

As Serco proves, if there's one change the #NHS needs i...

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As the [Guardian reports this morning](#):

Serco, the leading private contractor of government services, fiddled its data when reporting to the NHS on targets it had failed to meet, according to the National Audit Office (NAO).

The independent watchdog's investigation into Serco's out-of-hours GP service in Cornwall, published on Thursday, comes after the Guardian revealed last May that whistleblowers had concerns that the privatised service was regularly so short-staffed as to be unsafe and that its performance data was being manipulated.

I think we can safely say that the private sector offers no way out of the Mid-Staffs style crisis.

But actually, it's possible to say more than that. Serco and Mid-Staffs have a lot in common. Patient care has suffered and people have been harmed whilst data has been misreported and all for one reason, which is to satisfy market driven performance criteria.

I was asked recently what my one change to the #NHS would be if I had my way. Well, there's a simply answer. I'd take the market out of it. Private contracting would be used at manager's discretion. GPs would be salaried. And the farce of the internal market would be abolished.

If one thing has cost the #NHS money and inefficiency it is the internal market. The concept of profit and loss is absurd when the patient does not pay at the point of delivery: surplus or deficit is the result of demand and whether or not best clinical and management practice is applied or not. But that does not require a market with the enormous management and accounting costs involved. It does require a matrix of weighted key performance indicators based on patient satisfaction, clinical standards, referral management, resource usage and other factors. But that could be done simply and effectively largely based on medical record keeping with no market

overlay.

The we could have a cheaper, patient focussed, medic lead, efficient NHS. We won't get that when money is the determinant of service quality, and data supply.