

# Private COVID jabs lead to concerns about creeping privatization in the NHS

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COVID boosters are now [available to purchase](#) from high-street pharmacies and private health care providers in England. This means

that millions of people who [don't qualify](#) for a free COVID vaccine on the NHS will be able to access one.

But this recent announcement has also [raised concerns](#) about both the cost and accessibility of these vital medicines. There are also worries it's yet another example of how patients are increasingly bridging the gap in health care provision, paying out of pocket for [prescription drugs or services](#) that the NHS no longer provides or can't provide promptly.

## Private vaccinations

Since 2000, most people who want a flu jab and are not eligible for an NHS one have had to pay for a jab from a [private provider](#). Free flu jabs are only given to those at the [greatest risk of serious illness](#) from the virus. Community pharmacies are reimbursed for administering the [free NHS vaccination](#), but are paid directly for private vaccinations.

Essentially, the same system has been introduced for the COVID vaccine. Those who aren't eligible for a free vaccine will be able to pay for one from a private provider or community pharmacy.

But unlike the flu jab, which only costs around £18, the [private COVID vaccine](#) costs considerably more—ranging from £45 to £100 depending on the pharmacy. This has led to concerns that the cost of these jabs will [widen health inequalities](#)—and there are other barriers too.

The COVID jab protects against serious cases of the disease. Even one dose of the vaccine may reduce the [risk of long COVID symptoms](#). Long COVID reportedly costs the NHS [£23.4m in primary care consultations](#) each year, so there would be clear benefits in making sure the vaccine is accessible to the broadest number of people possible.

So why, then, is access being restricted to high-risk groups and those able to pay? While all the reasons behind this decision aren't entirely clear, the cost of COVID booster campaigns may have been an influence in [revising eligibility criteria](#).

The administration of private COVID vaccinations is also a [revenue stream](#) for community pharmacies, who are [struggling to survive](#) in the current financial climate. And the delivery of vaccines both privately and on the NHS offers a [source of revenue](#) for vaccine manufacturers.

So, while it's good news that the COVID vaccine is now available to some who weren't previously eligible, this does raise concerns about how the growing privatization of treatments and services will affect the public. Reflection is needed on how much can we expect the public to financially support UK health care provision.

## **Health care as a "merit good"**

Economists call health care a "[merit good](#)". This means that society as a whole benefits more from the use of health care services than the individual being treated.

In simple terms, we all benefit if everyone has access to health care when they need it. When you have to pay for private treatment, the cost means fewer people have access to these services—so there's less benefit for society as a whole, as more people may get sick and health care resources will need to be used as a result.

Increasingly, the public is being asked to pay for services they could once access as part of the NHS for free. In many instances, these charges have been introduced to both contain demand and defray costs.

A good example of this in the UK is the difficulties facing NHS

dentistry—which, although technically available on the NHS (with some user charges), has arguably been [progressively privatized](#).

Many dentists have shifted to [private work](#). The [reasons for this exodus are multiple](#)—including the NHS dental contract, stress and burnout, increases in fees that practices must pay, and reduction in NHS dentists' income. While high-quality cosmetic dentistry is available to those who can afford it, basic dental care for those who need it is now hard to find.

Concerns about such "[creeping privatization](#)" have also been raised over the years in relation to [prescription drugs](#) and vaccines.

Like dental care, [prescription drugs were free](#) when the NHS was first established, although charges were quickly introduced for most people. But in 2018, it was discovered the NHS was still spending [£136 million per year on prescriptions](#) for medicines that could be easily bought by the public when needed.

So, to decrease spending on medicines for minor ailments and allow more funding to be re-allocated for serious health conditions, the public is encouraged to buy some treatments "over the counter" from a pharmacy or supermarket.

The [Pharmacy First](#) scheme, introduced in January 2024, has also expanded the role of pharmacies—further allowing them to supply drugs that are normally prescription-only to people meeting strict clinical criteria and who pay the normal prescription charge. This service was introduced to reduce the number of people seeking GP appointments, while allowing those who do to access timelier, more convenient treatments.

But these changes shift costs on to the public—and again, there's growing concern about whether people will continue being able to access

both prescription and over-the-counter drugs in the midst of [prescription price hikes](#) and the [cost of living crisis](#).

The public is being encouraged to be more responsible for their personal health and well-being. But where NHS access doesn't exist, they will have to use private services—such as is already happening with dental care and some vaccines. People are also concerned about the extensive NHS waiting lists and access to NHS care. As a result, some are opting to [self-fund private care services](#).

Health care in the UK is currently a blended service model—a [mix of NHS and private provision](#). In the future, we could see more medicines and services, once freely available, being offered to the buying public with restricted free access. The era of creeping privatization will continue.

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