

Prydain

*The Welsh Policy Centre
Canolfan Polisi Cymru*

Performing Major Surgery: Ending the NHS Wales Backlog



About the Author

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About the Prydain Centre

The Prydain Centre, also known as the Welsh Policy Centre is a new thinktank established to shape the centre-right agenda in Wales. With a new political landscape emerging as we head into the 2026 Senedd Election, and as we continue to understand what a UK Labour Government means for the country, Prydain strongly believes the centre-right needs to engage in the policy space, to have the well-defined and researched ideas to challenge the progressive left's hegemony in Welsh politics.

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Executive Summary

NHS Wales is grappling with significant challenges, including an ageing population, high disease prevalence, socioeconomic disparities, and a backlog of patients awaiting treatment—exacerbated by the COVID-19 pandemic. Despite a now £11 billion health and social care budget, comprising more than half of Welsh Government spending, it has not been enough to mitigate these pressures, which have led to worsening performance metrics compared to other UK nations, including record waiting times.

This paper proposes leveraging private sector resources to address these challenges. While the role of the private sector in healthcare delivery is sometimes met with resistance, it is essential to recognise that private entities already play a significant role in the NHS, manufacturing critical drugs, equipment, and machinery, and providing contractor-led services in dentistry, general practice, and pharmacy. Expanding this collaboration is both rational and necessary. And by default it is already happening, with 22% of British citizens having taken out private medical insurance, nearly doubling since 2019.¹ Therefore, for all the talk of “privatisation of the NHS” that the political Left often mentions at any hint of NHS reform, the principles underlying public healthcare in place since 1948 are already on a weak foundation.

Key proposals in the paper include offering private healthcare for NHS patients waiting over two years or for patients with urgent life-threatening illnesses; commissioning services from NHS England; inviting private sector tenders to clear backlogs; reforming emergency department triage processes; expanding GP capacity through private partnerships; and establishing an NHS Volunteer Service. Barriers to entry for smaller private contractors and clinicians should be removed through effective procurement rules, ensuring a fair and competitive process.

This is a temporary but vital reset which will allow NHS Wales to recover from the COVID-19 pandemic, reduce waiting times, and regain its focus on preventative care and long-term sustainability.

Introduction

NHS Wales is at a critical juncture, facing unprecedented challenges that threaten its ability to deliver timely and effective care. The convergence of systemic factors—including an ageing population, a high prevalence of chronic diseases, socioeconomic inequalities, and the impact of the COVID-19 pandemic—has led to a healthcare system under immense strain. Waiting times have reached record highs², with many patients enduring delays that worsen their conditions and erode public trust in the NHS.

¹ [How Many UK Residents Have Turned to Private Health Insurance? - Expatriate Group](#)

² [NHS Wales: Hospital waiting times up again and hit new record - BBC News](#)

Addressing these challenges requires bold and innovative solutions. Incremental changes will not suffice to resolve the current crisis. This paper argues that the strategic integration of private sector resources is not only necessary but also pragmatic. Such an approach can alleviate immediate pressures while creating space for the NHS to focus on its core priorities: delivering high-quality care, improving public health, and achieving long-term sustainability.³

The scope of the paper is on the short term. Readers may be left feeling, “what next?” Prydain will look to the long-term in future papers. This thinking is already being developed. But the NHS will find it difficult to look to the long-term without performing a major reset in the short-term. The papers we produce looking at the long-term will review the lessons learned from integrating private sector resources in the short-term.

Context

Despite Welsh Government’s flagship health policy, “*A Healthier Wales*”, being in place since 2018 and recently refreshed,⁴ all the evidence points to Wales becoming less healthy and more sick, placing enormous pressures on an already stretched system, even in the best of winters and the best of years.

However, Wales has a significant number of unique challenges that makes the waiting list context more difficult than anywhere else in the UK, making the vision of a healthier Wales harder to bring about.

Demographic Challenges: Ageing Population

Wales has one of the oldest populations in the UK, with 21% of its residents aged 65 or older.⁵ This demographic shift increases demand for healthcare services, particularly for age-related conditions like cardiovascular disease, arthritis, and dementia, placing additional strain on NHS resources. Ageing populations exist across the United Kingdom and lower birth rates mean the pressures are only set to intensify, however, demand is already outstripping supply.

Disease Prevalence in Wales

Chronic diseases are more prevalent in Wales than in other parts of the UK. For example, 7.6% of the Welsh population has diabetes, compared to the UK average of 6.8%.⁶ Similarly, Wales reports higher rates of respiratory illnesses and cardiovascular disease. This elevated disease burden is significantly contributing to increased demand for healthcare services and

³ [Deal between NHS and independent sector to cut NHS waiting lists - GOV.UK](#)

⁴ [A healthier Wales: long term plan for health and social care | GOV.WALES](#)

⁵ [Population and household estimates, Wales - Office for National Statistics](#)

⁶ [Rise of diabetes in Wales: the highest prevalence in the UK | Diabetes UK](#)

longer waiting times. Public Health Wales modelling on the prevalence of diabetes is alarming and disease prevalence is only set to worsen.

Socioeconomic Factors Exacerbating Healthcare Demand

Wales faces significant socioeconomic challenges, with approximately 23% of its population living in poverty.⁷ Deprivation is strongly correlated with poor health outcomes, higher rates of chronic illness, and greater reliance on healthcare services. Socioeconomic disparities thus exacerbate the strain on NHS Wales.

COVID-19 Pandemic and Resulting Backlogs

The COVID-19 pandemic has had a profound impact on NHS Wales, exacerbating pre-existing challenges and creating unprecedented backlogs. As of May 2024, more than 801,300 patient pathways were awaiting treatment, with a significant proportion of patients waiting over a year for hospital care.⁸ Elective surgeries and routine appointments have been delayed, leading to a domino effect on patient outcomes. However, policy choices cannot be ignored. Across the UK, “Stay at Home, Protect the NHS and Save Lives” was the zeitgeist of the time, failing to explain to a fearful public what the consequences of closing down the system to focus on covid would do.

NHS Wales Performance Compared to Other UK Nations

NHS Wales has been underperforming relative to other UK nations. In a recent survey, only 21% of respondents in Wales expressed satisfaction with the NHS, compared to 24% in England and 22% in Scotland.⁹ Waiting times for treatments are also disproportionately longer in Wales, with the percentage of patients waiting over a year far exceeding figures in England and Scotland.

This paper seeks to explore the role of the private sector in public health service delivery. Is there a role for the private sector to play a role in the delivery of Welsh healthcare? Truth be told, the private sector *already* playing a critical role in NHS Wales. Private companies manufacture the drugs, equipment, and machinery that the NHS relies upon. Contractors deliver vital services in areas like dentistry, pharmacy, and general practice. The aversion to private healthcare as part of the solution is therefore irrational. The NHS has always relied on private entities to function effectively. Expanding this collaboration is logical and in line with existing practice. However, there is no desire expressed by Welsh Government to do so.

The Need for a Systemic Reset

A *Healthier Wales*, the policy direction to deliver care closer to home, is simply impossible to deliver. NHS Wales cannot address its long-term preventative care agenda without first resolving its operational inefficiencies and backlogs. Without a temporary reset, the system will continue to falter, and patients will suffer.

⁷ [Poverty and deprivation \(National Survey for Wales\): April 2022 to March 2023 \[HTML\] | GOV.WALES](#)

⁸ [NHS Wales: Hospital waiting times up again and hit new record - BBC News](#)

⁹ [Public Satisfaction With The NHS And Social Care In 2022 | The King's Fund](#)

NHS Wales is operating in a different political environment to what it was prior to July 2024. Welsh Labour pretended it did not have full accountability over NHS delivery, benefiting from a different party in government in Westminster. With Labour assuming power in London, it brings NHS Wales delivery to sharper focus. Wes Streeting, Labour's Health Secretary in UK Government has positioned himself as a pragmatic reformer, advocating for the use of private sector resources to alleviate NHS England's backlog. His approach acknowledges that while the NHS remains a fundamentally public service, private sector involvement is a necessary tool to clear waiting lists and improve patient outcomes.



Streeting's strategy has included commissioning private hospitals to conduct NHS procedures, ensuring that patients who have been waiting the longest receive timely care. This aligns with UK Labour's broader commitment to reducing waiting times without fundamentally altering the NHS's public-funded nature. He has argued that ideological opposition to private sector involvement has hindered progress and that embracing a mixed economy approach within the NHS will help tackle immediate crises.

His stance has received criticism from within his party, with concerns that increasing reliance on private providers could erode the NHS's long-term sustainability.¹⁰ However, Streeting maintains that this is a temporary measure aimed at clearing backlogs, preventing further deterioration in patient outcomes, and alleviating pressure on NHS staff.

This context is interesting. Conversations are happening daily in Welsh Government and NHS Wales about what Streeting's reforms mean. This presents secondary questions for devolution which will be for another paper. But why does it take a new UK Government to generate reform in NHS Wales? Is this because the quality of policymakers and healthcare executives in Wales is poorer than its English counterparts? Do the structures established by devolved government make delivery harder? Or is this because devolved Wales cannot deliver NHS reform like England can? Whatever the answers to these questions, it results in significantly worse outcomes for Welsh patients. For any unionist, this should be a crying shame.

Party policy

Welsh Labour, the incumbent party's strategy for tackling NHS waiting lists has revolved around investment in workforce expansion, digital transformation, and service integration. Their approach, outlined in the Planned Care Recovery Plan (2022)¹¹, focuses on increasing surgical activity through weekend and evening clinics, opening new diagnostic and treatment centres, and creating more community-based services to reduce hospital demand. Additionally, they have aimed to recruit and retain healthcare professionals by improving working conditions and offering incentives to prevent staff shortages from undermining service delivery. It is important workforce supply has increased, and vacancies have started to fall, however, it has not been sufficient to dent the backlogs. Digital innovation is another pillar of their plan, with efforts to expand virtual consultations, integrate AI-driven diagnostics, and streamline patient pathways to minimise delays. Strengthening GP services and improving coordination between primary and secondary care are intended to prevent unnecessary hospital admissions, while targeted initiatives, such as centralised booking systems and selective outsourcing, are designed to prioritise long-waiting and urgent cases.

Despite these measures, NHS waiting lists in Wales remain the worst in the UK, raising serious concerns about the effectiveness of Labour's approach. Waiting times have continued to rise, demonstrating that increasing capacity has not kept pace with growing patient numbers. Although new treatment centres have opened and service hours have been extended, the persistent workforce shortage limits the impact of these additional facilities. Without enough trained professionals to staff clinics and hospitals, expansion efforts have struggled to deliver meaningful reductions in waiting times.

The crisis in workforce recruitment and retention remains a significant obstacle. The shortage of doctors, nurses, and specialists continues to hinder progress, with many leaving

¹⁰ [Wes Streeting defends Labour plan to use private sector to cut NHS backlog | Wes Streeting | The Guardian](#)

¹¹ [Transforming and modernising planned care and reducing NHS waiting lists | GOV.WALES](#)

due to burnout and dissatisfaction with working conditions.¹² Efforts to attract new healthcare professionals have also faltered, however, recent pay awards mean Agenda for Change pay is higher than in England now which may increase the attraction of healthcare professionals from England. That does however lend itself to two centralised systems- NHS Wales and NHS England- being in direct competition with each other. Given Labour's aversion to competition within the health system, this seems logically inconsistent. But make no mistake: there is an ongoing staffing crisis which is undermining Labour's claims that investment in personnel will resolve the backlog.

Digital innovation, while a promising avenue, has so far had little effect on the backlog. Virtual consultations and AI-driven diagnostics may improve efficiency in some areas, but they do not directly reduce surgical or urgent care waiting lists. The adoption of digital tools has also been sluggish, with NHS Wales lagging behind NHS England in implementing technology that could streamline patient management and treatment pathways.

Efforts to improve integration between primary and secondary care have likewise been slow to materialise. GP services remain overwhelmed, leaving patients struggling to access early interventions that could prevent hospital admissions. Moreover, a growing number of GP practices are handing back their contracts, with Health Boards increasingly having to directly inter-gene. While better coordination between services may bring long-term benefits, it has done little to ease the immediate backlog of patients awaiting treatment. But fixing the front-door- getting people seen in primary care, will reduce demand in enormously "hot" areas, such as emergency care and ensuring only hospital beds are given to those who need one.

Although Labour has claimed some success in reducing the number of patients waiting over two years for treatment- down two-thirds since its coronavirus peak- it is still very high, and the extent of this problem does not exist in England and Scotland, not just in per capita terms but in absolute terms. The number of patients waiting over a year remains stubbornly high. Other UK nations have made faster progress in reducing backlogs by outsourcing more procedures to the private sector, yet Welsh Labour has largely resisted this approach. Their reluctance to utilise private sector capacity has left many patients facing prolonged delays for essential care.

Despite their ambitious rhetoric, Welsh Labour's strategy has not delivered the promised results. NHS waiting lists continue to grow, and the workforce crisis remains unresolved. While their long-term vision may eventually yield benefits, their failure to act with sufficient urgency has left patients waiting longer than ever. Without a more decisive response, including a willingness to explore all available options for increasing capacity, it is unlikely that Welsh Labour will succeed in clearing the backlog anytime soon.

Opposition parties are unfortunately missing the mark also.

The Welsh Conservatives in May 2021 called for the use of independent practitioners and cross-border working to support the clearance of backlogs but this is not something that has recently been advocated. Its last manifesto focused on the establishment of a Patient

¹² [NHS Wales: BMA burnout worry over 50-day challenge to free beds - BBC News](#)

Guarantee; a new Patient Safety Commissioner and the separation of NHS Wales from Welsh Government.¹³ Recently, it has called for surgical hubs to improve diagnosis. Earlier diagnosis is important for patient health and prevents longer-term acuity. However, this prospectus overall falls short in addressing the backlogs. Weakening the relationship between Government and NHS means weaker accountability- part of the problem has been Welsh Government not adequately holding the NHS to account- and the establishment of commissioners and new legislation threatens to swallow the health system in more bureaucracy and box-ticking instead of actually delivering services and improving patient quality and safety.

Plaid Cymru has made the best attempt at coming up with an alternative plan focusing on establishing temporary centres within existing hospitals, each dedicated to specific types of care, to expedite treatment for those on waiting lists.¹⁴ They have also called for implementing a new specialised team to streamline the referral process, ensuring patients are promptly matched with appropriate specialists; enforced measures to improve resource sharing and cooperation between health boards, facilitating faster patient treatment regardless of location. They say these initiatives aim to reduce waiting lists by up to 30% without the need for new buildings or additional staff. Like the Welsh Conservatives, Plaid Cymru has also called for surgical hubs. However, Plaid's plans accelerate demand in the short term and threaten to overwhelm an already overwhelmed system. Its limitations are similar to Welsh Labour's- notably an aversion to the private sector.¹⁵

Proposal

This paper sets out several proposals to address the immediate short-term challenges facing NHS Wales. Without swift action, the viability of the NHS in Wales is under increasing doubt. Political commitment to the NHS must be met with pragmatic solutions, and not hold onto ideological dogma rooted in the mid-20th century. These proposals come with significant cost from a healthcare perspective, however, we are in the midst of a **healthcare emergency**. Moreover, budget setting- and this needs to be set across the whole United Kingdom (which poses broader delivery questions)- needs to fully consider future cost avoidance over a full parliamentary term. To address these challenges, this paper proposes the following measures:

1. Offering Private Healthcare to Long-Wait Patients

- **Patients Waiting Over Two Years:** The number of patients waiting more than 2 years waiting lists for over two years is 24,361.¹⁶ We propose patients not projected to be seen in the next 2 months will be offered immediate treatment through private healthcare providers, with care provided at a clinic close to home. For the 1566 three-year waiters, they will be immediately seen privately. This will serve as

¹³ [2021 Senedd Manifesto_Wales ENGLISH.pdf](#)

¹⁴ [Plaid Cymru Unveil Plan to Tackle NHS Waiting Lists - The Party of Wales](#)

¹⁵ ["Privatisation by stealth" - Plaid Cymru blasts Welsh Labour on NHS plans - The Party of Wales](#)

¹⁶ [Longest hospital waiting lists still rising - BBC News](#)

compensation for delays and expedite access to care. The NHS will provide monetary compensation to patients moving forward where the two-year wait is breached and it is the fault of the NHS after the introduction of these measures. Tens of millions of pounds have already been allocated to persistent waiters, so the paper proposes a majority of these funds be reallocated to this initiative.

- **Life-Threatening Conditions:** Patients with life-threatening illnesses, such as cancer, who have exceeded key treatment benchmarks, will also be offered private healthcare to begin treatment to prevent further deterioration in outcomes. They will revert to NHS care as existing backlogs are tackled. Not only will this have a positive benefit on the patient, it will also avoid future costs to the NHS where a patient's condition deteriorates. Swifter treatment also supports individuals back into the workforce.

2. Re-categorising “Routine” Referrals and Commissioning Services from NHS England

Welsh Government should ask the Welsh Health Services Specialised Committee to temporarily expand its scope of commissioning services- and should collaborate with NHS England to commission healthcare services for patients with the most urgent clinical need waiting more than 18 months for initial appointments for patients. Routine appointments would be re-categorised into multiple tiers and re-triaged based on clinical need. This cross-border partnership will maximise available capacity and alleviate Welsh waiting times.

3. Inviting Private Sector Tenders to Address Backlogs

Private healthcare providers should be invited to tender for contracts through a reformed All-Wales procurement framework. This competitive process will ensure transparency, efficiency, and cost-effectiveness. Procurement rules would be reformed in the short term to also remove barriers to entry, allowing smaller contractors and clinicians to tender, fostering innovation and inclusion. The idea that private always means more expensive is not true- it is just that procurement rules stop independent practitioners without administration teams from engaging. Welsh Government should mobilise the independent healthcare professional workforce to join in a “Clear the Backlog” campaign.

4. Reforming Emergency Department Triage Processes

- **Speedy Triage:** Bank triage nurses will be employed to speed up the triage process, enabling some patients to be redirected to appropriate care settings where the right care has not been accessed, ensuring that emergency departments are reserved for life-threatening conditions and serious injuries. This in turn frees up bed capacity and allows for people who are genuinely in need to be seen sooner.
- **Surcharge for Misuse:** Patients who repeatedly misuse emergency departments by seeking care for non-urgent issues will be subject to a surcharge, encouraging more appropriate use of healthcare services. This will not be in place for genuine mistakes and emergency mental health factors must be considered in the application of this. Drunken patients will be considered as misusing emergency care and subject to a greater surcharge, however, they will be cared for where this is required. Where there is no threat to life or serious illness, they will however be placed at the back of the queue.

5. Expanding Primary Care Capacity through Private Partnerships

- **Additional GP Sessions:** Non-NHS commissioned General Practitioners (GPs) will be contracted to provide additional sessions in existing practices, alleviating pressure on NHS. NHS-commissioned GP practices will be financially incentivised to see patients on weekends and evenings, which will provide support to the Out-Of-Hours GP Services.
- **Pharmacy Integration:** Community pharmacies will be empowered to take on more routine care responsibilities, including health checks and minor ailment treatments
- **Wider Healthcare Staffing Support:** Private sector clinicians, including nurses and physiotherapists, will be deployed to address localised bottlenecks and enhance access to care.

6. Establishing an NHS Volunteer Service

The establishment of an NHS Volunteer Service would mobilise a “community workforce” to support administrative and service functions in reducing the backlog. Just as the public rallied for vaccination efforts, this initiative would empower volunteers to contribute meaningfully to the NHS’s recovery.

7. Addressing Costs and Long-Term Benefits

Without access to financial teams to cost this fully, it is impossible to determine the exact expenditure required however at least £500 million should be set aside. The current draft Welsh Government budget allocates an additional £600 million to health, however much of this money is allocated towards pay-rises which demonstrates the political choices the government can make. However, the long-term costs of untreated patients—particularly those with chronic conditions like diabetes or cancer—will far exceed the short-term costs of clearing backlogs. Untreated patients will have lower healthy life expectancies and reduced economic contributions. A macroeconomic perspective is essential when considering health economics. Furthermore, by reforming procurement processes and removing barriers to entry, more cost-effective providers may enter the market.

Moreover, a full and frank conversation ought to be held with UK Government that Welsh Government is struggling to get on top of the health emergency, and therefore additional help is required. This support would need to come with assurance provided to UK Government that such additional monies were being spent wisely. “Devolve and forget” has been a policy choice, and a policy failure. Welsh Government should ignore cries from those who would call this a “power grab”- additional financial support from central government with central government having a greater stake in NHS Wales delivery would be a sign of a mature United Kingdom addressing need where it arises. It would also pave the way for a mature conversation about NHS delivery across the United Kingdom in the long-term.

Furthermore, a robust conversation needs to be held about **disinvestment**. The NHS has taken on an increasingly wide range of services- some may be delivering long-term benefits- however, it tends to deliver more services without scrutinising the benefits realised by existing services. The NHS was never designed to do everything and it cannot do everything. Disinvesting in certain services can offset some of these costs, as well as reducing overall

waste. Moreover, AI-driven solutions could also play a pivotal role in reducing administrative burdens and enhancing service delivery efficiency.

Conclusion

NHS Wales stands at a crossroads and we find ourselves living through a health emergency. Without decisive action, the system risks not just further deterioration but complete collapse, compromising patient care and public confidence. This paper argues that leveraging the private sector is not only necessary but also entirely in line with existing NHS practices. From manufacturing drugs and equipment to delivering services in general practice and dentistry, the private sector is already an integral part of the NHS's ecosystem.

By offering private healthcare options to those facing unacceptable delays, commissioning services from NHS England, and inviting private sector tenders to address backlogs, NHS Wales can achieve the reset it urgently needs. Coupled with reforms to emergency care processes, expanded primary care capacity, and a robust volunteer service, these measures represent a temporary but essential intervention.

This reset will not compromise the NHS's foundational principles but will instead restore its ability to deliver timely, effective care to the people of Wales. Only by taking bold and innovative action can NHS Wales recover from the COVID-19 pandemic once and for all, laying the groundwork for a sustainable and resilient future.

Whilst this paper has looked exclusively at the short-term, broader questions need answering and Prydain will contribute to the discussion:

- Should the foundational principles that established the NHS in 1948 remain in place in light of a demographic crisis in Wales and in Britain?
- Does the Health Board model work?
- Is devolution working in respect to NHS delivery?
- How is primary care fixed in the long term?

Prydain will not shy away from these difficult discussions, and neither should political parties looking to form the next Government of Wales. We will objectively assess parties' plans for the NHS over the next few years.

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