthcare resources – either doctors, nurses, or facilities –this means that there is one pool of resources for private payers and one pool of resources for those who are funded on the state. As a result, the growth in private care for those with the ability to pay can only come at the expense of those who cannot afford to do so.
80. If the NHS ends up becoming a residualised service only available to those on low incomes then it will no longer be able to deliver the same high quality healthcare. Research into the British Welfare System shows that services for the poor, end up being poor services. This is not only because the ability of those on low incomes to agitate for better quality care is weaker than the middle classes, but also because the availability of taxpayer funds which are dedicated to a “residualised” welfare services diminishes, as these services cease to be funded by middle class taxpayer.
81. Or to put it another way, it is very difficult to convince middle class voters to support tax increases to fund the NHS when they are having to pay out of their own resources or through insurance for their own care and so are unlikely to benefit from such tax increases.
82. Therefore, re-affirming the founding principles of an NHS system which provides care based on need rather than ability to pay is critical to maintaining and improving population health.

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