

# The role of the independent sector in the NHS: Busting the myths

## Myth:

Large parts of the NHS are being privatised.

## Reality:

Since the NHS was established in 1948, a range of non-publicly owned care providers – including the independent sector, charities, and social enterprises – have supported the NHS in the delivery of free at the point of use care. Indeed, if you include spending on primary care services (nearly all GPs are independent contractors) then some have estimated that around **25% of NHS spending goes on non-NHS bodies**. More broadly however, the King's Fund has said that "there is no evidence of a significant increase in the share of spending on private providers or widespread privatisation of NHS services" and in 2018/19 NHS commissioners **spent only 7.3% of their budget on independent providers of NHS care**.<sup>1</sup>



## Myth:

The independent sector is only used by the NHS to cut costs.

## Reality:

The independent sector is used by the NHS to help it meet the increasing challenges it faces by: – **providing additional capacity** to help meet rising demand; in 2018/19 over 500,000 NHS patients were treated by independent providers, helping to cut waiting times for patients, and in the mental health and learning disabilities sectors, independent providers often deliver the most specialised care for people with complex needs. – **investing capital** in technology, buildings and facilities to treat NHS patients. – **spreading innovation**, eg deploying the latest diagnostics technology to improve patient care.



## Myth:

A US/UK trade deal will lead to the NHS being privatised.

## Reality:


**A free trade agreement with the USA will not affect the fundamental principles of the NHS** – that it is a public service, free at the point of use and funded by general taxation. 

How the NHS is funded and organised is within the gift of the UK government and will not change after we leave the EU. Equally, trade deals will not force the NHS to provide preferential access to foreign companies: foreign companies, including those from the USA, are already eligible to bid for NHS clinical contracts in England, provided they meet UK requirements.

## Myth:

The NHS is putting everything out to tender.

## Reality:

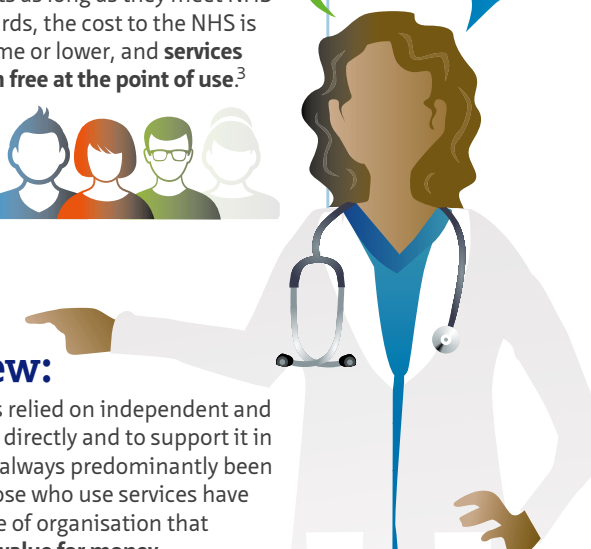
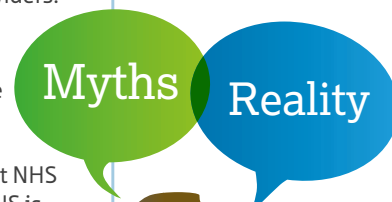
Current rules state that no one can pursue competition in the NHS if it is not in the interests of patients.<sup>2</sup>   
**Any tendering of services must be open and transparent** for the public to understand. A recent FOI of clinical commissioning groups found that services awarded by competitive tender made up less than 2% of total CCG spending on NHS clinical services.

## Myth:

The public thinks that care should only be provided by NHS providers.

## Reality:

79% of people agree with the NHS using the independent sector to provide services to patients as long as they meet NHS standards, the cost to the NHS is the same or lower, and **services remain free at the point of use**.<sup>3</sup>



## NHS Confederation view:

Throughout its history the health service has relied on independent and voluntary organisations both to provide care directly and to support it in a host of other ways. GPs, for example, have always predominantly been independent contractors. The public and those who use services have consistently made clear that it is not the type of organisation that is important, it is the **quality of care** and the **value for money** it offers, and there are countless examples of outstanding innovation and high-quality care from public, independent and voluntary organisations.

[www.nhsconfed.org](http://www.nhsconfed.org)  
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<sup>1</sup> Department of Health and Social Care (2019), *Annual report and accounts 2018-2019*.

<sup>2</sup> Monitor (2013), *Substantive guidance on the procurement, patient choice and competition regulations*.

<sup>3</sup> Lord Ashcroft KCMG PC (2015), *The people, the parties and the NHS*.