



# Gov launches plan to bust backlog – it familiar

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The Government has announced its plans to tackle the elective care backlog and to strengthen the partnership between the NHS and private sectors. Some observers have déjà vu.

The 'Elective Reform Plan' aims to hit the 18 weeks referral to treatment target across the NHS by the end of 2025. Solutions include expanded use of community diagnostic centres, with the aim of opening community diagnostic hours a day, seven days a week and to increase the number of areas they're available in.

Labour also aims to increase the amount of tech available in the NHS, including deploying AI to predict which patients need care and remote patient monitoring. It has also set out a partnership agreement, once again saying patients need to have the right to choose providers, including private ones.

David Furness, director of policy and delivery at IHPN, tells *HealthInvestor*: "The Secretary of State is very clever to have leveraged all the tools available to him to get patients treated more quickly, and the partnership agreement particularly is a strong good signal to providers. We're now focusing on how to make that happen."

IHPN will be working closely with the Government to ensure its targets are met and is due to meet NHS England to assess progress.

There are however some hints within the press releases that Labour is trying to appeal to a more anti-private sector. The release on the Elective Reform Plan only mentions the private sector covertly as "patient choice".

Meanwhile the partnership agreement press release says: "independent providers should ensure that capacity is available, capable of being staffed without having a material impact on the existing local NHS workforce". Healthcare provision across both sectors.

Currently, there is no indication this is anything more than politicking. Michelle Tempest, partner at Candesic & Co, says: "The issue, and we know the independent sector is willing to step in and help the NHS. Some estimates suggest that the private sector does 10% of all NHS work.

"As well as the issues facing the NHS – such as huge demand in A&E, long ambulance waits, the inability to do elective care in community settings – you also have a huge elective care backlog which has worsened post-pandemic. We need to act quickly because long waiters is just getting sicker, and therefore more complex and expensive to treat."

However, Tempest questions how innovative the Government's proposed solutions are: "Patient choice has already been done. It's re-releasing a 20-year-old policy. There's a question of whether patients are *acting* on their rights, but that's a political question rather than a policy one."

Furness says: "Too often not enough has happened with things like patient choice, but the Secretary of State has shown a personal commitment to this. While there isn't much difference between the broad strokes of this plan compared to previous ones, before, I think there is a much clearer view on how to action and deliver it."

“The PM has been very clear that getting elective waiting lists down is the key priority for the NHS. One difficult competing priorities, and I think it’s important for the Government to pick a focus rather than trying to solve everything. NHS gets additional funding and the reform plan sets out very sensible measures to sort elective care.”

The private sector provided 1m free-at-the-point-of-use surgeries for the NHS last year. The public also seem NHS care being delivered by private operators, with over 70% supporting the measure according to a recent poll.

Generally, the private sector seems to be confident that it will have a role. Whether the plan is sufficient to ensure that matter. Lizzie Wills, senior partner and head of private equity at GK Strategy, is broadly positive but points out that it’s always in the eating”.

She explains: “This is a really big, multifaceted problem and it’s very easy to paint a picture of a straightforward handle on a multitude of inter-related challenges such as workforce, productivity and capital investment to sustain the estate. There’s no single lever you can pull to bring waiting lists down.

“That being said, I do think the sector is cautiously optimistic that Labour is willing to spend significant political capital on waiting lists. It has been their number one priority Labour has pointed to time and time again. In government the party yardstick against which people should measure its success that if they don’t get a handle on it by the next election they get GP appointments or get seen at A&E, the electorate will vote with its feet.

“Some of what the Government has set out is undoubtedly ambitious. Fundamental shifts from hospital to community treatment to prevention, in particular. My worry is that too much political oxygen is being taken up talking about

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The feeling in the NHS is somewhat dourer according to Tempest: “Morale is pretty low – when your employees are saying they can no longer provide safe care, we should worry. The Government did listen to pay disputes and but they look like a rabbit in headlights when facing the scope of the problem.

“I’d start with transparent daily reporting on who has safe staff on wards, because the data isn’t out there, and the public want to hear. Labour have understood there is a problem of morale, but they don’t seem to have an appetite from government to lift up the bonnet and see what the problem is.”

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