



Tomorrow's world:
what does the
future of healthcare
look like for the
independent
sector?

November 2024

Foreword

As we adjust to the different priorities of a new government, and as from Lord Darzi's independent review of the NHS the first green shoots of a new ten-year plan from the NHS begin to sprout, thinking about the future and how we can respond to the challenges ahead facing the health sector has rarely felt more important. The last decade has seen society change in ways we could scarcely have imagined, and even if we can't say quite for certain how it is likely to change in the next ten years, we surely know that it will.

Emerging from a testing period of pressure and uncertainty caused by the Covid-19 pandemic even stronger than before, the independent sector is already playing a key role in providing patient choice, both for NHS and private patients. The private market is experiencing significant growth, with many patients **using** private care for the first time thanks to the innovative service offerings available in the market. Alongside this, the sector is supporting NHS recovery and driving efficiencies and productivity in new and growing areas of provision, such as diagnostics, ophthalmology and insourcing alongside longstanding strengths in hospital and community-based care.

This report sets out just some of the ways that members and sector thought-leaders think healthcare delivery is likely to transform in the years ahead. Whether **looking at** their relationships with the NHS, the way that patients as consumers seek to manage their health in new and emerging ways, or the types of care and support the sector provides, it is clear that the sector is **considering** not only about the changes that are starting to appear on the horizon, but also how it will respond.

While the future is not set in stone, the IHPN and its members see the independent sector playing an ever more crucial role in the healthcare of the nation in the years **to come**. It's vital that a thriving independent sector is giving the fullest opportunity to play its part in contributing to the healthcare of the nation, and help to shape the future of the health system we want to see.

David Hare

CEO, Independent Healthcare Providers Network

Executive summary

The health system in the UK has changed dramatically over the last ten years. We've seen the move towards integrated care in the NHS presaged by the 2014 Five-Year Forward View. The private market has grown significantly, with LaingBuisson estimating the value of the [private acute sector alone at £11.4bn](#), alongside growth in private General Practice and diagnostics. IHPN's [Going Private 2024](#) report makes it clear how the range of patients accessing the private sector is shifting towards younger people. And the unexpected impact of the pandemic has meant the emergence of significant access problems across the public health system, with the recent [Independent Investigation of the NHS in England](#) laying bare the scale of the challenge.

2024 has seen the election of a new government, and the preparation of a new NHS 10 Year Plan. It is therefore a good time for independent healthcare to look forward, and consider what the decade ahead might mean for patients, providers, and the broader health system. We believe that independent healthcare will become an ever more vital part of the UK health system over the next ten years, and what follows provides vivid evidence for that case.

As technology continues to develop, especially in relation to the use of tools such as AI, so the way healthcare is delivered is also changing, with access, treatment and outcomes all seeing new and exciting innovations.

We know from the [IHPN Industry Barometer](#) that market sentiment is positive for the year ahead, with independent healthcare providers expressing increasing positivity in all three key markets – domestic self-pay, private medical insurance (PMI), and NHS funded. But we asked people to look further ahead and think about the trends that are shaping their business decisions.



The IHPN gathered the views of members across the sector representing acute, diagnostic, insourcing and community care providers, along with wider sector stakeholders, to understand their perspectives on the trends and developments that might shape the future of healthcare and therefore the sector across the next decade. The high-quality range of senior stakeholders who contributed to this report is evidence of the contribution of IHPN in playing a leading role in the sector including by gathering the unique insights of our members.

Provider organisations are positive about the prospects for independent healthcare in the coming decade. The sector has great things to offer but there is acknowledgement that many of the fundamentals have and will continue to change over the coming years. Demographic shifts, accompanied by sustained pressure on the NHS, changing consumer attitudes and developments in technology are all likely to play a key role in independent sector developments in the years ahead.

The future for patients: Increasingly confident consumers with high expectations around access and quality are likely to drive independent sector activity, with personalised medicine, advances in healthcare monitoring and diagnostics and a focus on consumer choice all leading change as a result.

The future landscape of care: Correspondingly, where people are treated is also likely to see change, with opportunities for independent sector growth outside of hospitals. Social awareness of wellbeing, mental health and behavioural conditions shifting independent sector provision towards prevention and primary care alongside similar shifts in the NHS. These changes will be accompanied by greater independent sector investment and involvement in their own communities, whether through training and workforce development, community outreach or supporting academic research.

The commercial future: Interviewees saw making the independent sector easier to navigate, insurance product reform and the opening of new international markets as driving developments for private medical insurance and self-pay patients. For members who work closely with the NHS, the prospect of developing into partners with trusts and systems, rather than suppliers, was identified as a key trend for their operations.

Regardless of the nuances described by different parts of the sector, interviewees were confident that the independent sector will grow in importance over the coming years, becoming an even more integral part of the UK health system reflected in outstanding patient care, responsiveness to changing patient needs, and participation in research, training and investment.

Introduction

The healthcare sector is changing more rapidly than ever, and it's an exciting time. Innovations in treatment, reforms to NHS structures and commissioning and increasing demand for care as a result of an ageing population with increasingly complex needs have all served in recent years to contribute to an ever-evolving environment.

We spoke with members representing a range of provider types, from private hospitals to **community and** diagnostic services, as well as insurance providers, policy makers and sector representatives, to explore how they perceived the independent sector to have changed over the past decade, and to understand how they saw the independent sector developing in the months and years ahead in response to developments in healthcare provision.

The future, of course, looks different for different types of organisations. However, we have identified some commonalities that speak to a common view of the opportunities the future holds, not least the prospects for growth in the international market, insurance product innovation and longer-term investment in NHS procurement.

While we recognise that describing future markets is intrinsically uncertain and speculative, the themes our interviewees identified, and the trends they outline, provide firm insight into the network's thinking about how the sector might look in the years to come.



The Foundations for Future Growth

The last few years have seen big challenges to the health sector, with the legacy of the Covid-19 pandemic having had an impact both on the way services are delivered, and to lengthening stubborn care backlogs. These changes have placed pressure on the NHS and driven increased demand for independent sector capacity from both the NHS and individuals to help with treatment and reduce waiting lists.

When thinking about the state of the independent healthcare sector now, stakeholders were positive about the political positioning made by the new government during the election regarding the use of independent sector capacity, while also recognising that the current pressures on NHS care pushed some patients towards private provision. This position is reinforced by recent polling of the UK population. In our [Going Private](#) survey of independent healthcare users we found that the most common single reason for choosing private healthcare remains the difficulty with accessing NHS care – nearly half of people (45%) cited this as a factor in their decision to use private healthcare. In his recent [independent report into the NHS in England](#), Lord Darzi wrote that ‘it is unlikely that waiting lists can be cleared and other performance standards restored in one parliamentary term.’ The next decade is therefore likely to see a continued reliance on independent sector provision to help satisfy patient demand, and support the NHS in delivering on its political objectives. The sector is already responsible for providing 1 in 5 NHS-funded operations, more than a quarter of NHS-funded diagnostic scans and 1 in 10 of total NHS-funded elective treatments. Around 42% of NHS community service providers are from the independent sector, playing a critical part in the recovery effort so far from Covid-19, and a vital component in delivering on the government’s health agenda.

1 in 5

NHS-funded operations



more than **25%**

of NHS-funded diagnostic scans



1 in 10

of total NHS-funded elective treatments

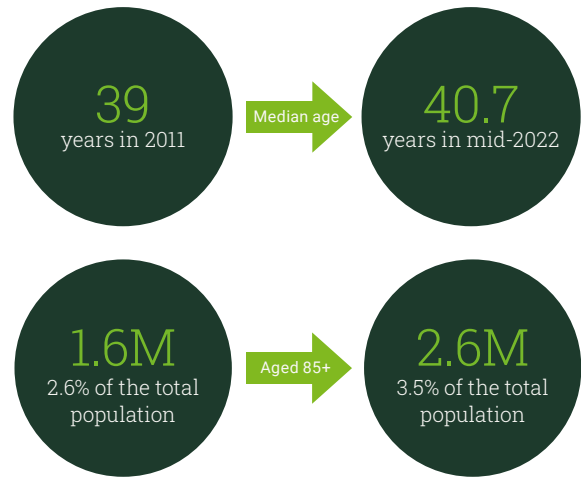
Around **42%** of NHS community service providers are from the independent sector



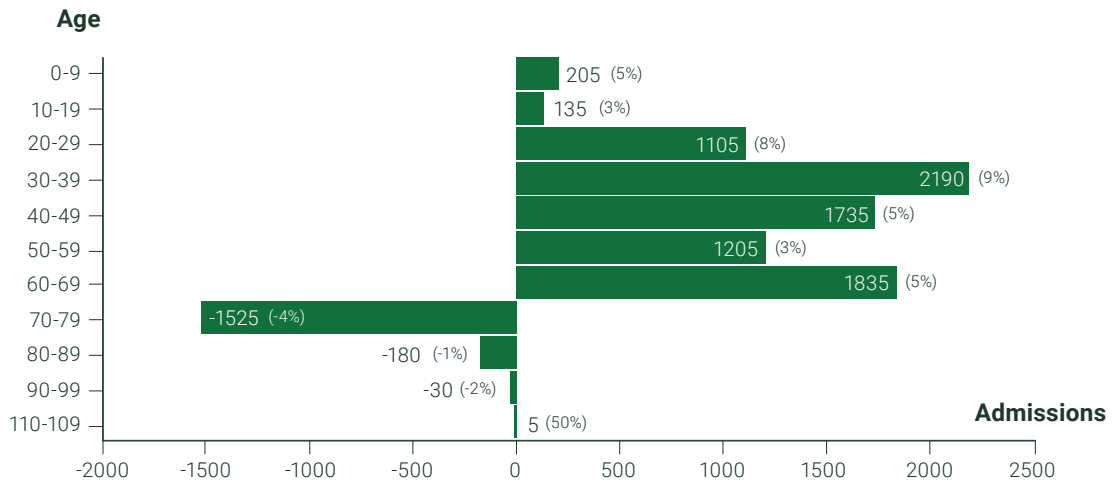
The fundamental basis of the shape of the UK population also lends itself to continued strong healthcare demand. Demographic pressures are skewing older, with the median age up from 39.6 years in 2011 to 40.7 years in mid-2022.

The numbers of the very elderly are rising too. Over the next fifteen years, the Office for National Statistics has estimated that the size of the UK population aged 85 years and over will increase from 1.6 million (2.5% of the total population) to 2.6 million (3.5%).

These shifts, with an older overall population and larger numbers of very old, will place extra pressure on the health system and create extra demand for procedures traditionally carried out by the independent sector such as orthopaedics, cataracts and oncology.



Demands on health services are not just from older demographics. Our Going Private report found that younger people (between 18 and 34 years of age) are generally more positive about the private sector, willing to consider using it, likely to have used the sector and likely to have accessed private GP services. This is backed up by recent research by Vitality, which found that their members under the age of 40 are now 40% more likely to claim for everyday care, highlighting changing expectations around access to healthcare across generational boundaries. These findings are shared by the Private Healthcare Information Network (PHIN), which found an increase in the number of admissions amongst younger people in Q1 2024 compared to Q1 2023:



As a result of these factors, this decade has also seen increased use of the independent sector, whether through the provision of healthcare for those accessing treatment outside the NHS, domestically or internationally, or as a provider of NHS services to organisations and individuals. In her [recent review of the operational effectiveness of the Care Quality Commission](#), Dr Penny Dash estimated the value of the independent healthcare sector at around £21bn. The [Department of Health and Social Care](#) estimated the value of NHS commissioning from the independent sector in England of around £13 billion in 2022 to 2023, indicating the continued strength of the market.

The value of the independent healthcare sector is at around

£21 billion

The value of NHS commissioning from the independent sector in England of around

£13 billion

Over the past decade, members pointed to the increased use of telemedicine, emerging uses for imaging, and growth in the self-pay market as having helped to grow their businesses. For the majority of respondents, the impact of Covid-19 was a key turning point. For those working with the NHS it had led to increased use of their services, while for those in the PMI and self-pay markets the corresponding pressure on NHS delivery had seen more people take advantage of other healthcare options.



Part 1 : The Future for Patients

Placing individuals at the heart of care

A future built around choice

At the heart of many conversations, and at the heart of a cohesive sector view of what the future might bring, was an emphasis on the choice of individuals to decide what their care looks like – how they pay for it, who treats them, where that treatment takes place, and what their care pathway looks like. For Spire Healthcare the sector's focus on quality, safety and consultant oversight was one of the biggest enablers of this shift, as by providing a high quality and safe service allowed consumers to compare options and make decisions based on other factors. Many of the ambitions and plans set out in this report have this fundamental point at their core, in that enabling people to make decisions based on quality services, strong outcomes data and easy-to-navigate platforms would all support growth in the independent sector.

Individuals owning their own health

Individuals taking ownership of their healthcare journeys and interaction is likely to shape many of the innovations of the future. Amongst those most actively taking an interest in their own health, taking actions to stay well and prevent ill-health would help to place personal responsibility at the heart of interactions with the health sector. Liat Karni, chief executive of Diagnostic Health Services, highlighted how user-generated data from mobile devices and wearables would empower people to make decisions about their health care, while the advent of smaller and more portable scanners would shift the diagnostic sector's emphasis to one that is increasingly virtual and led by patient self-testing and management at home or in the community, supported by clinicians.

Personalised medicine

Personalised medicine was expected to lead to innovations in treatment and care, especially in the treatment of cancer. Al Russell shared that the London Clinic was



Starting to see genomics come along in cancer treatment today, and in the next five years will become increasingly prevalent. The barrier for the dream of personalised medicine is the diagnostic technology is ahead of the regulation to sign off the different tailored drugs to deal with a long tail of lots of variations.

The need for medicines regulation to keep pace with diagnostic progress as this field of treatment continues to progress, was one of the key factors in ensuring that cancer therapies were able to meet patient demand and drive innovation.

Using technology to improve patient-centred care

The health sector has taken big strides in recent years in opening up access to information, advice and treatment through digital means, catalysed by the Covid-19 pandemic and changing attitudes and expectations among the British public.

In our interviews with members, several participants saw increased digitisation of services as an inevitable, and necessary shift. Many suggested that healthcare often lagged behind other industries, such as the financial and travel sectors, in providing intuitive ways to engage with their services.

Responding to digital expectations

Improved digitisation of services was not only seen as a change to be implemented to better meet customers' needs. Instead, seeing society developing into what could be described as the 'Amazon Prime' generation, where consumer expectations around access, speed and price help to shape their behaviours beyond the purchase of goods and experiences, interviewees highlighted how the value that the independent healthcare sector provides in prioritising speed of access alongside safety and quality created an opportunity for providers to grow their businesses, as well as a challenge. One chief executive told us how

Historically, healthcare is quite difficult to find your way through the minefield. So we're trying to demystify some of that, but particularly make the experience as digital as you wish it to be. It's quite light touch if you want, if you're quite comfortable doing it all digitally but having an option for talk to human beings. We have got a central referral centre that can connect back into the hospital sites - it's really easy to move patients around depending what the inquiry may be.



Digital systems, analogue interactions

Both Spire and Diagnostic Health Services saw increased digitisation and the use of AI as supporting clinicians to focus on their patients, and to bring their skills into play more fully. Back-office functions and administration supported by AI were already helping to improve booking processes and reduce missed appointments (DNAs) for some providers. InHealth told us how they were using

A number of technologies, some AI based, that provide evidence that our DNAs (Did Not Attends), booking processes, asset utilisation and satisfaction of patients is leading the way in UK healthcare. There's a lot to be done at that front end and at the back end of service delivery in how you then feedback results to the right place at the right time in a secure way. So it could be onward referral, to a hospital if it was urgent, back to a GP or to the patient themselves. We have this simple vision of a patient showing up on time, having chosen the place and time they want to arrive, getting their scan or test or assessment, and then actually getting their results at the same time on the same day. Now we're not there yet, but with the advent of some of the online technologies, that's what we should be aiming for.

Others saw its use as giving clinicians more time to spend face-to-face with patients, reinforcing a culture of empathy and person-focused care.

Making use of 'big data'

Routine and appropriate collection of data, stored securely and used safely, can bring huge benefits to patients and organisations in better understanding conditions, refining treatment pathways and improving outcomes. Providers and insurers were confident that the data they collected on their patients and users would be analysed, interpreted and understood in order to improve services, evidence outcomes and drive efficiencies in patient care in the future, as well as guide planning and investment decisions. Some highlighted the increased sophistication and speed the use of AI allowed them in understanding data, and the opportunities it presented from both a care and business perspective.

Part 2 : The Operational Future

Changing the landscape of care

Privately-funded treatment in the UK has traditionally focused on acute care and treatment, with limited amounts of activity in the primary care sector. Members saw an opportunity for a much stronger presence in this area over the next decade, as providers seek to move their businesses to adjacent spaces in response to growing consumer demand.

Shifting care upstream

Some providers spoke about increased investment in prevention and non-core delivery such as wellness led models, making much greater use of their capacity to help people understand their own health and to keep people well, rather than treating sickness or disease. Nuffield Health spoke of reinforcing the links between the different components of their business, and the importance of viewing health holistically:

“Being in both well-being and in healthcare we're really interested in how it is that you optimise outcomes and look at both primary and secondary prevention as a real focus - how people are optimised in terms of being ready for surgery, how they are rehabilitated afterwards and then a real focus on multi-morbidity... So things like our joint pain program, which helps people to avoid surgery, makes it better while they're on a waiting list and gets them back to work with fewer primary care visits.

Growing emphasis on virtual private primary care

One chief executive of a hospital group highlighted the growing provision of virtual private primary care as a trend that was leading both insurer and provider thinking. With the rise in younger people using private insurance for easy, timely access to consultations, the interviewee saw healthcare of the future being led just as much by virtual, primary provision as the more traditional hospital-led, in-person model.

Moving care into the community

Many interviewees, regardless of sector, saw the future of healthcare as increasingly community-focused. Andrew Walton from Connect Health shared how a community-minded approach could have benefits for both patients and providers:

“We need to shift activity out of hospital into the community, and do more preventative work. We need to do a lot more out of hospital care, which is better for patients in reducing their anxieties about their conditions and making it easier for them to access. What we've done is we've taken a lot of people who shouldn't be in a hospital, we've de-medicalised them in the community and worked with them on their general health education which has helped to achieve better outcomes for the patient, often at a lower cost for the provider.

Building on the recent emphasis on community diagnostic centres (CDCs) within national policy making, and with independent providers playing a key role in their establishment, Richard Bradford from InHealth highlighted the acknowledgement that many services should be, and can be better delivered, outside a hospital setting. He saw the potential for

“Different flavours of CDCs – a fully-fledged community clinic could include some treatment areas as diagnostics. There's the opportunity to have seven day a week, high-street clinics providing diagnostic, screening and prevention services, which are convenient and accessible for patients. Some people will want to pay privately for those... for speed and access, but the differing consumer/patient requirements can go hand in hand in the right setting, in partnership with the NHS, underpinned by strong technology and data links.



Health in all policies

For Jim Easton of Practice Plus Group, the independent sector was well placed to support the government in its wider health missions, moving the locus of care beyond the hospital. He foresaw a future where health providers were able to support adjacent services, such as the benefits system. In helping the government move from a system that supports people financially to one that was able to address their health issues and more fully support them back to work, the sector could provide a social as well as economic benefit to health provision.

These changes were not presented without caveats, often around funding. As one chief executive of a hospital group put it:

"There is always opportunity to go up the stream. What I will say is all health systems are designed around the payment systems. So I absolutely get the theory and principle of going down into prevention, keeping in touch afterwards to make sure the rehab is all appropriate and everything else. However, as a commercial organisation, you'll put your money where your mouth is and you go after where the opportunity is. So, will any of the independent sector really shake up where the points of care are taken? I think there will be real niche players will come in and will do everything from wearables to online services and that ability to access things. In the near to medium term, I think it will be driven by funding."

Making better use of the independent sector's contribution to the system

Participants from across the independent sector were keen that in the future providers do more to share good practice, innovation and opportunity with trainee medical professionals, with the NHS, and with the public.

They envisaged a sector which plays a much stronger role in providing training and development opportunities so that junior doctors can undertake rotations in new, complex settings, in providing expertise and innovative practice to the wider health system, and in supporting their local communities to stay well through education and engagement with charities and community groups.

Playing a stronger role in shaping the next generation of the medical workforce

In 2022/23, members reported delivering training for 333 doctors, over 5,000 nurses and more than 12,000 physiotherapists, radiographers and other health professionals.

The London Clinic, Cleveland Clinic and Ramsay Healthcare all spoke of building upon the training and development opportunities they provide to medical professionals at an early stage of their careers, with more seamless movement through independent and NHS training environments. One stakeholder said how he saw his organisation

“...Taking on juniors in their early careers and developing them and being part of an ecosystem where it's accepted, they perhaps come into the independent sector, they go back into the state system for more complex experience and come back. And I do see more and more healthcare professionals in their broader sense, moving between providers and being contracted to have different very flexible contracts... I see contracting become much more sophisticated.

Participants saw an increasing role for the independent sector in working with medical schools and NHS trusts to provide a better integrated approach to rotating staff across different clinical environments, and playing a more robust role in early years training and development, as well as 'portfolio career' opportunities for more experienced clinicians.



Sharing innovation and expertise

Cleveland Clinic cited the work they do with University College London's Queen Square Institute of Neurology to highlight how independent sector providers can use their resources and capacity to support training, education and research into their areas of specialty. The London Clinic also spoke about funding PhD fellowships to look at novel cancer therapies, both in academic research and medical practice, as an area that is likely to grow throughout the next decade.

Reaching out to their local communities

Many interviewees, including Nuffield and the London Clinic, talked about education and outreach as a key part of their offer, helping people to stay well and focusing on a preventative approach. Even for those services in the acute rather than community space, recognised the need to 'shift left'. Several providers saw their ability to help connect different services as a key offer for the coming years, both working with the third sector and the NHS. Another highlighted the role of building relationships directly with corporate clients and developing bespoke services around employers in their own communities.

Creating a sustainable sector for a greener future

Providers also described the work they were doing to reduce the impact of their carbon emissions, through reducing single-use plastics, upgrading their supplies of anaesthetic gases and working with their supply chains and workforces to reduce waste and improve efficiencies. The sector is aiming to reach net zero by 2035 – a fundamental shift in promoting the sector's contribution to a greener future.



Integrating care and pathways

Integration of care and system working has been a driving theme of NHS policy for the past decade. This trend was not unnoticed by independent sector observers, who sought to make similar shifts in their own organisations. While integration was a common topic amongst those interviewed, consensus around the precise form it might take was low.

For some, increased integration with the NHS was likely to shape their sectors in the coming years. In particular, members who held NHS contracts either for external provided services such as musculo-skeletal services, diagnostics or primary care were clear that the independent sector has a huge amount to offer in terms of joining up patient pathways, smoothing the interface between community, primary and secondary care. For others, such as those providing insourcing services, the term better described closer collaborative working between NHS and private providers, in terms of operational performance, sharing lists and staff.

Integrated care provision was also discussed in an organisation sense, with some larger private hospital groups exploring what integrated care might mean in terms of service development outside of core business lines.

An integrated future for the sector spoke to the idea of providers both as seamlessly networked themselves, but also in supporting patient pathways, playing a more mature role within system working.

Justin Hely of Genesis Care saw the opportunity as one where:

"If I think about it from a patient's perspective, and if I wake up in the shower tomorrow morning and find the lump that I don't want t"o find, surely it's about coordinated care – and perhaps even a single point of contact - to help navigate the cancer journey and to remove some of the stress from the situation. Increasingly, patients with a suspected or a confirmed diagnosis move between the NHS and the independent sector for different parts of their care – in some cases, they move between multiple organisations - such as GPs, District General Hospital, diagnostic imaging provider, Tertiary Hospital, independent sector surgical provider, independent sector cancer provider, counselling and well-being services. In many cases, the tasks that they have to perform duplicate effort; resource; and time – which for a patient is the most precious element.

So, if we can address the obvious information asymmetries that exist, upfront and with the patient and their family, then support them throughout their cancer journey through a single point of contact, that's surely where we need to move to."

Part 3 : The Commercial Future

‘Ripe for reinvention’: the changing face of private health insurance

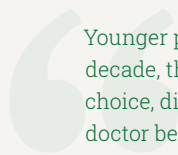
For participants whose businesses covered the private medical insurance market, several highlighted the need for insurance products to better meet the needs of users, and to provide low cost, quality coverage to a much wider customer base.

Building on the idea that patients saw themselves as customers or service users, participants saw the independent sector capitalising on the existing appetite amongst the public for buying episodic care.

Choice, timeliness of access and cost were seen as key drivers of this trend, and turning service users from **occasional** purchasers of private care to full pathway users was a key concern for some members. Many considered that the future of the sector would be determined by a wider pool of younger users accessing preventative and diagnostic services, in contrast to the more traditional demographic using independent sector provision for elective operations.

Younger users driving change

Participants saw an increasingly young userbase amongst insurance claimants driving changes to the existing model. These trends are underpinned by findings in our most recent [Going Private](#) report, which found that younger people (between 18 and 34 years of age) are generally more positive about the private sector, willing to consider using it and likely to have accessed private GP services. A chief executive of a private hospital group saw that



Younger people want more choice, which will drive demand for private services. In a decade, they'll be the core consumer. As a cohort, they're much more demanding of choice, digitally enabled, holding higher expectations, and less likely to sit with their doctor being told what to do.

In particular, the increased focus on mental health and behavioural disorders was leading growth in claims for insurance providers. Insurance provider Vitality saw a [six-fold increase in GP consultations](#) between 2019 and 2023, with women under the age of 40 most likely to use talking therapies through their insurance plan, and accounting for half of all claims.

Changing products for changing demographics

As a result, several participants suggested that insurers might need to diversify their offer and broaden provision, in order to create products that better suit this changing market and ensure sustainability. Suggestions included 'PMI light' products for particular parts of the pathway, such as diagnostics, tailored to peoples' understanding of their own risk as personalised healthcare improves:

My personal view is you'll probably see segmentation between almost all encompassing and, if you like, 'PMI light' products coming into the market, which won't give full coverage for people that can't afford it, but it probably will give them access to some routine diagnostics and maybe some dermatological provision in the event that they need it.

Providers calling for a wider base of insurance through workplace provision

Interviewees saw the potential for a growing marketplace in workplace based insurance models, shifting from something viewed as a 'C-Suite perk' to a must-have'. One chief executive framed this as something that was both attractive to employees and beneficial to employers, preventing ill-health amongst the workforce and improving productivity.



Growing the sector's offer

Moving from episodic to holistic care

Some members viewed the opportunity to move from providing episodes of care to more holistic packages as a key element of their future thinking. One chief executive set out how they were exploring

...how we can go from that first point of contact where you might just want an initial view from a physio, to sign up to some treatment classes, regular monitoring...through to surgery and post-surgery rehab. How we can effectively offer you holistic care rather than just an episode of care, so we can diagnose early preventative treatment and early intervention.

Others recognised that chronic disease management would need a different kind of funding model than the one currently available, so any change to a more full-spectrum offer would need a supporting shift from insurers as well as providers.



Taking the independent sector to the international stage

For members in the premium London market such as the London Clinic and HCA Healthcare UK, the UK health market for international health tourists remained under-indexed compared to its competitors in countries such as the USA and Germany. Sharing the sector's reputation for quality, safety and innovation with patients abroad was seen as a clear opportunity for those at the upper end of the market, to ensure that the UK was performing in line with expectations in terms of market share.

Contracting with the NHS – from supplier to partner

Interviewers spoke positively about the relationships they were developing with the NHS, both as individuals and as a sector. The chief executive of Horder, for example, reflected on the symbiotic relationship providers such as his have with the NHS, in providing crucial contracted services to patients and welcome capacity to the NHS.

Developing relationships nationally and within systems

Independent sector activity driven by NHS commissioning cycles and contracting can be impacted not only by standard tariffs and national NHS policy, but relationships at a system level. One chief executive of a smaller hospital described the tension of trying to navigate two separate, challenging marketplaces in maintaining or growing NHS activity while also pursuing private patients. For those in this position, the weighting of their businesses was likely to be in part driven by the relationships they were able to develop both within systems, and by the direction of policy nationally, especially regarding any future tariff reform.



Stable partnerships for longer term investment

Members whose businesses were NHS-facing called for longer-term commissioning and contracting cycles to unlock investment in people and technology, as well as in capital. One chief executive spoke about how his organisation worked with their NHS stakeholders:

Our main customer is the NHS, and we work very closely with the NHS. And we've got lots of really, really positive relationships with the NHS. And where those relationships work best is where we have we have openness and transparency. But more importantly, we have stability and stability of relationships, stability of demand requirements, expectations, stability in our approach. Because that stability gives us the confidence to take more risk, because we think it's the right thing to do. And it's in the best interests of the NHS that we do that because we can be more open to be more innovative. But what underpins that is stability. The more we can build relationships and the more we can engage at a government level, whether it's at an NHS England level, whether it's a trust level, the more we can build a relationship where we're seen as a partner and not necessarily as a supplier, which I know is a subtle difference. But it's quite an important difference. If we can do that and we can be confident, mutually confident, then that's what unlocks the upside for everybody.

A mature, mixed model of care

A common theme in discussions was the view that, with welcome words from the new government and understanding of the independent sector contribution from national stakeholders such as NHS England, that the relationship between state and private provision would become increasingly mature and pragmatic, allowing the sector to demonstrate what it had to offer beyond contracted services as a supplier in terms of innovation, expertise and leadership. One chief executive said that they'd like to see their organisation

Operating in a mixed model of NHS and private care that will actively be seen as a positive force for good, not just within the NHS but within the wider community, getting people back to work and keeping them in it.

With thanks to all those who contributed to the report

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Nick Costa	Ramsay Health Care
Justin Ash	Spire Healthcare
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Jim Easton	Practice Plus Group
Richard Bradford	InHealth Group
Robert Lorenz and Will Rowberry	Cleveland Clinic London
Richard Tyler	Horder Healthcare
Rachel Beverley-Stevenson	OneMedicalGroup
Liat Karni	Diagnostic Health Care Ltd
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