

10 Year Health Plan for England – privatisation

The 10 Year Health Plan for England will increase and embed NHS privatisation:

"Our use of a plurality of providers - from within the NHS, the voluntary sector, the independent sector or social enterprise - will not be limited to elective care."

Public money that should be spent on publicly provided patient care will be spent on expanding the private sector. This will be to the detriment of everyone who relies on the NHS; over time, we will see capacity in the NHS hollowed out, just as it has been in other areas of public service, for example, social care.

The Plan commits to further embed privatisation. It will:

- 'continue to make use of private sector capacity to treat NHS patients where it is available'
- 'develop a business case for the use of public private partnerships (PPPs) for neighbourhood health centres, ahead of a final decision at the autumn budget'
- heavily rely on private sector tech and data companies to deliver NHS productivity
- allow 'Integrated Health Organisations' to reinvest savings in 'capital projects, digital transformations, new partnerships, ... support for start-ups and SMEs' as well as patient care

IHOs are modelled on US Accountable Care Organisations, using capitated budgets and value-based contracts, holding 'the whole health budget for a local population'.

Privatisation has consequences:

- public money is spent on expanding the private sector, instead of rebuilding the NHS
- taxpayers' money ends up benefitting shareholders, instead of being spent on patient care
- private surgery relies on NHS surgeons, anaesthetists, nurses and technicians, reducing their availability to work in the NHS, thus undermining the NHS
- the NHS loses important training opportunities; this has happened with the use of the private sector to deliver cataracts, for example, and there are fears that we will have insufficient NHS clinicians in the future to treat more serious sight-threatening conditions such as wet macular degeneration and glaucoma
- using the private sector is expensive: research shows that 'on average £1 in every £3 which the NHS pays for a cataract operation leaks out in the form of profit' ⁱ
- private companies contribute nothing to the training of NHS staff – a subsidy equivalent to £8.75 billion to access NHS consultants alone ⁱⁱ
- use of the private sector brings with it additional costs, such as extra administration, contract bureaucracy and legal costs
- patient safety can be compromised: private services are less well regulated and have fewer reporting requirements than NHS facilities. ⁱⁱⁱ
- when things go wrong in a private healthcare setting and patients are harmed, the NHS risks having to pick up the bill.
- private hospitals are less well-staffed and equipped, and usually without intensive care. As a result, 6,600 patients treated in private hospitals have to be rescued by NHS urgent critical care every year, costing the NHS an estimated £80 million. ^{iv}

- private companies cherry-pick less risky, high volume, easier activities. The NHS is left with the more complex, higher-risk care, with fewer staff and less funding
- if the profit margin for the private sector is insufficient, it walks away without penalty. For example, in June 2025, *Totally* sold its contract for eight+ urgent care centres, and a number of 111 and out-of-hours primary care services.^v *Circle* gave up its Hinchingsbrooke Hospital NHS contract in 2015 – giving just three months’ notice.^{vi}

Public private partnerships (PPP) to finance the building of neighbourhood health centres are a bad use of public funds

- private finance is always more expensive than using public finance. For example, PFI hospitals built in the 2000s are expected to cost the public purse at least seven times as much as their initial build cost over the life of the PFI contracts.^{vii}

The publicly provided NHS will be downgraded and replaced by ‘an ecosystem of different providers’

Alan Milburn, a key influence on the 10 Year Health Plan and Wes Streeting’s mentor, explicitly relegates the publicly provided NHS to being just one part of a broader healthcare system. In his interview with the Health Foundation in August, he said:

‘We’ve got to stop viewing the healthcare system in this country as being about a single institution that we happen to call the National Health Service, and instead see it as being an ecosystem of very different providers from tele cos, tech cos, of course private sector providers, at the margins, the public sector.’^{viii}

This is a very different vision to that of Nye Bevan and threatens the future of the NHS as a comprehensive publicly provided service available to all. Despite social changes since 1948, the basic principles behind Nye’s vision still apply – as Lord Darzi said in his ‘Independent Investigation of the NHS in England’ last year.^{ix}

ⁱ [Out of Sight – the hidden profits and conflicts of interest behind the outsourcing of NHS cataract care.](#) — Centre for Health and the Public Interest

ⁱⁱ <https://static1.squarespace.com/static/665df1b730af0f34e4f4503b/t/675eb99ed6d32a0d3700c275/1734261150748/The-Bet-Againstthe-NHS-October-2022.pdf>

ⁱⁱⁱ https://www.chpi.org.uk/reports/safe-nhs-patients-private-hospitals-learning-care-quality-commission/?utm_source=chatgpt.com

^{iv} <https://questions-statements.parliament.uk/written-questions/detail/2022-03-16/141193/> and <https://static1.squarespace.com/static/665df1b730af0f34e4f4503b/t/668ac7516391ed4d053f9d6f/1720371027402/The-Devil-is-in-the-Detail-NHSEs-contract-with-private-hospital-sector-during-COVID-19-May-2023-COVER.pdf>

^v <https://www.hsj.co.uk/quality-andperformance/provider-sells-nhs-services-after-financial-collapse/7039418.article>

^{vi} <https://committees.parliament.uk/committee/127/publicaccounts-committee/news/185264/report-circle-withdrawal-from-hinchingsbrooke-hospital/>

^{vii} <https://chpi-fd3a752d575a6d9748daendpoint.azureedge.net/wp-content/uploads/2017/08/CHPI-PFI-ProfitingFromInfirmaries.pdf>

^{viii} [Alan Milburn on the 10-Year Health Plan](#) Health Foundation interview, August 2025.

^{ix} ‘Independent investigation of the NHS in England’, Lord Darzi. DOHSC. September 2024. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>