

# Labour on waiting lists: NHS apps and 'Partnership agreement between the NHS and the independent sector'

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<https://www.gov.uk/government/news/pm-sets-out-plan-to-end-waiting-list-backlogs-through-millions-more-appointments>

<https://www.england.nhs.uk/long-read/elective-recovery-a-partnership-agreement-between-the-nhs-and-the-independent-sector/>



# The challenge faced by the NHS

- Winter that threatens the worst of crises
  - Flu, covid, RSV and norovirus
- 107,000 vacancies including 32k nurse vacancies (Sept '24)
- an 88-year-old patient waited 91-hour for in A&E
- 14,000 avoidable deaths from delayed urgent & emergency care
- 6.4 million people waiting for 7.5 million procedures
- 'Why can't I see my GP?' etc

# What is Labour promising on elective waits

- 92% of referrals seen and treated within 18 weeks **by 2029**
- 2 million extra appointments a year by July
- ½ million appointments via community diagnostic hubs 12hrs/7d – same day tests and consultations ...
- ... and new/expanded surgical hubs ('bringing the best to the rest') - a focus on reducing gynaecology waits
- Cutting 1 million appointments by putting the onus on patients to request follow-up – using NHS app
- Reliance on extension of NHS app to reduce failed appointments
- Back to Milburn's financial incentives
  - for GPs (to cut referrals)
  - and trusts to cut waiting times – those struggling most will get least help
- **A partnership agreement with the independent sector**
  - £2.5bn to the private sector for 1 million appointments

# ‘Elective recovery: a partnership agreement between the NHS and the independent sector’ (1)

‘As part of the agreement, there are three main strategic initiatives:

- **Digital Integration:** NHS and independent sector digital systems will be aligned around national standards, allowing patients to easily access appointments and results via the NHS App.
- **Long-term Contracts:** Encouraging longer-term contractual relationships will enable further independent sector investment in NHS capacity.
- **Workforce Development:** Both sectors will collaborate to grow and develop the elective workforce, ensuring consistent training in the independent sector.’ (2)

(1) <https://nationalhealthexecutive.com/articles/nhs-partner-independent-sector-improvement>

(2) <https://www.england.nhs.uk/long-read/elective-recovery-a-partnership-agreement-between-the-nhs-and-the-independent-sector/>

# Wes Streeting's caveats on private contracts (3)

- **Only if genuine extra capacity and no material impact on NHS (sic):**

*'Independent providers should ensure that capacity offered to the NHS provides additionality to system capacity and is capable of being staffed without having a material impact on the existing local NHS workforce. This includes supporting joint training locally with NHS partners.'*

- **On cherry-picking:**

*'Independent providers commit to providing support in the most challenged specialties when enabled to do so' – this includes gynaecology and orthopaedics (4)*

- **On conflict of interest:**

*'One of the barriers to effective patient choice is the conflict of interest that arises when referrers deliver part of the patient pathway (including follow up care). All providers commit to ensure that they do not provide incentives that distort patient choice.'*

- **On training of staff:**

*'NHS and independent healthcare employers should work together to identify existing and future local staffing requirements to support workforce planning and professional training.'*

# The risks – to patients, staff and the NHS

- worsening health inequalities from barriers to accessing IT – communication, literacy (5), language, sensory loss, learning diffs, poverty, homelessness
- less safe care cutting face to face appointments and leaving it up to patients
- rewarding best performing trusts leaves other trusts to struggle
- the private sector embed it further in the NHS
- further outsourcing and threat to training standards
- the NHS left underfunded remains a second-tier service with greater fragmentation of care
  
- ***Still no definite plan for social care***

(5) 6.6million, 18% of population says the National Literacy Trust

# Campaigning

- Evidence proves NHS is best
- the NHS did in in 2000s and in Covid – when funded, supported
- we call for a commitment to public provision and ending outsourcing
- and further emergency funding
  
- **We Own It has three demands**
- Buy out private sector capacity to boost the NHS
  - Maidstone & Tunbridge Wells bought a Spire hospital
- Bring outsourced contracts back into the NHS saving £10m per week
- No more PFI deals rebuilding the NHS

# Early thoughts on our messaging in response to Labour's plan to end the waiting list crisis 1

- 1. The NHS when funded to succeed offers the best health care - the evidence tells us this.**
- 2. New Labour's investment in NHS staff and facilities was the key to bringing down waiting lists in 2000's** and increasing public satisfaction – not deals with private sector.
- 3. Private outsourcing of NHS healthcare is more expensive and less safe** for patients – the evidence tells us that too. So, diverting public funding to the private sector undermines the resources available to the NHS and provides a worse service.
- 4. No “spare capacity” in the private sector that does not take away NHS staff and funding – misguided to say otherwise.**
- 5. The private sector is being given long-term NHS contracts to expand their capacity and foothold within the NHS body – Public money will be used to underpin private capacity, guaranteeing private profits, minimal risk**
- 6. This is more expensive than investing in the NHS and delivers worse care.**
- 7. There is only one staff pool as only the NHS trains staff.** If more work is done in the private sector, staff are inevitably taken away from NHS work with the result that NHS services are reduced and undermined. **Training in the private sector has to be suspect**



# Early thoughts on our messaging in response to Labour's plan to end the waiting list crisis 2

**8. Aligning digital integration, workforce development and training and long-term contracts gives the private sector a more powerful foothold in the NHS for no evidence-based reason.**

**9. Small private sector units typically lack intensive care facilities, multi-disciplinary teams and adequate night-time medical cover – contributing to the known higher risk to patients.**

- This is despite the private sector cherry picking uncomplicated patients and leaving complex cases to the NHS.

**10. Low paid workers are treated less well in the private sector – insulting and unfair: worse Ts and Cs, pay and sick leave, job security for staff; to cut costs and generate profits. Also worse for patients.**

**11. On ideology:** So, far from those who oppose private contracts in the NHS being ideological, it is a misguided and ideological choice of Government to invest in the private sector at the expense of rebuilding the NHS.



**End**