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Elective recovery: a partnership agreement between the NHS and the independent sector

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This is an agreement between NHS England and the Independent Healthcare Providers Network to work together for the benefit of NHS patients.

1. Introduction

1.1 In 2000, the Department of Health and Independent Healthcare Association agreed 'A Concordat with the Private and Voluntary Health Care Provider Sector'. This established a policy framework committing the NHS and independent sector to work together to deliver high quality care for patients and value for money for taxpayers regardless of the type of provider organisation.

1.2 The partnership today is in an even stronger position. Patients have rights under the NHS Constitution to choose the provider of their care, including independent providers. The NHS Provider Selection Regime sets out rules covering the award of contracts for provision of healthcare services, and the NHS

Payment Scheme establishes clear commercial frameworks to ensure value for money. The independent sector now delivers significant amounts of elective NHS care – in 2024 the independent sector treated over 1 million NHS patients meaning they are no longer on waiting lists.

1.3 The government has committed to cutting NHS waiting times, ensuring NHS patients in England receive the care they need in line with the NHS Constitutional Standards. To deliver this goal, NHS England affirms its commitment to continue working in partnership with the independent sector to deliver high quality healthcare for NHS patients, and to enable increased independent sector elective activity to reduce waiting times, particularly in areas and specialties where this will have the greatest impact. Alongside, independent providers affirm their commitment to working as part of the tax-funded free at the point of use NHS in support of that goal and to work with the NHS to strengthen the overall healthcare system in England.

1.4 NHS England expects all commissioners and providers to adhere to the same set of standards of collaboration, transparency and accountability, with local relationships based on mutual respect and supported by a robust, rules-based system, while having the needs of patients front of mind.

1.5 Quality of care is paramount, and NHS England requires all providers to deliver the same high quality standards of care, with patient experience at the heart of collaborative working between the NHS and independent sector.

1.6 This agreement sets out actions that will strengthen the partnership between NHS England and independent providers. NHS England recognises the broad range of work independent providers deliver across many healthcare sectors, including primary, community, mental health and secondary care. This agreement is for patients who have been referred for elective care, and therefore the central components relate mainly to the delivery of healthcare in secondary care services. To ensure this agreement delivers the intended benefits for the wider healthcare system, NHS England and the Independent Healthcare Providers Network (IHPN) will meet regularly to assess progress.

2. Improved planning, commissioning, reporting and data quality

2.1 NHS integrated care boards (ICBs) have an important role in meeting the health needs of their local population. Independent providers are an important part of NHS systems and should be involved in planning local services. This includes planning services based on knowledge of available local capacity and commissioning services from a range of providers, both NHS and independent, across the whole care pathway. There is more to do to strengthen the relationship between ICBs and independent providers to help improve patient care.

2.2 Improving access to treatment in the most challenged specialties and geographies is a priority for commissioners, and systems should include independent providers in these capacity discussions. In turn, independent providers commit to providing support in the most challenged specialties when enabled to do so. NHS England encourages commissioners to aim for long-term contractual relationships, where possible, to improve how both NHS and independent sector organisations plan.

2.3 The independent sector and NHS will work together closely to enable further independent sector capital investment to support future growth in NHS diagnostic and elective capacity, building on the successful collaboration on community diagnostic centres.

2.4 To facilitate future growth in diagnostic capacity, independent providers should ensure they are able to provide a range of diagnostic tests needed for patient pathways and can work with local NHS systems to target their investment in the locations that will benefit the most, including those with the greatest health inequalities.

2.5 Commissioners must continue to focus on delivering the 'triple aim' within their decision-making, ensuring their services meet the needs of their population to improve the health and wellbeing of the population, deliver sustainable and efficient use of resources and provide high quality care including timely access to treatment.

2.6 Data transparency is essential to help patients make informed choices about their care. The NHS sets out data requirements for providers through the NHS Standard Contract, including at site level. It is each independent provider's responsibility to work with commissioners to ensure their data submissions comply with NHS guidance and standards. Data submissions are also required for quality and patient safety indicators, in line with NHS reporting requirements.

3. Driving patient choice and empowerment

3.1 The healthcare system is committed to putting patients at the heart of their care, empowering them to make decisions about their care, and improving their healthcare experience. A key part of this will be to ensure patients' legal right to choose their provider and clinical team is understood and delivered.

3.2 NHS England commits to increasing communications to patients so they are aware of their right to choose and are supported to make informed choices about their care. This includes where triage and other clinical assessment services are in place. Patient choice will be supported by making the NHS App and Manage Your Referral the default way patients can choose their provider.

3.3 The independent sector commits to reviewing their clinical exclusion criteria to ensure these allow choice of an independent provider for as broad a cohort of patients as possible, subject to the ongoing provision of safe services. This supports equal access and genuine choice for all patients, and minimises health inequalities within our communities.

3.4 NHS Standing Rules Regulations provide a framework for accrediting providers to deliver choice-based services. Within that framework both independent and NHS providers commit to expanding the range of choices available to patients. NHS England will continue to provide oversight of adherence to Standing Rules Regulation, and to enact its enforcement powers as appropriate.

3.5 NHS England is keen to improve transparency on how patient choice is operationalised at a local level and commits to publishing data, which can be ranked, to support that ambition.

3.6 One of the barriers to effective patient choice is the conflict of interest that arises when referrers deliver part of the patient pathway (including follow up care). All providers commit to ensure that they do not provide incentives that distort patient choice.

3.7 NHS England is committed to learning from the independent sector's approach to delivering excellent patient experience and to identify and spread best practice.

4. Using transparent payment mechanisms

4.1 The NHS uses a transparent payment scheme to support patient choice, reward efficiency and reduce waiting times. For both NHS and independent providers the NHS Payment Scheme will remain transparent and fair.

4.2 The NHS Payment Scheme and associated prices should incentivise both current activity and long-term investment by NHS and independent sector providers. It should also provide a framework for NHS and independent providers to deliver clinical transformation (such as reducing low-value follow-up activity and mitigating referral demand) to ensure services across NHS-funded care are productive and sustainable.

4.3 All providers must ensure patient coding is accurate and high quality, adhering to the National Clinical Coding Standards. Coding should reflect the complexity of the care being provided to each patient.

4.4 NHS England will encourage commissioners to reflect the latest clinical transformation and clinical quality and safety requirements in service specifications to drive delivery of the highest quality and value service provision.

5. Growing, developing and sustaining the elective workforce

5.1 The dedication and professionalism of the healthcare workforce is one of the major assets of the healthcare system in England. However, there are a finite number of suitably qualified professionals regardless of where they work.

5.2 Therefore, to ensure local health services are sustainable and productive, NHS and independent healthcare employers should work together to identify existing and future local staffing requirements to support workforce planning and professional training.

5.3 Independent providers should ensure that capacity offered to the NHS provides additionality to system capacity and is capable of being staffed without having a material impact on the existing local NHS workforce. This includes supporting joint training locally with NHS partners.

5.4 NHS England will establish plans with national and local professional NHS trainee programmes to provide them with access to training within the independent sector. Independent providers will provide access for training opportunities where appropriate and required in line with the NHS Standard Contract.

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