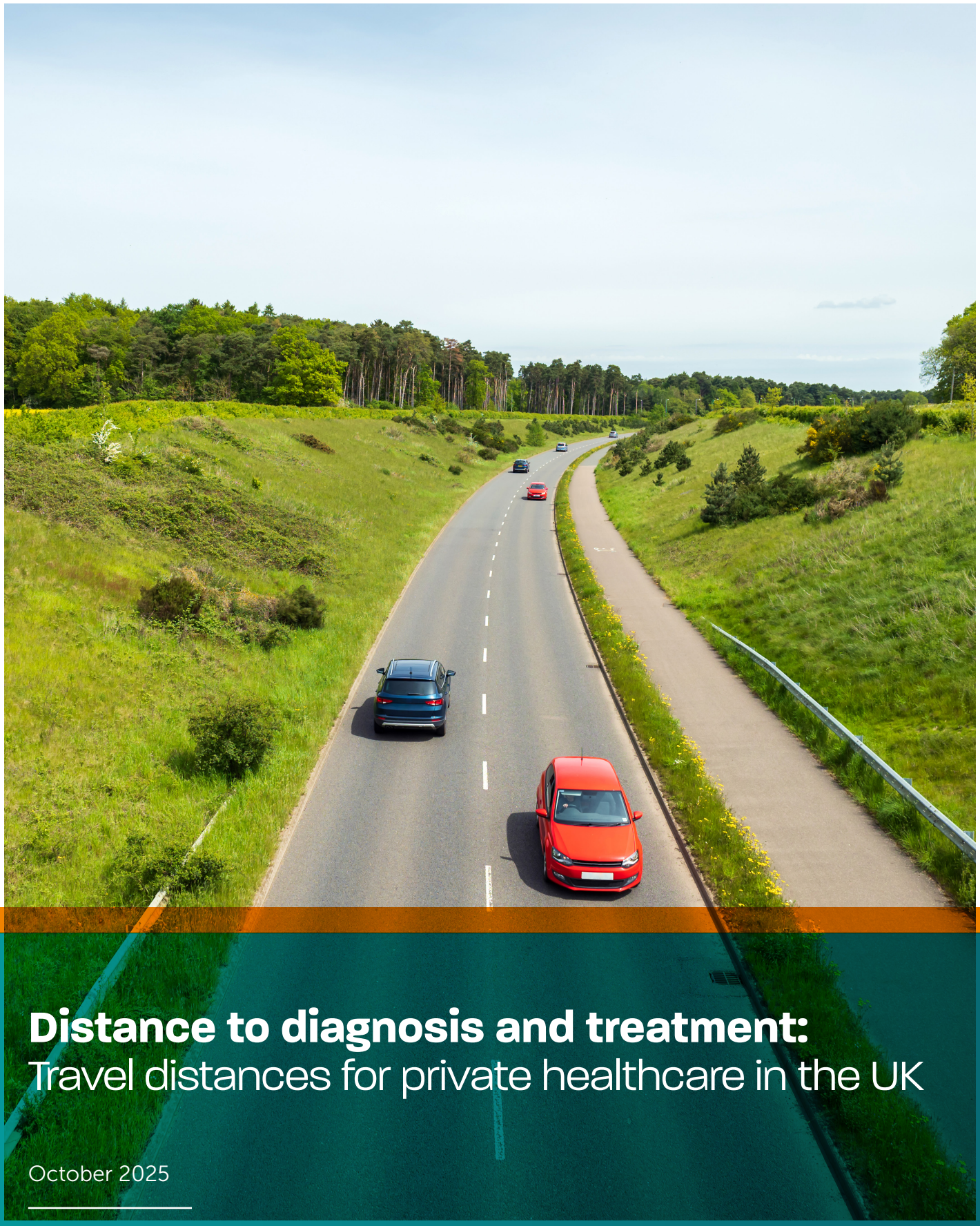

Distance to diagnosis and treatment: Travel distances for private healthcare in the UK

October 2025

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Contributing team

- Dhirav Patel, lead analyst
- Dr Chris Smith-Brown, clinical advice
- Alistair Moses, report editor

Foreword

It is my pleasure to present this detailed report, which delves into the important subject of patient access to private healthcare across the United Kingdom. In an era where transparency and informed choice are paramount, understanding how geography, deprivation, and patient characteristics influence access to specialised services is vital for both patients and healthcare providers.

The report shows that:

- Between 2021 and 2024 in the UK, patients travelled an average distance of 15.5 miles to access private hospital services.
- Northern Ireland had the highest average travel distance with 36.3 miles.
- London had the shortest average travel distance with 6.0 miles.

This analysis brings together robust data and careful examination to highlight regional trends and disparities in travel distances for private hospital care.

I commend the team for their dedication to providing clear, evidence-based insights that will help inform policy, improve service provision, and ultimately enhance patient experiences.

I hope this report serves as a valuable resource for all those committed to advancing the quality and accessibility of private healthcare in the UK.

Dr Ian Gargan

Chief Executive

Private Healthcare Information Network

Introduction

This analysis explores geographic access and deprivation, focusing on travel distances to healthcare across the UK. It examines trends over time, regional disparities, comorbidities and specialty.

PHIN calculated straight-line distances in between patient and private hospital postcodes, using the mean as the average. Distances in miles (mi), rounded to one decimal place.
This is referred to as 'distance travelled' in this analysis.

The analysis identified 3.5 million finished consultant episodes (FCEs), which may exceed the actual number of individual patients. This is because a single patient may have multiple episodes of care within the reporting period. For example, a patient who undergoes several separate treatments or admissions, perhaps for different conditions or at different times, will generate a new episode each time they are treated.

Therefore, the count of episodes reflects the total number of treatment occurrences, not unique individuals, and provides insight into the volume and frequency of healthcare delivery. 91% (3.1 million episodes) were included due to valid patient postcode data. FCEs between 2020 – 2024 were included with relevant years specified in tables and figures.

Geography is reported by the patient's postcode e.g. patients living in the South East travelled an average distance of 'n' miles to any private hospital. A private hospital is defined as an independent hospital or NHS Private Patient Unit that offers privately funded elective day surgery and admitted care.

Background

The Private Healthcare Information Network (PHIN) is the government-mandated, independent body that provides transparent information to patients about private healthcare in the UK.

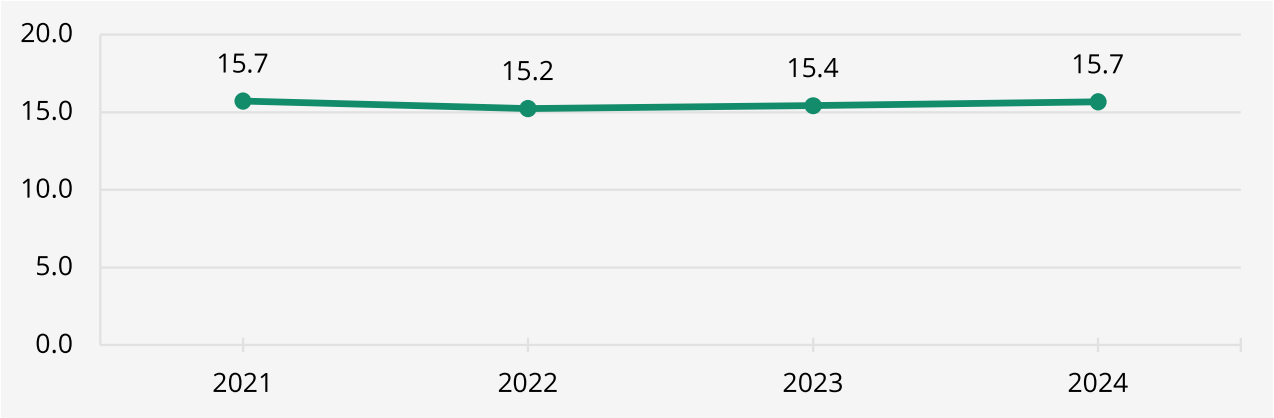
All data described in this report is taken from PHIN's unique, national private dataset describing discharge activity (day case and inpatient). This excludes activity outside of PHIN's mandate from the Competition and Markets Authority, such as outpatient diagnostics and mental health.

Analysis

National

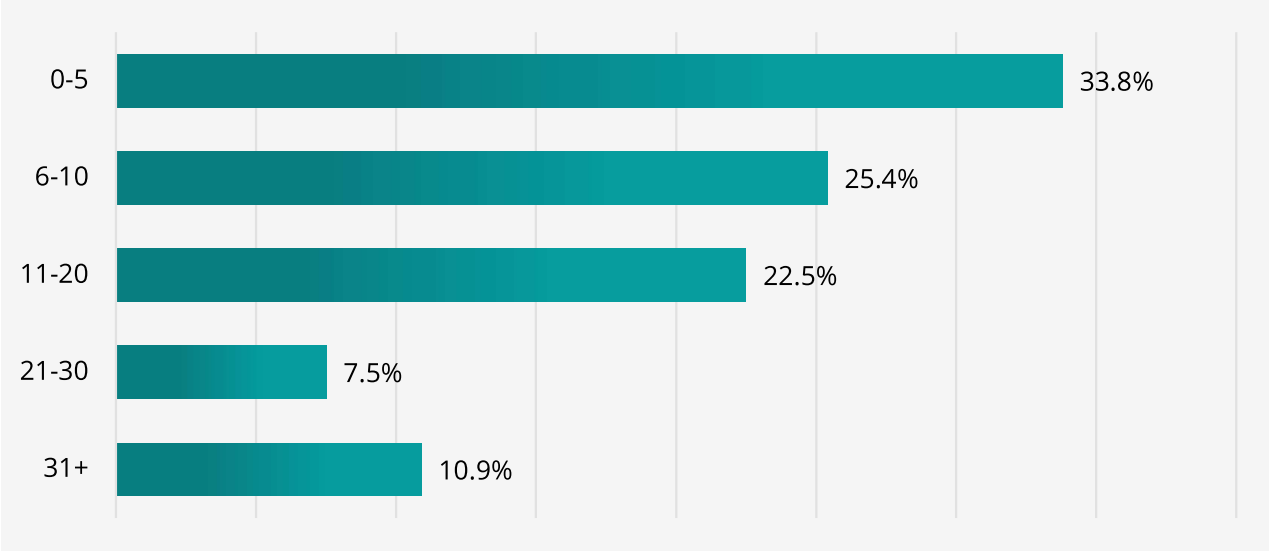
The average distance between a patient and their private hospital in the UK was 15.5mi. This did not change significantly between 2021 and 2024, ranging from 15.2mi to 15.7mi.

Figure 1: Average (mean) distance (mi) between patient and private hospital in the UK



From 2021 to 2024, three quarters of private episodes occurred in hospitals within 20mi of patients' homes.

Figure 2: Proportion (%) of private episodes by average (mean) distance (mi, 2021-2024)



Devolved nations and regional differences

There are significant variations in the distances travelled by patients across the four nations.

Figure 3: Average (mean) distance travelled (mi) by devolved nations (2021-2024)

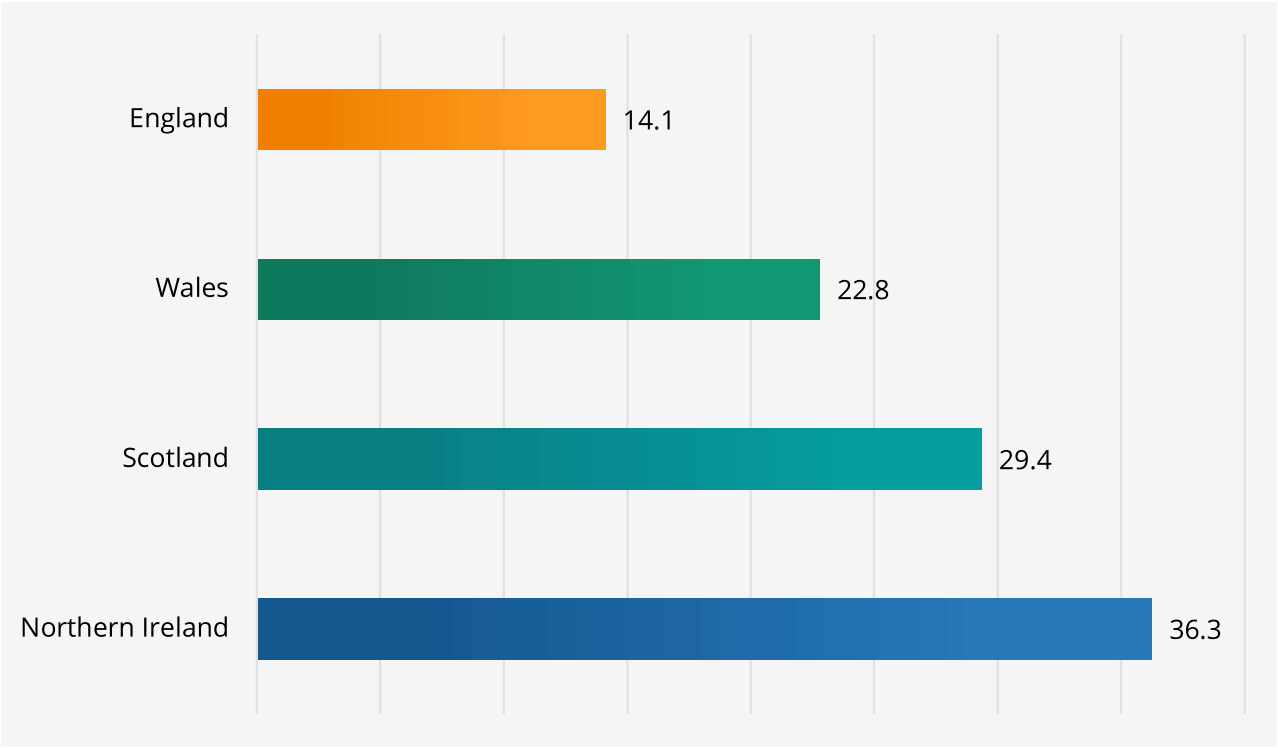


Table 1: Average (mean) distance (mi) and count of CMA mandated sites by devolved nations (2021–2024)

	England	Wales	Scotland	Northern Ireland
Number of sites	638	29	16	15
Average distance	14.1	22.8	29.4	36.3

Figure 3 illustrates the average (mean) distances, in miles, that patients from each of the four UK nations travel to reach a private hospital between 2021 and 2024.

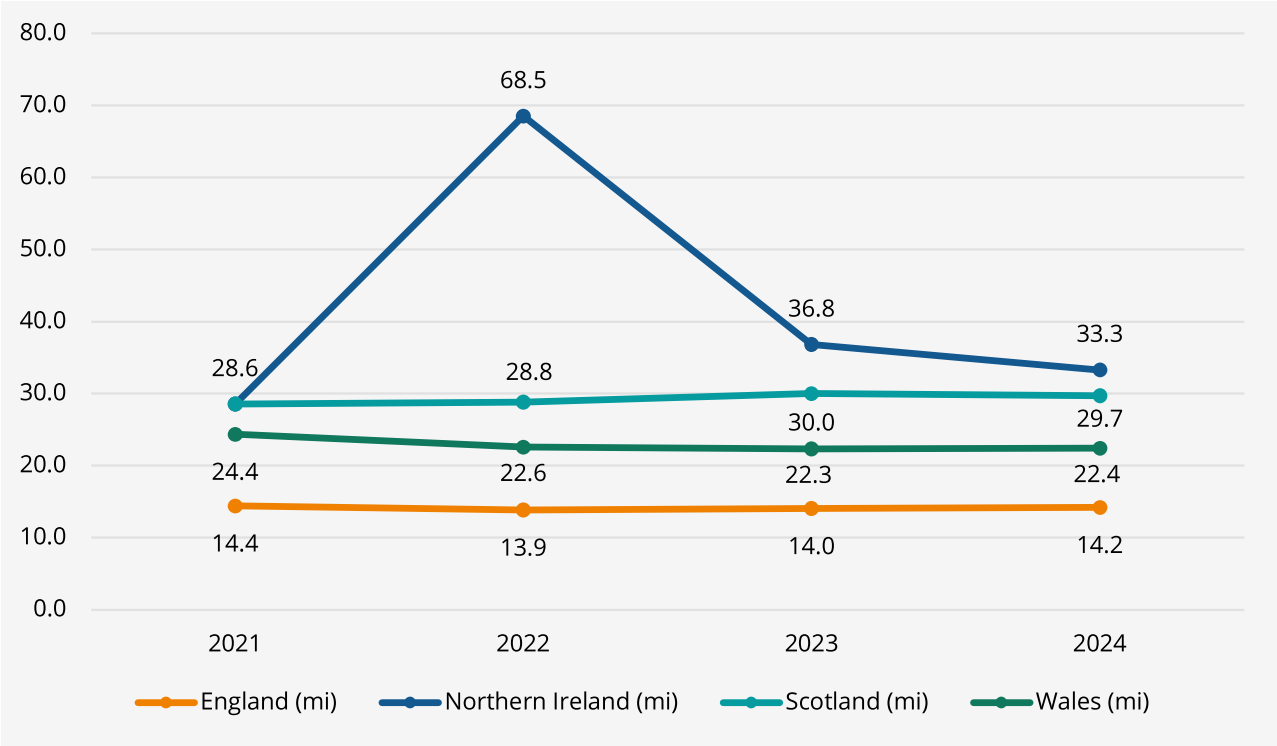
There is a clear link between the availability of hospitals (sites) with England having over 600. Although many of these are clustered in London and the South East, the more sites a country or region has, the more chance there is that patients will not have to travel as far to reach one.

Patients in England travelled the shortest distances, averaging 14.1mi, while those in Northern Ireland experienced the longest journeys, averaging 36.3mi. Scotland also reported higher travel distances with an average of 29.4mi. Wales showed slightly smaller distance of 22.8mi.

Figure 3 highlights the differences among the nations, while Figure 4 shows the sequence of shortest to longest average distance remained stable over each year.

This figure shows that England's average distance remained steady during each year. In Northern Ireland, a notable spike in 2022* is observed, linked to reduced data submissions from a major hospital group, which temporarily increased the mean value; the median distance for 2022 offers a more typical figure of 21.4mi. Scotland's averages fluctuate slightly but remain consistently high, while Wales demonstrates a gradual trend downwards in distance over the four years. Overall, Figure 4 reinforces the enduring differences within each devolved nation.

Figure 4: Average (mean) distance (mi) between patient and private hospital by devolved nation over time



English regions

Table 2: Average distance (mi) travelled by English region

Regions	2021	2022	2023	2024	Average	Number of sites
East Midlands	19.4	18.3	18.7	19	18.8	41
East of England	15.7	14.6	15	15.4	15.2	62
London	6.1	5.9	5.9	5.9	6.0	116
North East	28.6	24.4	24.7	26.5	26.0	29
North West	18.1	17.1	16.9	17.6	17.5	78
South East	14.4	14	14.1	14.4	14.2	128
South West	21.8	22.1	23.2	23.3	22.6	68
West Midlands	15.7	15.4	16	16.3	15.8	61
Yorkshire and The Humber	19.5	17.9	18.3	19.3	18.7	55

The average distance in London (6mi) is **consistently lower** than the national average, ranging from **5.9 in 2021** to **6.1 miles in 2024**.

The region with the second lowest distance is the South East with an average distance of 14.2mi. Both London and South East have the highest number of private hospital sites.
The English region with the highest travel distance is the North East with an average distance of 26.0mi.

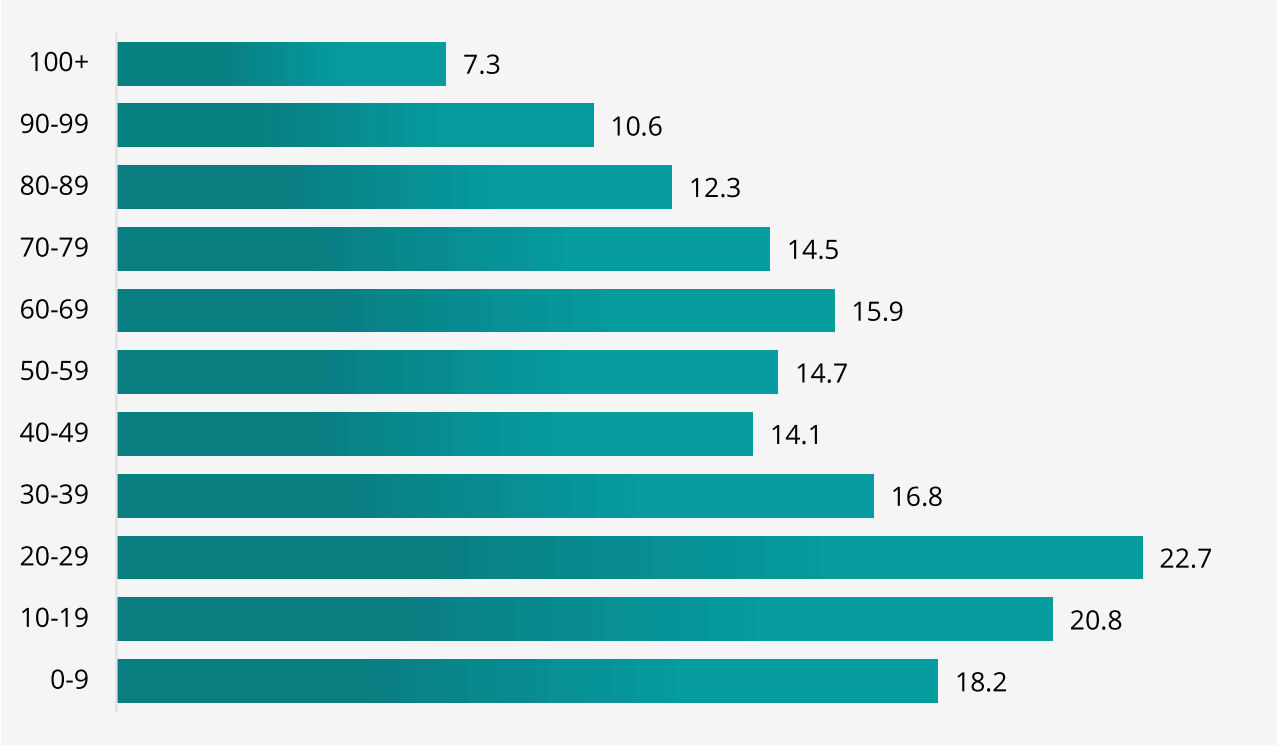
All regions showed a decline in travel distances, apart from the West Midlands which went from 15.7mi to 16.3mi from 2019 to 2024. The South East was unchanged.

Patient characteristics

Age

Individuals aged 20 to 29 were the demographic group most likely to travel the greatest distances between 2021 and 2024. In contrast, patients between the ages of 90 and 99 were most likely to travel the shortest distances.

Figure 5: Average (mean) distance (mi) travelled by 10-year age band (2021–2024)

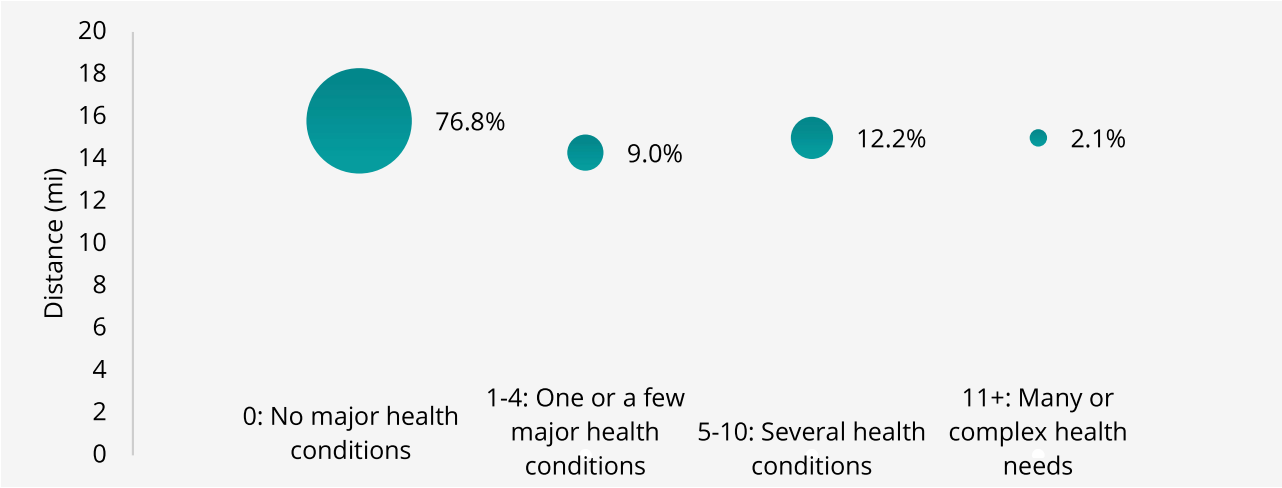


Comorbidity

PHIN applies the *Charlson Comorbidity Score* to determine patients' comorbidity for each hospital admission. Comorbidities / pre-existing conditions are where a patient has one or more medical condition or disease alongside their primary condition. These can complicate treatment and impact a patient's outcomes.

Using the *Charlson Comorbidity Score* each condition is assigned a value, and these values are summed to produce a total score. A higher score for a patient means more, or more severe, long term health conditions. Higher scores indicate a higher likelihood of medical complications. The score is also strongly associated with the risk of death. As the score increases, so does the predicted risk of dying within a certain period.

Figure 6: Comorbidity (Charlson Score) and distance (mi) travelled (2021-2024, bubble size % of FCEs)



Between 2021 and 2024, 76.8% of private patients had no major health condition recorded. People with no major conditions recorded travelling an average distance of 15.7 mi, reflecting the overall national average and proportion of FCEs.

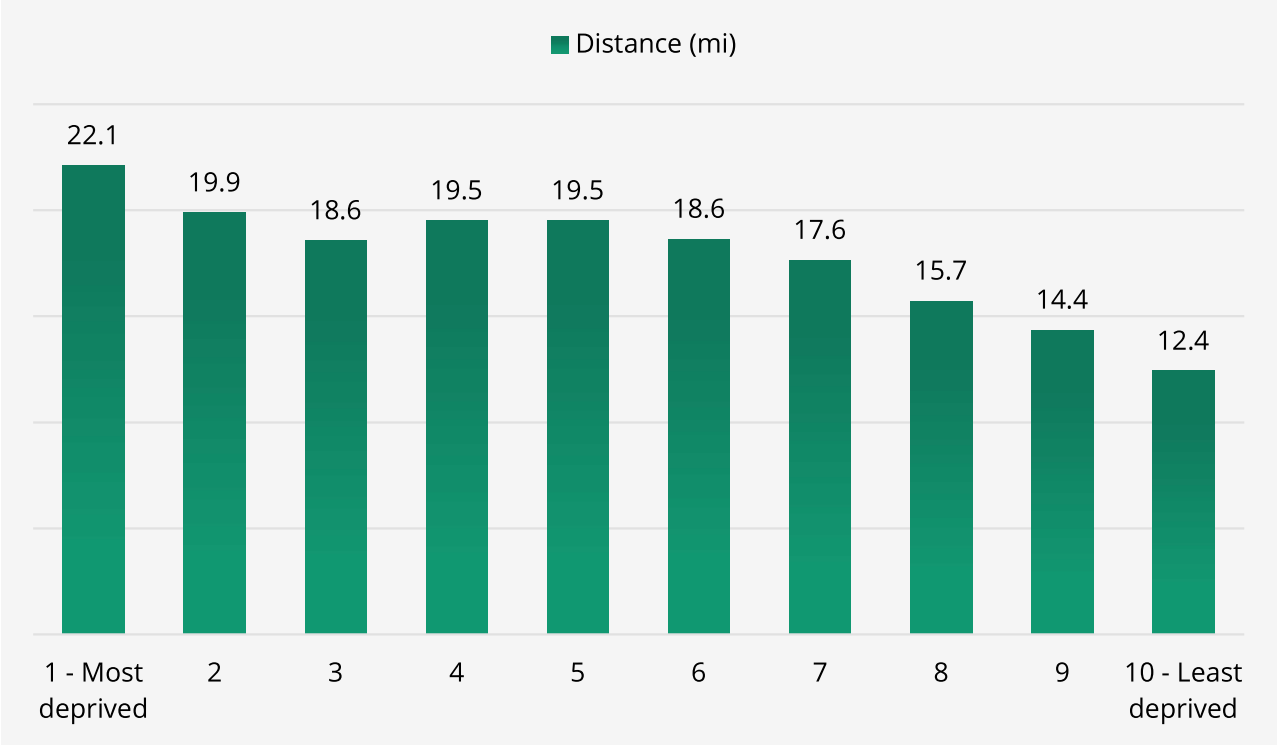
Those with **a score of 1-4**, **5-10** and **11+** tend to travel **shorter distances**, possibly due to:

- Proximity to private elective secondary care.
- Active choice to use local services.

Deprivation

PHIN also investigated if there was difference of distance travelled by Indices of Multiple Deprivation (IMD). This is the official UK measure used to identify relative deprivation in small geographical areas. It combines 39 indicators into seven domains, including income, employment, education, health, crime, housing, and the living environment, to provide a comprehensive picture of deprivation in a particular area and scores them 1 to 10 with 1 being the most deprived and 10 the least.

Figure 7: Distance travelled by IMD (2021–2024)



There's a clear trend across the UK: as the IMD level increases (i.e., areas become less deprived), the average distance travelled by private patients decreases.

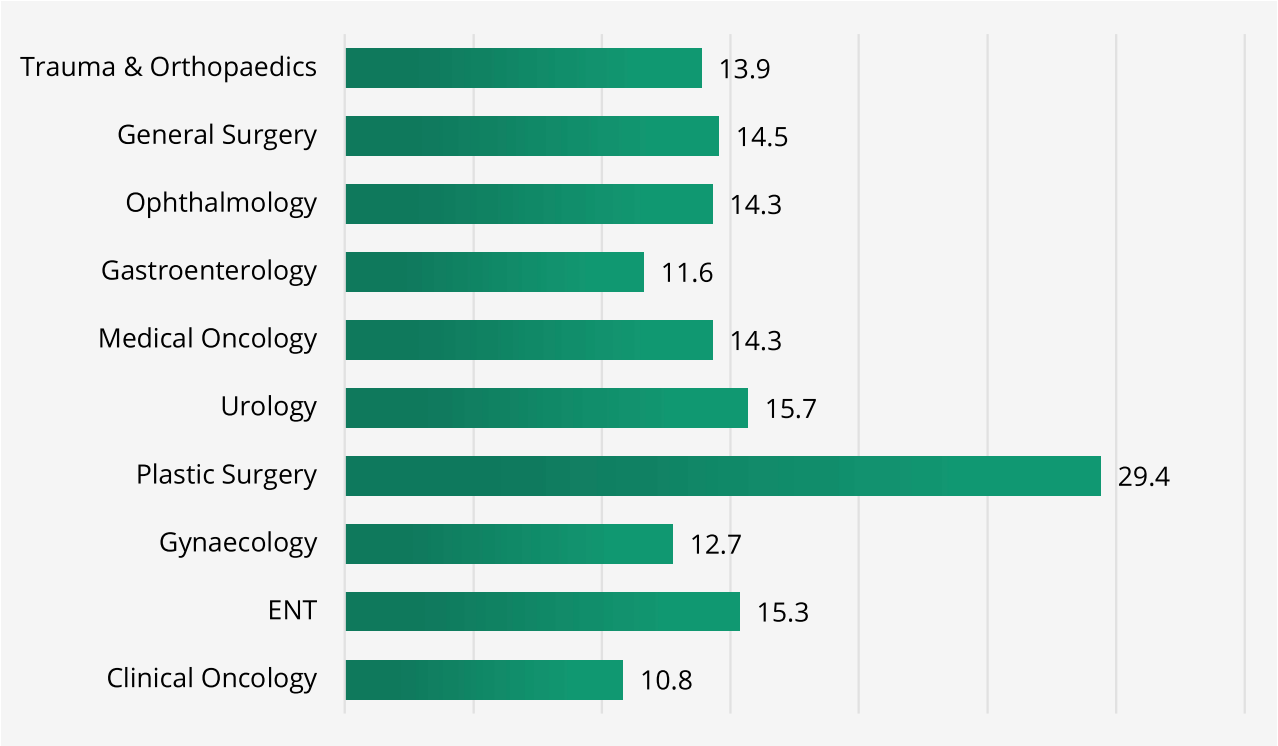
This shows that private healthcare hospitals and clinics are located further away from deprived areas (IMD 1–3) and often located in less deprived areas (IMD 8-10).

IMD 4–7 show a slight plateau, which deviates from the overall trend. These mid-range IMD groups might represent highly diverse areas, such as those with mixed communities, resulting in affluent households grouped with very low-income households, resulting in a middling IMD score that reflects neither extreme well.

Specialties

PHIN's analysis of the top 10 specialties by private admissions indicates variation in patient travel distances, with individuals journeying an average of 29.4mi for plastic surgery – over double the 11.6mi recorded for gastroenterology.

Figure 8: Average (mean) distanced (mi) travelled by top 10 Speciality (2021–2024)



Specialised services

Some specialties that only appeared at 10 or fewer sites included:

- Paediatric gastroenterology – maximum 430.4mi
- Paediatric dermatology – maximum 350.3mi
- Rehabilitation – maximum 340.7mi
- Paediatric neurosurgery – 337.8mi
- Allergy – maximum 253.8mi

These specialities, only offered at a handful of private sites, may lead patients to travel considerable distances.

Procedures

The average for the top 10 private procedures does not vary significantly at a national level. There is larger variation in the maximum distance travelled.

Table 3: Top 10 procedures in UK, Average (mean) and Maximum Distance (mi, 2021–2024)

Procedure	Average distance (mi)	Maximum distance (mi)
Bladder examination via cystoscopy	11.4	477.6
Cataract surgery	13.3	621.4
Colonoscopy – diagnostic	10.7	597.1
Colonoscopy – therapeutic	13.3	603.0
Hip replacement (primary)	14.6	553.1
Inguinal hernia repair	13.8	509.9
Knee arthroscopy	13.2	552.8
Knee replacement (primary)	13.4	492.7
Chemotherapy	13.7	538.0
Upper GI endoscopy – diagnostic	11.2	553.5

The average distance for the top 10 private procedures in the UK falls between 10.7mi and 14.6mi, which is less than the overall national average of 15.5mi. This suggests that there is more availability for the top 10 procedures and patients must travel further for other procedures.

Procedures of note

Outside of the top 10 procedures, PHIN identified some extreme average distances reported at a procedure level.

Average distance

- **Between 60-90mi:** Hamstring tendon repair, wrist replacement (revision), female sterilisation reversal, spina bifida repair, cricopharyngeal botulinum toxin injections.
- **Over 90mi:** Bone marrow donation, hairline lowering (foreheadplasty), hair transplant, autonomic testing.

Maximum distance

- **Above 600mi:** Breast implants, blood transfusions, bone marrow donations and dental extractions.
- **Furthest:** Cataract surgery – 621.4mi

Conclusion

The analysis of patient travel distances for private procedures in the UK reveals a significant disparity in accessibility depending on the type of procedure. While the most common procedures are generally available within a reasonable distance for most patients, particularly in England, there remains a notable challenge for those requiring less common or highly specialised treatments, with some individuals travelling extraordinary distances.

Private patients travel on average 15.5mi to a private hospital, although the average in the devolved nations is higher. Younger patients are more likely to travel further, while older patients are more likely to travel to a hospital nearer to their home.

Based on previous PHIN research, most patients who have more than one admission will return to the same hospital for further admissions.

This indicates that location becomes an increasingly important consideration when selecting private healthcare services in the UK as patients age, given the likelihood of repeat visits.

These findings highlight the need for continued efforts to improve the distribution and accessibility of private healthcare services, ensuring that all patients, regardless of the procedure required, have equitable access to care without incurring excessive travel burdens.

PHIN's vision:
Everyone can make confident choices about their healthcare to get the best outcomes.

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