

NHS-funded private sector hip operations worsening health inequality

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New research examining the impact of outsourcing NHS hip operations to the private sector concludes that continuing the trend towards private provision and reducing NHS provision is likely to result in risk selection and widening inequalities in the provision of elective hip operations in England.

Researchers from Newcastle University and Queen Mary University of London, publishing their findings in the [*Journal of the Royal Society of Medicine*](#), analysed NHS-funded elective hip operations in England from 2003/4 to 2012/13. The results show that provision shifted from NHS providers to private providers from 2007/8. NHS provision decreased 8.6% and private provision increased 188% between 2007/8 and 2012/13.

The researchers found that [private sector](#) hip operations on NHS patients from the most affluent areas increased 288%, compared to an increase of 186% among patients from the least affluent areas between 2007/8 and 2012/13.

The 2012 Health and Social Care Act places duties on NHS England and Clinical Commissioning Groups to 'have regard to the need to reduce inequalities between patients with respect to their ability to access [health services](#).' Dr. Shailen Sutaria, Queen Mary University of London, said: "While inequalities did not increase overall during the study period, this was due to the protective and buffering effects of NHS provision, which remained the dominant [provider](#). The situation is likely to be worse

now."

Variations in elective hip operation rates are well documented, with female and [older patients](#) and those living in the most deprived areas less likely to receive treatment relative to need. The researchers found that private providers favour less extremes of ages compared to NHS providers. These patients, the researchers say, may represent more complex operations or associated co-morbidities that are excluded by private providers.

Professor Allyson Pollock, Director of the Institute of Health and Society at Newcastle University, said: "In 2017, over one-third of NHS-funded elective hip operations were performed by the private sector. If the trends here continue, whereby private provision substitutes for NHS direct provision, with risk selection favouring less deprived [patients](#), then widening inequalities are likely."

More information: Shailen Sutaria et al, An ecological study of NHS funded elective hip arthroplasties in England from 2003/04 to 2012/13, *Journal of the Royal Society of Medicine* (2019). [DOI: 10.1177/0141076819851701](#)

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