

## The failure of 111 is just the start of NHS failure as ...

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

The [NHS](#)'s 111 non-emergency telephone helpline was in crisis after one of the major providers announced it was pulling out for financial reasons, leading to warnings from medical groups of chaos and patients being put at risk.

Astonishingly, NHS Direct, which is the organisation that has pulled out, is itself an NHS Trust. As the Guardian notes:

*The public organisation said it was likely to earn only half the projected £43m a year for running 111 services as it announced its departure only four months after the new structure had been set up. It has already [withdrawn from providing services in two of the 11 areas](#), north Essex and Cornwall.*

Three obvious observations follow. The first is that if a call to NHS 111 is only worth £8 then you can be pretty sure that the advice provided has about the same value. In that case, worry.

Second, it's notable that despite this private sector providers are carrying on with the service. In which case, worry even more.

Third, note that the introduction of NHS 111 - which has to be one of the simplest medical services that can be provided since it is entirely protocol driven with the automatic option that in the event of uncertainty being encountered a back up service can be called upon and no other decision needs to be taken - has been described as an 'abject failure'. However, it's now the case that situations where massive uncertainty is faced - such as mental health care and end of life care - are to be privatised. There is no option in these cases of avoiding the issue, or saying there is a fixed price unit cost unless disastrous health outcomes are to be guaranteed. In which case worry even more.

And worry in all these cases for good reason, which is that the logic of all such privatisations is fundamentally flawed. The logic of privatisation is that health care is

bounded and exists within silos of activity, so that for example 111 exists independent of A&E or out of hours and can be costed independently of them, even though failure in 111 does, of course, automatically impose cost on these other services. And, in the case of mental health it will be assumed that this exists independently of other services when in fact there are very frequently co-morbidities involved, which the pricing of the new contracts will no doubt ignore.

To put it another way, these contracts assume health care is a discrete activity involving separate and unrelated episodes of care when nothing could be further from the truth. Health care has to be about integrated care and markets work on separation. That is why 111 is failing. That is why [the further £5 billion of privatised health care the FT is talking about today](#) will fail. And that is why the neoliberal approach to healthcare is bound to be a disaster.