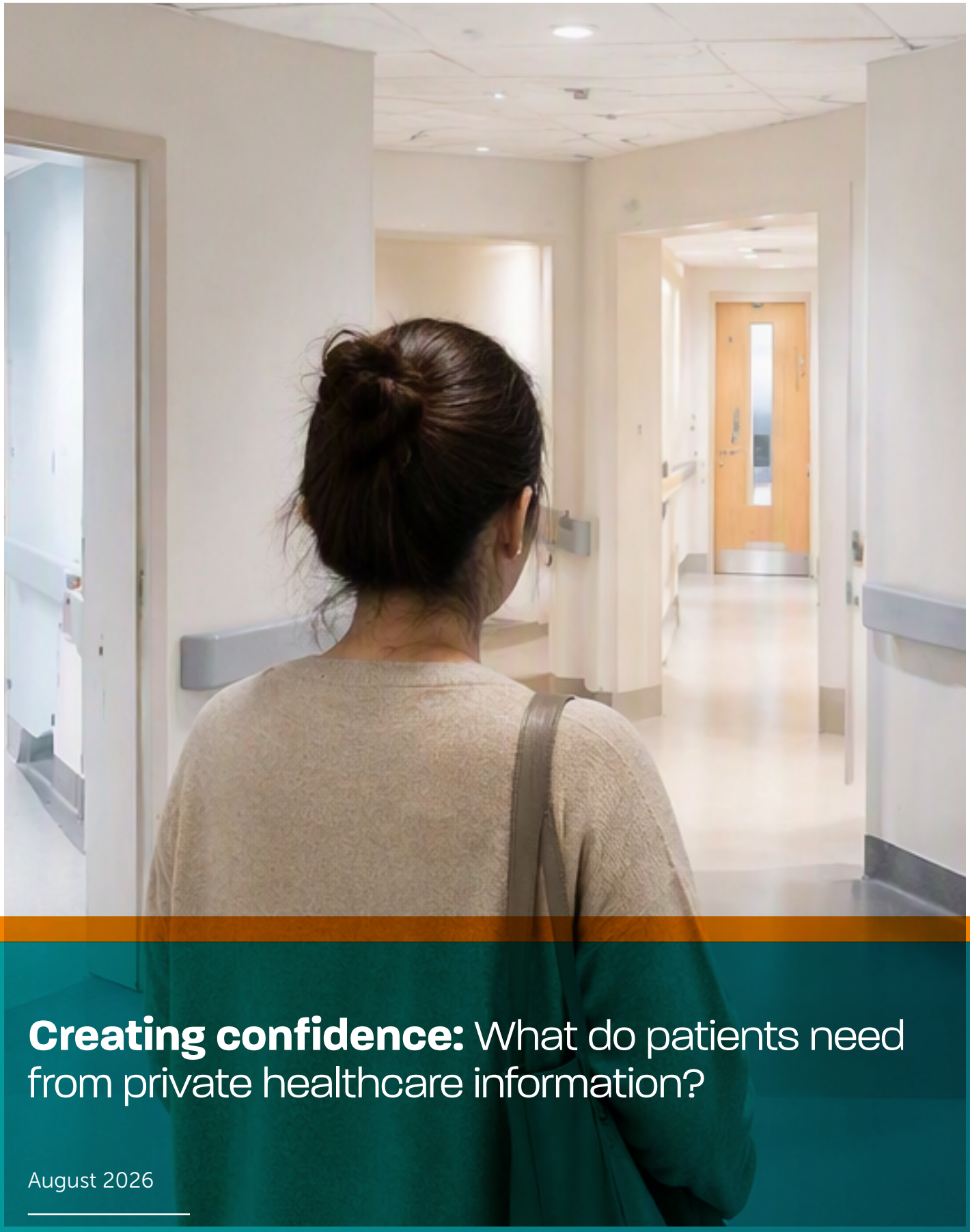

Creating confidence: What do patients need from private healthcare information?

August 2026

PHIN

Contents

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Foreword

The UK's private healthcare sector has always played an important role alongside the NHS in helping people access the care they need. Now, with more people open to and using private healthcare services, 'going private' is becoming an increasingly familiar part of the healthcare landscape. Our data shows that 2025 was the fourth consecutive year for record reported private hospital admissions and we expect that trend to continue.

Yet, as this report makes clear, greater use of private healthcare does not necessarily mean greater confidence in navigating it.

Patients are often required to make decisions at times when they may be worried about their health, concerned about delays to treatment, or unfamiliar with how private healthcare works. Access to clear, accurate and reliable information matters.

At PHIN, our mission is simple: to help patients make more informed decisions about private healthcare. As the independent, government-mandated organisation responsible for publishing information on the quality, safety and costs of private healthcare, we believe that transparency is essential for supporting patient choice and confidence.

This report examines what patients need from private healthcare information. Drawing on evidence from our new nationwide survey, alongside our earlier patient research and wider industry evidence, it explores how people seek information, who they trust, and what helps them feel confident when making decisions about their care.

The findings are encouraging, but they also highlight important challenges.

While most people say they would research private healthcare before using it, many are unsure where to begin. Confidence levels remain relatively low, awareness of trusted information sources is limited, and information needs differ considerably depending on a person's age, circumstances, previous experience and route into private care.

Importantly, the research also shows that patients place a high value on trustworthy information. They want information that is easy to understand, up to date, independently verified and supported by credible organisations. They want practical guidance as well as performance data. Above all, they want information that helps them feel confident that they are making the right decision for themselves and their families.

For PHIN, these findings reinforce the importance of our role. They also point to a broader opportunity for the private healthcare sector. Improving how information is presented, signposted and used can help patients make better-informed choices and strengthen trust across the sector as a whole.

The Competition and Markets Authority's Private Healthcare Market Investigation recognised more than a decade ago that informed patients are essential to a well-functioning private healthcare market. That principle remains as relevant today as ever. Good information supports not only individual decision-making, but also transparency, accountability and healthy competition for the benefit of patients.

As new technologies, including AI, change patient expectations and reshape models of care, the need for trusted information will only grow.

I hope this report contributes to a better understanding of the challenges patients face and the opportunities that exist to build trust, improve confidence and support informed decision-making across private healthcare.

PHIN is committed to working with patients, providers, consultants, insurers, regulators and other stakeholders to ensure that people have access to the information they need, when they need it most.

Dr Ian Gargan
Chief Executive
Private Healthcare Information Network

Useful resources for patients who are new to private healthcare:

- Explainer videos for patients new to private healthcare
- A guide to what the private patient journey looks like

Executive summary

Private healthcare is playing a growing role in the UK healthcare landscape. PHIN's data shows private admissions reached close to one million procedures by the end of 2025, while survey evidence suggests that most adults are at least open to using private healthcare in future or have used it already.

But greater visibility and acceptance do not automatically mean greater confidence. Many people still feel unsure about how private healthcare works, where to look for information and which sources they can trust. PHIN's 2026 survey found that although most respondents said they would do some research before using private healthcare, a large share said they would not know where to start.[1]

This matters because patients make choices throughout their journey, often when they may feel unwell, uncertain, and under pressure. They may be deciding how quickly they need treatment, which consultant or hospital to consider, what funding route to use, which information sources to rely on, or whether to go private at all. Straightforward access to reliable, accurate, independent and trusted information is therefore especially important to help patients understand their options and make confident decisions.

Patients are not one uniform group. The evidence shows that confidence, awareness and priorities vary depending on age, income, funding route and previous experience of private healthcare. That means good information needs to be practical, easy to understand and relevant to different stages of the patient journey.

For PHIN, the implication is clear. Although awareness is still developing, public perceptions are positive once PHIN's role is explained. With low awareness all around, this points to a wider opportunity not only for PHIN, but for the sector more broadly: to improve how private healthcare information is presented, signposted and used.

For patients, that means greater confidence in navigating choices. For professionals and stakeholders, it means clearer, more trusted ways to support informed decision-making.

Headline findings from PHIN's 2026 survey

1. 77% of the UK public are open to using private healthcare.
2. Of the 84% who would research private healthcare before using it, 28% wouldn't know where to start.
3. 26% feel 'very confident' in organising and using private healthcare.
4. Only 29% feel it's easy to make decisions without trusted information, dropping to 9% among those who self-report as having low confidence.
5. 82% of people would consider using the information provided by PHIN once its role was explained.

1 Of 2,000 adults representative of the UK population.

Introduction

The Private Healthcare Information Network (PHIN) exists to provide information on private hospitals and consultants in the UK that patients and the public can access freely. While PHIN works alongside and supports other industry stakeholders, its central purpose is to help patients make more informed decisions about private healthcare.

This function reflects PHIN's mandate in the Competition and Markets Authority's (CMA's) 2014 Order to ensure patients have access to easily comparable information on the quality and costs of private healthcare services. With the infrastructure for collecting and publishing that information now established, there is a growing opportunity to focus more directly on how patients understand, use and benefit from it.

In April 2026, PHIN conducted a nationwide survey of 2,000 UK adults looking at information-seeking, trust and awareness of private healthcare information sources.[2]

This builds on large-scale research into patient needs, choices and decision-making conducted in 2024 through focus groups and a nationwide survey of 2,036 UK adults who had received, or would consider receiving, private treatment.

This report brings those evidence sets together along with PHIN website survey insights and selected external research to answer a simple sounding question: 'What do patients need from information about private healthcare, and what does that mean for PHIN and the wider sector?'

2 A demographic breakdown of respondents and full question list are available in Appendices 1 and 2.

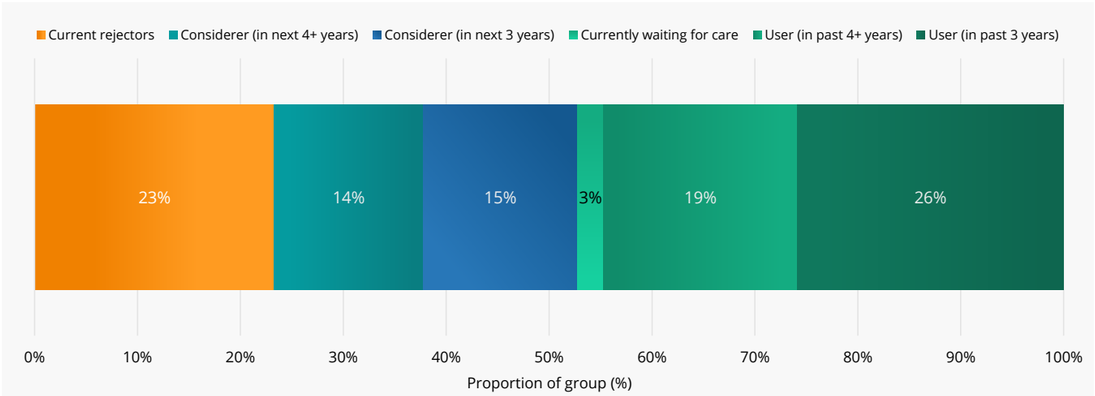
The evolving role of private healthcare

Growing use and public acceptance of private healthcare

PHIN's data showed close to one million private admissions in the UK by the end of 2025, the highest level recorded to date. Although the sharp post-pandemic rise may be levelling off, the broader picture remains one of sustained public interest and use.

The 2026 survey supports that picture. It found that 77% of respondents were either open to using private healthcare in future, currently waiting for private care, or had used it in the past.

Figure 1: Attitudes to the use of private healthcare



Question: Which one of the following statements, if any, best describes your personal experience with receiving treatment via private healthcare service within the UK? N=2,000.

This is consistent with wider sector research suggesting that private healthcare is becoming more acceptable to the public and more established as part of the overall healthcare landscape. For instance, the Independent Healthcare Provider Network (IHPN) found across its annual (2023-2025) public perceptions of private healthcare 'Going Private' surveys that more than half of the respondents were positive about the private healthcare sector.[3] [4] [5] With 62% of respondents in the 2025 survey believing their workplaces should offer private healthcare as an employee benefit.

The combination of this shift in public perceptions, expectations and use of the private sector, and the NHS's growing use of private hospitals and consultants to improve waitlists and clear backlogs,[6] suggests that the private sector will continue to play an important role in the UK's healthcare landscape.

3 IHPN (2023), Going Private 2023. Available at: https://www.ihpn.org.uk/going-private-2023/
4 IHPN (2024), Going Private 2024. Available at: https://www.ihpn.org.uk/going-private-2024-introduction/
5 IHPN (2025), Going Private 2025. Available at: https://www.ihpn.org.uk/going-private-2025-introduction/
6 Department of Health and Social Care (2025), Fit for the Future: 10 Year Health Plan for England – Executive Summary. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary

NHS waiting lists and their impact on patient decisions

While use of the private sector is becoming more commonplace, it is no secret that there is a link to NHS waiting lists.

PHIN's 2024 survey found that 71% of respondents chose, at least in part, to go private due to NHS waitlists and treatment unavailability.[7] Through the focus groups of lived experience patients, participants noted that their main concerns about these treatment delays included:

- Worsening symptoms, such as pain
- Further complications and disease progression
- Emotional stress
- Reduced functionality impacting other areas of their life, such as caregiver responsibilities and work

In the CQC's 2024 adult inpatient survey of NHS Trusts in England:[8]

- 43% of respondents felt that their health deteriorated while waiting for treatment
- 42% would have wanted to be seen sooner for their elective care.

Patients may feel under pressure to make decisions quickly, even when they are unfamiliar with how the sector works. That makes clear, trusted and accessible information especially important.

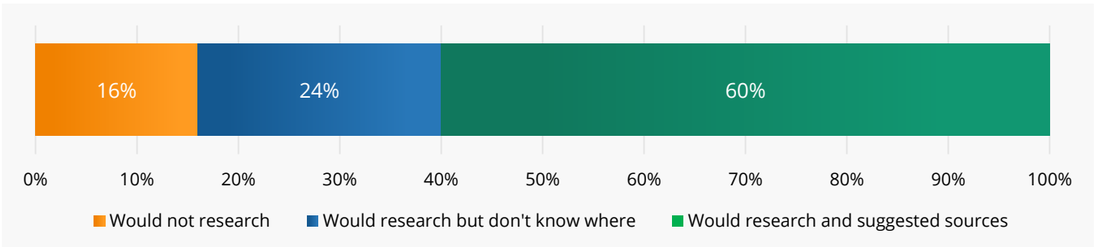
In 2026, NHS patients are still experiencing long waits for treatment, especially for elective treatments like hip and knee replacements, and cataract surgeries.

7 PHIN (2025), Patient Priorities Report. Available at: https://www.phin.org.uk/news/patient-priorities-report
8 Care Quality Commission (CQC), Adult Inpatient Survey. Available at: https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey

Confidence in navigation

One of the clearest messages from PHIN's research is that increased openness to private healthcare does not automatically translate into confidence in using it. In the 2026 survey, most respondents said they would do some research before deciding to use private healthcare, but many also said they would not know where to look.

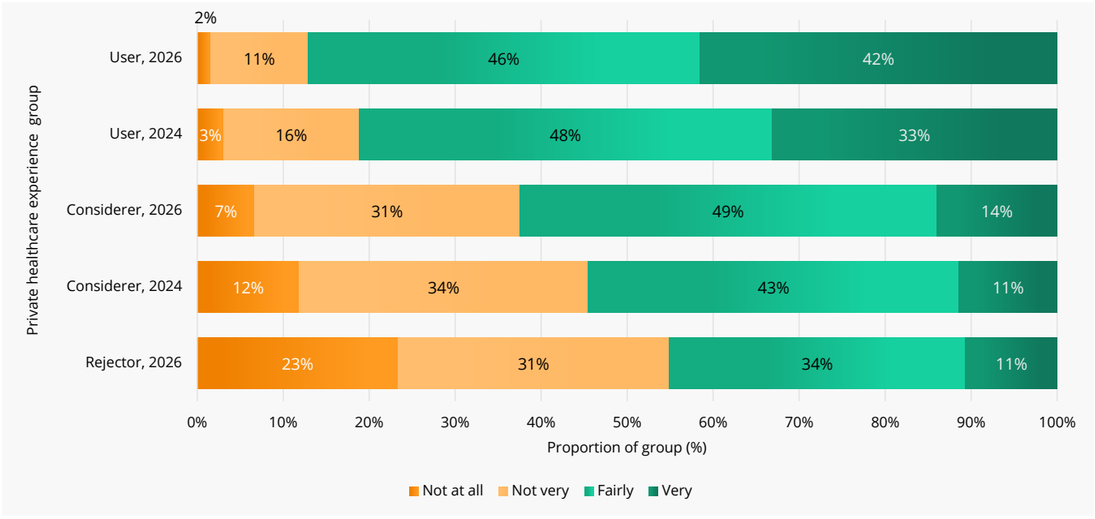
Figure 2: Unprompted thoughts on how to research private healthcare



Question: Now imagine you or a loved one were thinking of using private healthcare. Where would you think of looking, if at all, to research before deciding to use private healthcare? N=2,000.

Patients' uncertainty about where to go for information is consistent across PHIN's 2024 and 2026 surveys when respondents were asked how confident they would feel organising private healthcare. This lack of confidence is also apparent in IHPN's 2024 Going Private survey where more than half of those who hadn't used private healthcare reported that they wouldn't know where to go for information.

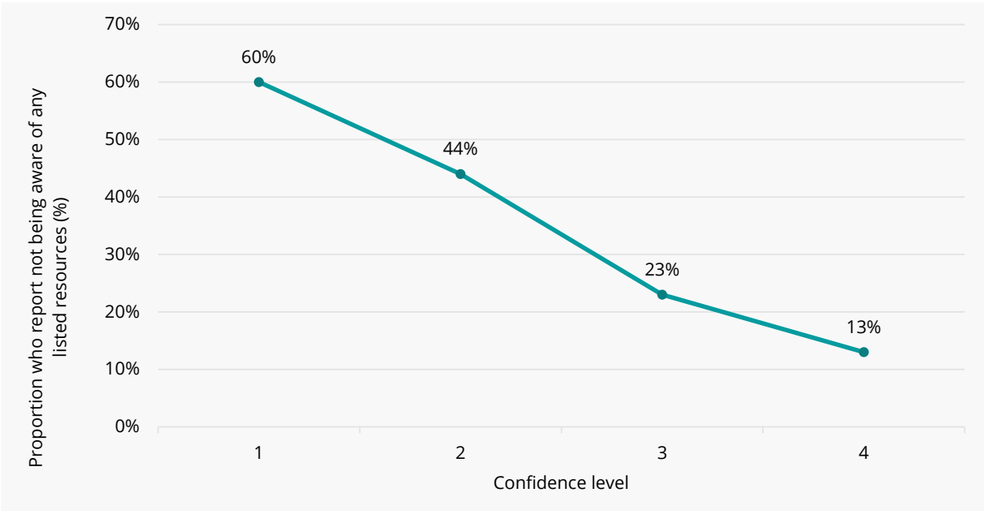
Figure 3: Confidence in arranging private healthcare by experience in the sector



Questions: 2024 survey – Thinking about using private healthcare, in general how confident, if at all, would you be in knowing how to organise and use private healthcare? N=2,036. / 2026 survey – Thinking about using private healthcare, in general, how confident, if at all, would you be in knowing how to organise and use private healthcare? N=2,000.

Across the surveys, respondents lacked confidence about knowing how to organise and use private healthcare, whether they had used it before or not. Only a minority described themselves as very confident. Confidence also has a clear relationship with awareness of available resources. Those who are less confident are much less likely to have any awareness.

Figure 4: Proportion unaware of any information resources by confidence level



Questions: Thinking about using private healthcare, in general, how confident, if at all, would you be in knowing how to organise and use private healthcare? / Which of the following sources of information about private healthcare, if any, are you aware of? N=2,000.

Research involving thousands of patients with chronic conditions found that those who were more confident in managing their health needed significantly fewer GP and A&E visits.[9] Beyond improving patient conditions, confidence in healthcare also promotes decision-making: the 2026 survey found that only 29% of respondents felt it would be easy to make a decision without trusted information, dropping to 9% among those who reported not being confident

Internal PHIN research supports this. On a website survey run between November 2022 and August 2023, a third of respondents who told us they had used no resources before visiting said they would now take an actionable next step following their visit including booking a consultation, contacting their insurer, or talking to their GP.

This is a small sample size (341), but it suggests that, with information and research, prospective patients can build the confidence they need to move forward.

Put simply, more people may now be willing to consider private healthcare, but many still need help navigating it. That gap between interest and confidence is one of the main reasons the quality and visibility of patient information matter so much.

9 Barker et al. (2018), Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy. Available at: https://pubmed.ncbi.nlm.nih.gov/30139822/

Trust and information in a changing landscape

Patients are making decisions in a crowded and changing information environment. They may use search engines, social media, websites, family and friends, GPs, insurer directories, hospital websites and official organisations. New technologies, including artificial intelligence (AI) tools, are also changing how people find information in the first place. But ease of access is not the same as trust.

AI, online health information and changing patterns of trust

In 2025, PHIN saw a 20% month-on-month increase in traffic from the AI chatbot, ChatGPT, especially for healthcare news and consultant information. This is expected to only grow as PHIN is increasingly referred to and taken as a reliable source.

Recent YouGov x Meltwater research 'Trust in the Age of Generative AI' shows that acceptance of AI varies by context. Of the 9,869 adults surveyed across Australia, Canada, France, Germany, Singapore, UK and the USA, there was a 53% acceptance rate of the use of AI by the entertainment industry but significantly lower in influencer marketing (28%) and news (21%). This indicates expectations shift depending on where AI is used.

The report also found that trust remains closely tied to human involvement. 49% of respondents said their trust would decline if AI replaced human creators. Overall, 32% say they would trust brands less if content is AI-generated, compared to only 15% who would trust the brand more.

The use of AI raises multiple concerns for YouGov x Meltwater respondents, with 73% of them concerned that AI-generated content could be used to create fake news or scams, and 69% worried that AI-generated content may contain wrong or misleading information.

This lack of trust in online information is supported by findings from AXA: in its 2024 'Self-Diagnosis' report it found that of 4,000 UK respondents, 78% believe there should be more regulation of online health information, with 42% believing that while the information they do find isn't accurate, they have no other option.

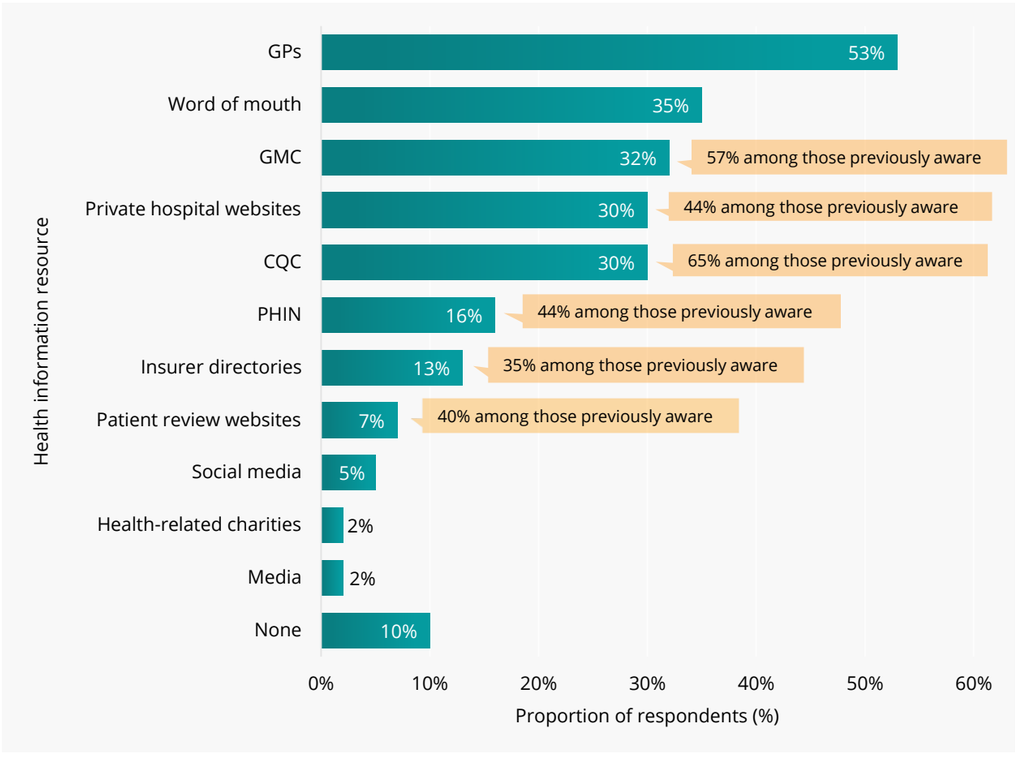
The Patient Information Forum (PIF) found a similar proportion in its 2024 'Knowledge is Power' survey, with 55% of the public feeling they could not trust the health information they found online, despite two thirds finding it easy in itself to find information. In other research, PIF found that more than half of healthcare professionals struggle to refer their patients to trusted sources of health information.

Which sources of information do patients trust?

When asked which sources they would trust for information about private healthcare, respondents in PHIN's 2024 and 2026 surveys consistently placed GPs and word of mouth among the most trusted sources.

Trust in specific organisations was lower at first glance, but this changes once awareness is taken into account.

Figure 5: Trust in health information resources



Questions: Trust – Which, if any, of the following sources of information would you trust for information about private healthcare? N=2,000. / Awareness (only relating to the sources in which additional trust proportions are indicated above) – Which of the following sources of information about private healthcare, if any, are you aware of? N = 2,000 & N dependent on awareness, see figure 1 under PHIN for patients.

Fewer respondents spontaneously identified the General Medical Council (GMC), Care Quality Commission (CQC), PHIN, and private hospital websites as trusted sources. But among those respondents already aware of these organisations, trust levels were notably high, suggesting considerable credibility once respondents were familiar with them.

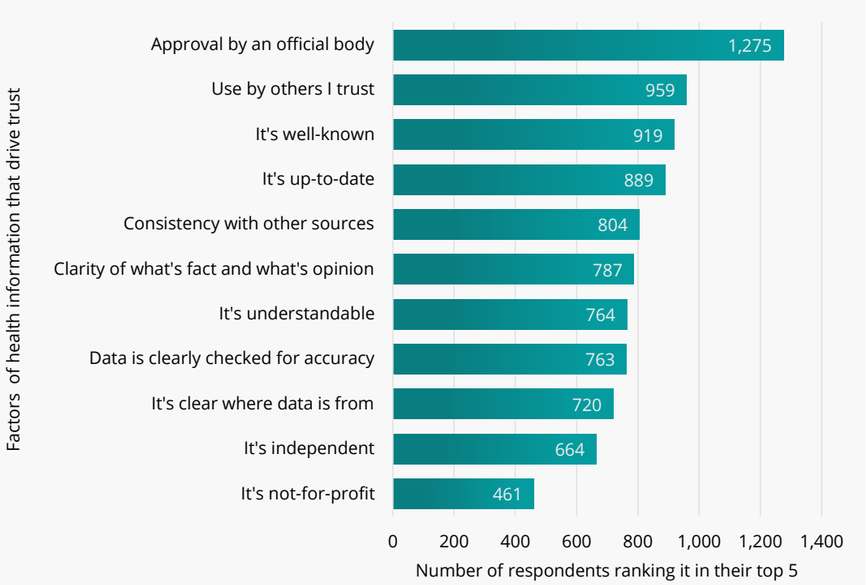
These results tell us two things:

1. A lack of awareness is a major barrier to patients feeling they have trusted information sources available.
2. While there is trust in existing resources, this could be much higher.

What builds trust in private healthcare information?

PHIN's 2026 survey also helps explain what makes information feel trustworthy.

Figure 6: Factors driving trust in health information sources



Questions: If you were researching private healthcare, what would help you trust the information you find? Please rank up to 5 with 1 being the one that would help you trust the information the most. The above are the %s of respondents selecting that factor in their top 5 drivers of trust. N=2,000.

Approval by an official body, such as a regulator, is ranked number one most important driver of trust, relative to the other factors listed, by 22% of respondents. This fits with the above finding of greatest trust for the CQC and GMC. Clearly identifying alignment with official channels most clearly builds trust among patients.

Use of the resource by others that person trusts, such as family, and the resource being 'well-known' are the next two biggest drivers of trust. This fits with the earlier mention of word-of-mouth as an important resource to people. These two factors help build a kind of 'social proof' in which the behaviour of those around us, drives our own decision-making. Popularity of a resource among peers drives us to trust that resource ourselves.

The timeliness of the information is also very important to patients. Ensuring information is relevant and communicating this is very important to help build confidence in the information presented. Beyond this consistency across sources, clear identification of fact from opinion, assurance that the information is checked for accuracy, understandability, and clarity about the origin are also important considerations to demonstrate trustworthiness of material.

Being independent and a not-for-profit were rated the lowest across the factors. This suggests less importance given to impartiality, a lack of understanding of this terminology, or an assumed accuracy of the data through the other factors (regulator approval, social proof, etc.) meaning impartiality is not deemed as important. These were still deemed priority by a quarter of respondents; not an insignificant proportion.

Taken together, these findings suggest that trust is built through a combination of credibility, visibility and clarity. That has a practical implication: information needs not only to be accurate, but to look and feel dependable. People need to understand where it comes from, why it should be trusted and how it can help them at a moment when they may already feel uncertain.

How patients make choices

A desire to make choices throughout the patient journey

Choice in private healthcare is often framed narrowly as choosing a consultant or choosing a hospital. Those decisions are important, but they are only part of the picture. Patients also have to decide whether to go private at all, when to move beyond the NHS, how much research to do, which information sources to use and which factors matter most to them.

That broader view is consistent with both PHIN's patient research and the regulatory context that shaped PHIN's purpose. The Competition Commission (now CMA) report from 2013 considered that private patients required information in the following contexts:

> '(a) choosing a private medical insurance policy;
> (b) choosing a treatment option;
> (c) choosing a consultant; and
> (d) choosing a private hospital'.

The CQC's 2024 adult inpatient survey found that while most NHS patients in England trust their doctor, only about a third feel involved in decision-making.

Healthwatch's 2025 research on patient GP choices suggested that more than half of adults in England wanted a choice of a named healthcare professional 'always' or 'most of the time'.

Through its semi-structured interviews, one GP patient in Warrington said:

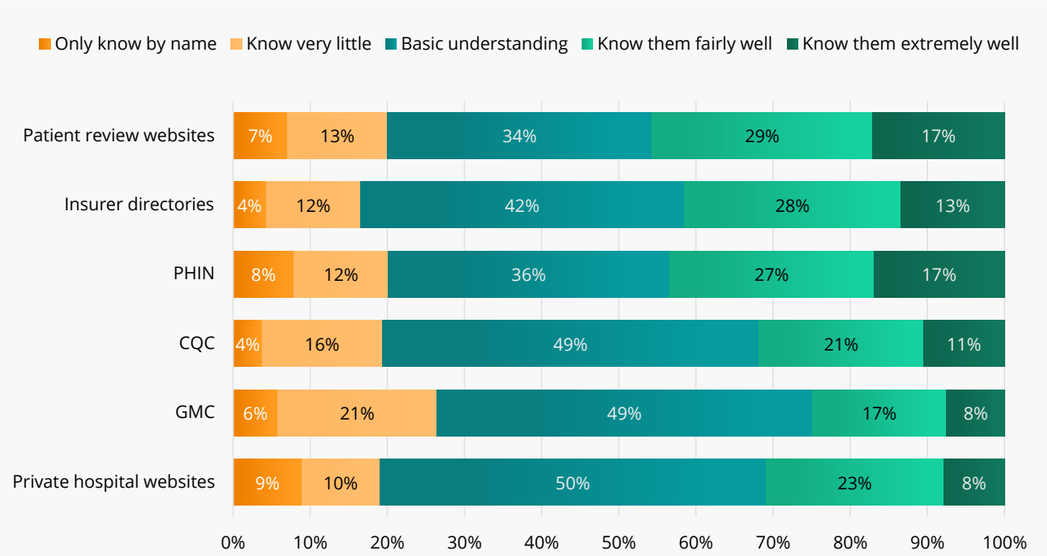
> **"I would like to have a choice of which doctor my daughter sees... There is a particular doctor that is very good with my young daughter and always goes the extra mile and I would prefer that she could see him."**

PHIN's 2024 survey found that the vast majority (89%) of respondents wanted 'complete choice' or 'some degree of choice' in their private treatment. These findings build a compelling narrative that while patients have a strong desire to make choices in their care, only a minority feel involved in this decision-making.

Informed decision-making

Informed decision-making requires a clear understanding of the information sources a patient can use.

Figure 7: Understanding of private healthcare information sources among those aware



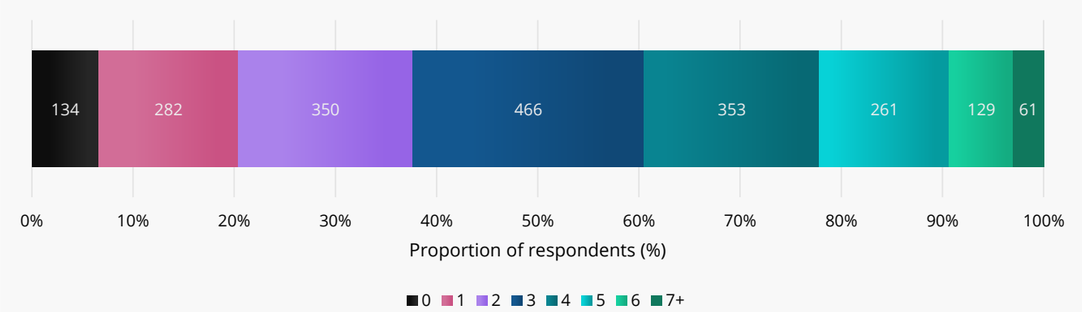
Question: How well would you say you know the organisations you said you were aware of that provide information about private healthcare? N dependent on awareness of respective organisation, see figure 19 under How PHIN can support patients (p. 29).

PHIN's 2026 survey has shown that across information sources, fewer than half of respondents expressed having beyond a basic understanding of what services these resources provide. While it is positive that only about 20% report having a low understanding across sources, for these resources to be useful, and crucially inform choice at the point of need, a better understanding is required.

A breadth of information sources

The report's findings also suggest that information itself is part of patient choice. People do not rely on a single source.

Figure 8: Number of trusted resources for health information



Question: Which, if any, of the following sources of information would you trust for information about private healthcare? N=2,036.

A 2021 systematic international review of 'health information consumers' reported that overall, more than 60% of them searched at least three websites to find health information. In-keeping with that review statistic, more than 60% of 2024 PHIN survey respondents trusted three or more resources. This is a slightly different question to how many resources they would actually use when researching, but does support the view that people seeking health information have multiple sources they feel they can trust.

In practice, patients appear to compare, cross-check and build confidence across multiple resources. That means transparent and accessible information sources do more than support one isolated decision. They help create a wider sense that patients can ask questions, compare options and proceed with greater confidence. In that sense, information availability is itself a form of patient empowerment.

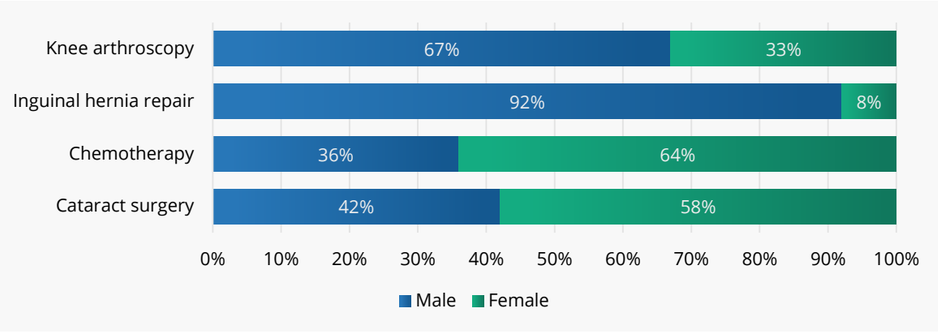
Understanding patient differences

Patients are often discussed as though they are one group, but PHIN's research shows important differences in confidence, awareness and information need. Private patients in the UK come from all walks of life.

Gender and information-seeking behaviours

Since PHIN started reporting on the UK's private sector, it has seen female patients being consistently in a slight majority of overall admissions (averaging 55% female / 45% male from 2016-2025). It does, however, vary by procedure.

Figure 9: Example private procedures by sex



Across PHIN's 2024 and 2026 surveys we can see example differences in how gender impacts the way patients may approach and think about the private healthcare sector.

		Female	Male
Attitudes (2024 survey) **N=2,036**	Desire for 'complete choice'	**66%**	59%
	Consultant qualifications deemed important	**50%**	40%
	Reviews and recommendations deemed important	**51%**	41%
	Consultant availability deemed important	**52%**	42%
	Word of mouth important	**57%**	44%
	Hospital / consultant websites important	**49%**	41%
Attitudes (2026 survey)[10] **N=2,000**	Word of mouth important	**44%**	33%
	GP important	**58%**	52%
	Use of search engines as a research resource	27%	**36%**
	Ease of making decisions without trusted information	26%	**32%**
	Confident in organising and using private healthcare if needed	64%	**72%**
	'Don't know' how they would organise and use private healthcare if needed	**26%**	21%

10 See Appendix 2 questions S9 / A1 / A4 / A5 / A8

The 2026 survey showed no differences between the genders when it comes to an interest in researching private healthcare (15% male, 17% female), although male respondents reported finding it easier to make decisions in private healthcare without trusted information. Across both surveys we do see that female respondents have a more varied interest in research topics, a stronger preference for choices, and, through word of mouth and GPs, a more community-centric approach to researching.

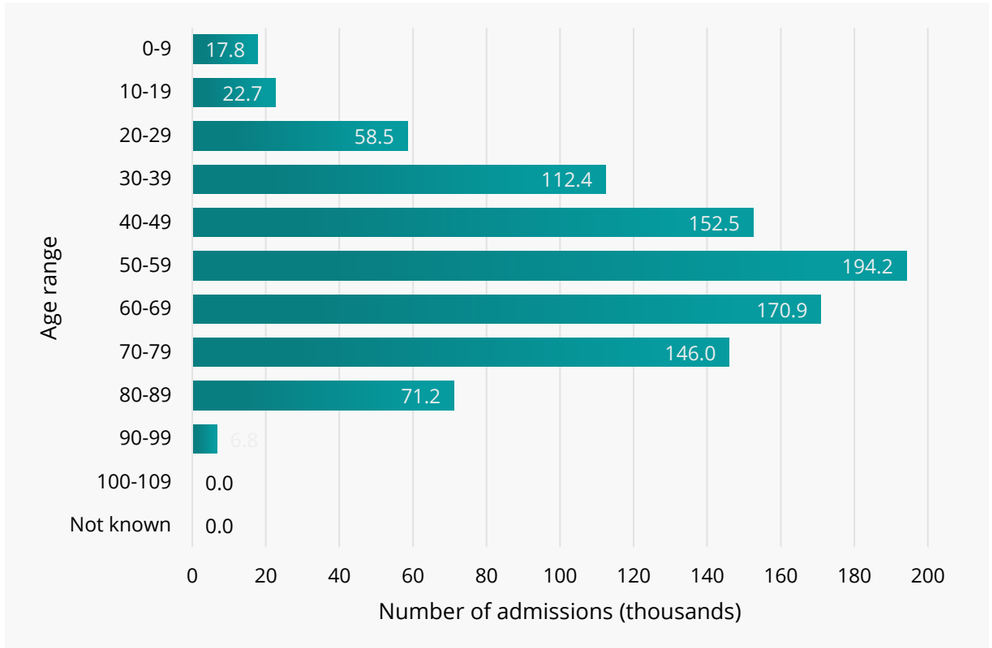
In this more recent survey, we also saw that female respondents were less confident in their ability to organise private healthcare compared to males. This is further supported by a higher proportion of females saying they 'don't know' how they would research.

These results build a picture that while male and female patients might have a similar interest in researching private healthcare, male patients feel that they find it easier to make decisions and have a greater sense of confidence. Female patients on the other hand may have a greater interest in researching their options more comprehensively and using social resources like family and friends.

Generational differences in attitudes and confidence

PHIN's data shows that private care is used across the age range, although use remains concentrated in older age groups.[11]

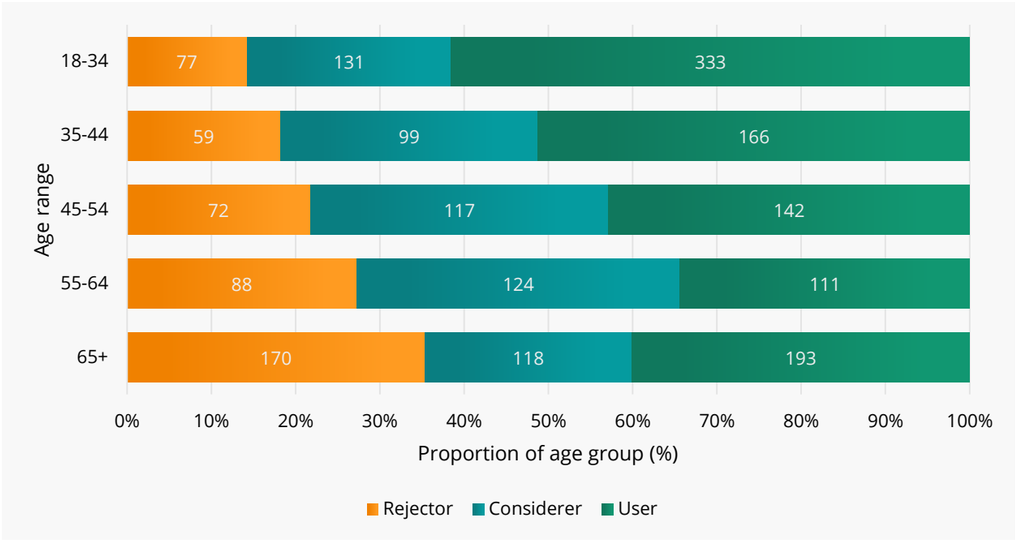
Figure 10: Admissions by age group in 2025



In its *Going Private* surveys, IHPN has found increasing acceptability of the private sector is driven by younger populations, who are also driving that demand for private medical insurance benefits of their employer. And this is a clear trend we see in this 2026 survey, with younger age groups much more likely to accept use of the private sector.

11 PHIN. Private Market Update, June 2026 (UK). Available at: https://www.phin.org.uk/news/private-market-update-june-2026-uk

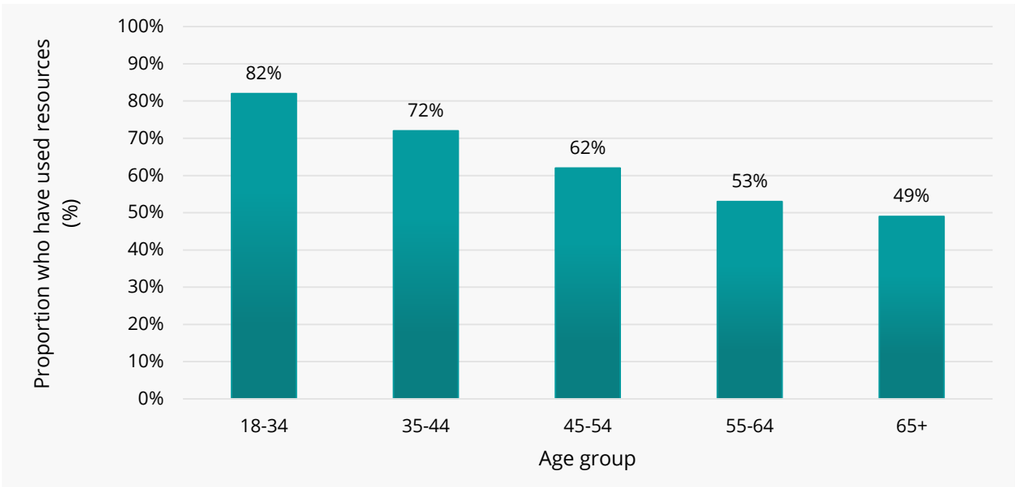
Figure 11: Usage and consideration of the private sector by age group



Question: Which one of the following statements, if any, best describes your personal experience with receiving treatment via private healthcare service within the UK? N=2,000.

In the same survey, we see that young people (aged 18-34) were more confident in approaching private healthcare versus those aged 65+, as well as reporting that they find it easier to make decisions without trusted information. Despite this reduced need for trusted information, there were no notable age differences in a desire to perform research, and actual usage of different resources was much higher among younger age groups.

Figure 12: Usage of named healthcare information resources by age groups



Question: Which, if any, of the following sources of information about private healthcare have you used? N=2,000.

These findings indicate that all age groups have an interest in performing research, but this is even more important to the older population. Despite this, and the fact that most private healthcare use is among older people, usage of informational resources is lower. This suggests a need to ensure readily available and accessible information at the point of need, especially where there may be less confidence and acceptability among the older population.

So how might informational needs and motivations differ for younger versus older patients going private?

2024 survey examples:

- This survey indicated that the increase in use of the private sector among young people isn't driven by a greater concern about NHS waitlists with 67% of the under 50s putting this as their reason versus 76% in the 50+ respondents. As noted earlier being on a waitlist for a prolonged period of time can cause patients significant distress and discomfort.
- Looking at the extremes, 42% of 18-24-year-olds put location as an important consideration when choosing a hospital whereas 70% of those aged 75+ respondents chose this. Earlier mentioned focus groups discussed the importance of location as being crucial due to work, family, and carer responsibility as well as mobility concerns. Younger patients may be less constrained by these factors and have other priorities when it comes to choosing their care.

Results suggest that among younger age groups, the push towards private and choice is less around necessity and more around increased empowerment when it comes to healthcare.

Socioeconomic differences in access and confidence

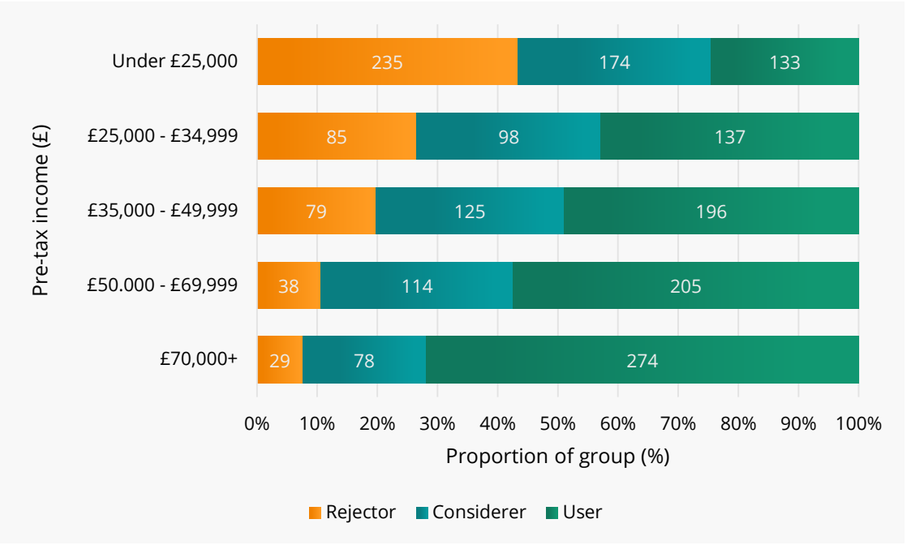
Historically, private healthcare in the UK may have been viewed as a luxury. However, PHIN data shows that although most private patients are from higher income areas, all socioeconomic backgrounds are represented.

While affordability clearly plays a significant role in the disparity, this report focuses on the informational side of accessing private healthcare.

Those in lower income brackets are not only much less likely to have used private healthcare but are also much more likely to reject it outright. And with this comes a reduced confidence and awareness of resources that can help them, as well as decision-making being less easy without this information.

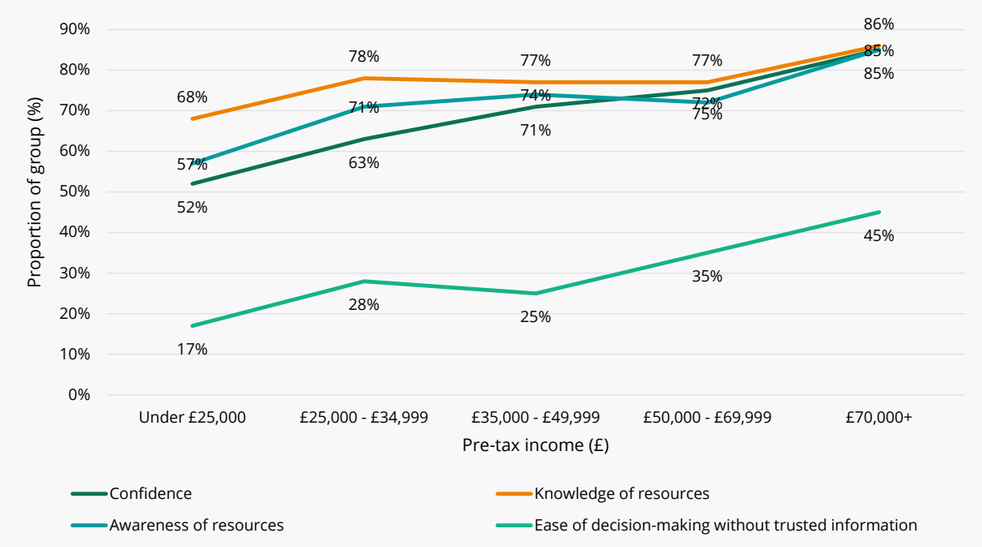
Given we see patients coming to the private sector from all socioeconomic backgrounds, accessible information is not only a question of convenience, but also one of fairness and inclusion.

Figure 13: Usage and consideration of the private sector by income



Question: Which one of the following statements, if any, best describes your personal experience with receiving treatment via private healthcare service within the UK? N=2,000.

Figure 14: Attitudes to and understanding of the private sector by income

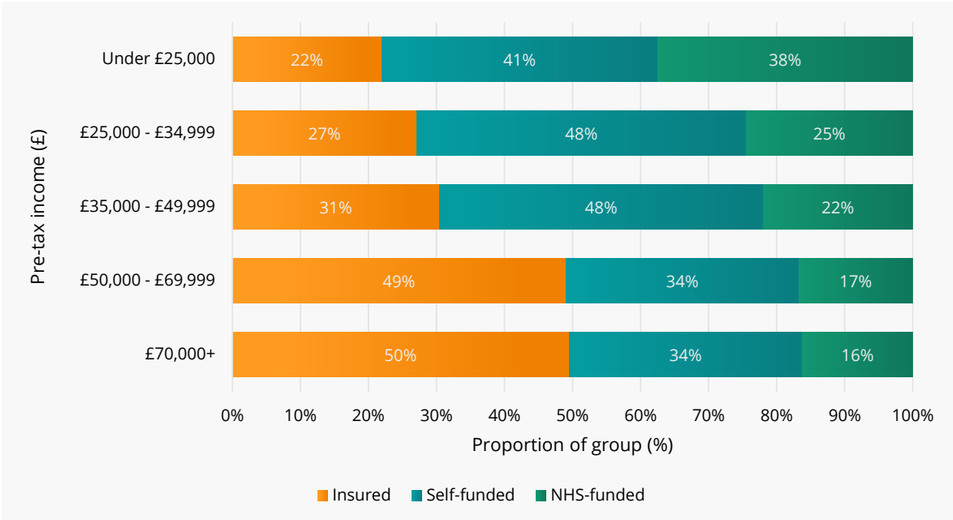


Questions: Confidence – Thinking about using private healthcare, in general, how confident, if at all, would you be in knowing how to organise and use private healthcare? / Knowledge of resources – Now imagine you or a loved one were thinking of using private healthcare. Where would you think of looking, if at all, to research before deciding to use private healthcare? / Awareness of resources – Which of the following sources of information about private healthcare, if any, are you aware of? / Ease of decision-making… – Without trusted information, how easy would it be for you to make decisions in private healthcare? N = 2,000.

How funding route shapes patient needs

PHIN's 2024 survey showed that those in less deprived areas were significantly more likely to have insurance coverage and have used private healthcare previously. And this 2026 research showed the same when looking at income band.

Figure 15: Private healthcare funding route by income



Question: How was/will your treatment from a private healthcare service (be) paid for? N=1,245.

Insurance remains the main route of funding private care, accounting for about 70% of procedures. However, the 30% of patients who self-fund still represent a substantial number, amounting to hundreds of thousands of people.

The 2024 survey findings showed that insured patients were less inclined to perform research, even of the procedure itself and outcomes. On this topic, focus group participants noted that given they weren't paying for it upfront they didn't feel as strongly about doing their own research.

This 2026 survey suggests something similar: 44% of those who use insurance would find it easy to make decisions without trusted information as opposed to 29% of those who are self-funded. In a similar way 47% of the insured group were 'very confident', compared to 32% among the self-funders.

Self-funded patients appear to feel a greater need to carry out research on the cost and quality of treatment, to feel confident proceeding within the private sector.

Given that self-funding is more common among lower-income groups, for whom treatment costs represent a larger financial commitment, access to clear and transparent information is particularly important. Improving the availability of such information can help support more equal access to knowledge and increase confidence in decision-making.

The influence of prior experience

PHIN's 2024 survey found that those with previous experience of using private healthcare were much more confident than those who had not. The latest research supported this finding:

- 86% of those who had used private healthcare previously felt confident
- 61% among those considering it felt confident
- Only 39% of those who outright rejected private healthcare would have confidence.

The previous research also found that prior users of the sector put less importance on performing research, in this 2026 survey 38% of prior users would find it easy to make decisions without trusted information, dropping to 24% among considerers. Of those considering private healthcare, 90% would do research but c.33% of them 'don't know' how to do so.

However, prior experience does not necessarily translate into confidence across all contexts. Where a patient is considering a different area of care, their journey, understanding, and confidence may vary compared to a familiar pathway.

Improving awareness of available resources can therefore play an important role in supporting patients who are engaging with a new treatment area or entering the private sector for the first time, helping them feel more confident in moving forward. This helps reduce the wealth disparity; we know that the private sector is predominantly, but not only, used by wealthier patients.

Given the breadth of confidence and informational needs in private healthcare, there is a clear need to ensure varied and complete information to foster representation and trust across the sector – ultimately improving patient experience and wellbeing regardless of background.

What patients want from information

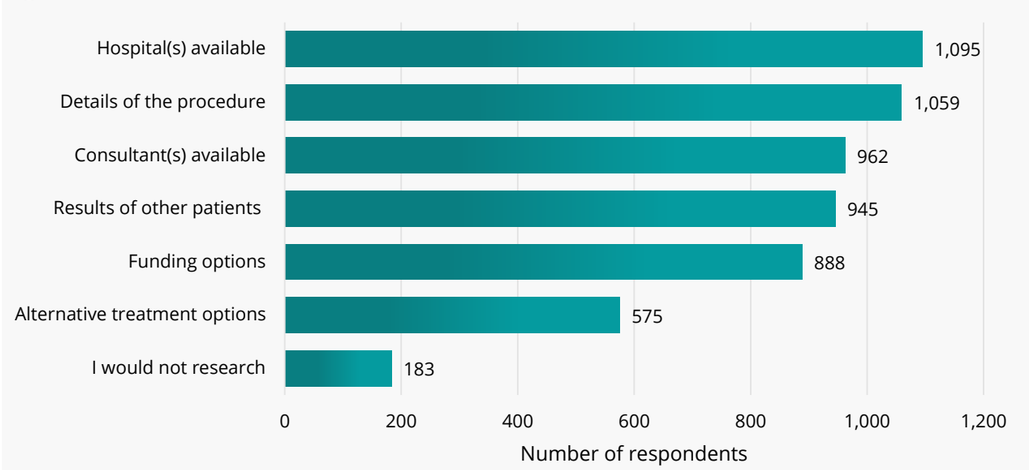
What patients want to know before using private healthcare

If trusted information matters, the next question is what information patients actually want to use. PHIN's 2024 research provides a helpful answer. Patients are not only looking for clinical facts. They are also looking for practical information that helps them decide what to do next and feel more confident about the path ahead.

This survey asked respondents:

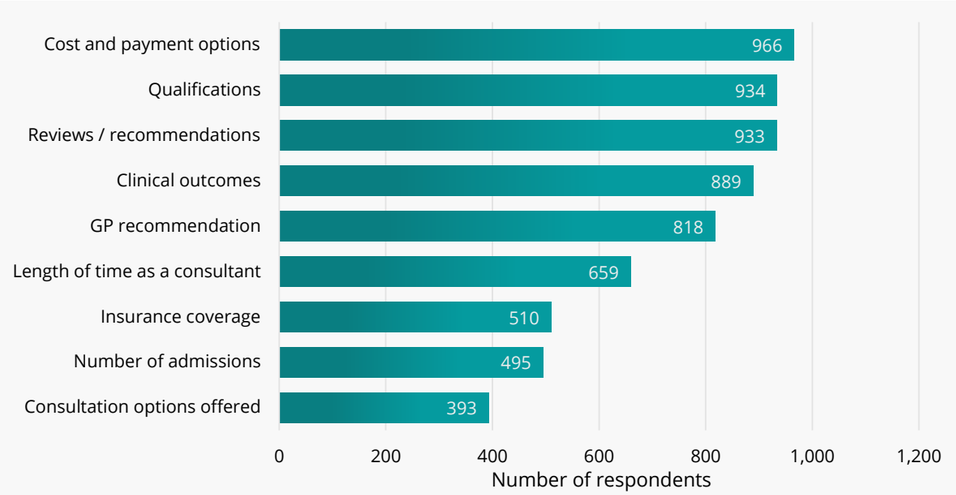
- What topics they would research?
- What factors would influence consultant choice?
- What factors would influence hospital choice?

Figure 16: Private healthcare research topics of interest



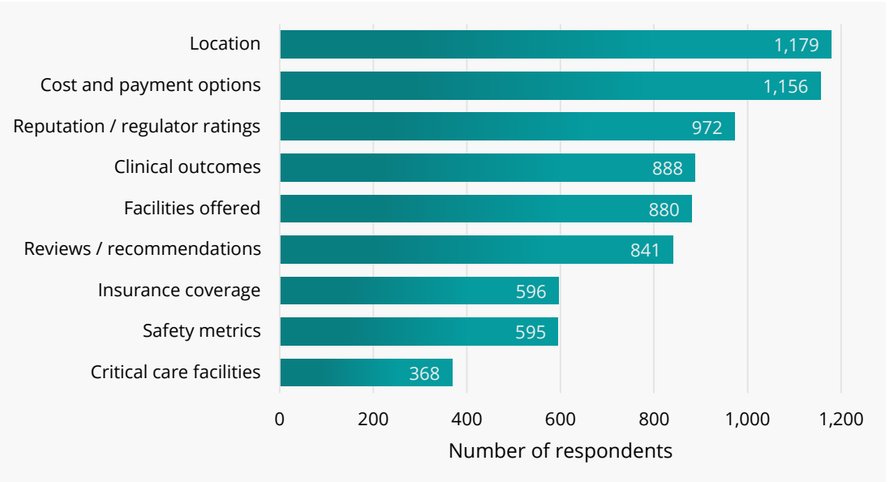
Question: Which, if any, of the following are topics you did or would research about before deciding to use private healthcare? N=2,036.

Figure 17: Private healthcare consultant choice factors



Question: Which, if any, of the following elements are important to you when deciding on a consultant? N=2,036.

Figure 18: Private healthcare hospital choice factors



Question: Which, if any, of the following elements are important to you when deciding on the hospital where you'd like to have private healthcare treatment? N=2,036.

While cost and location came out as particularly important, these findings show that patient information needs are varied:

- Some people are looking for reassurance.
- Some are trying to compare options.
- Some are trying to understand whether treatment is affordable or covered by insurance.
- Others are trying to make sense of how private healthcare fits with an NHS pathway.

Practical, navigational information is as important to patients as technical performance data.

How information needs change across the patient journey

As noted earlier, decisions are not just made at the choice of consultant or hospital, but throughout the full patient journey. And this is what is seen with visitors to PHIN. Through PHIN's website survey, visitors are asked questions including what stage of their healthcare journey they consider themselves to be in, and how they plan to fund their private care.

We're then able to build a picture of the stages at which patients seek information and infer how this relates to choice and the kind of information they are looking for.

Stage	What they might be seeking	Respondent proportion (n=1,507)
None, I am just browsing	• General information • Familiarisation with the private sector	29%
Considering seeing a doctor	• Understanding of the private sector • Informing questions and potential routes	24%
I've seen a doctor but not talked about specific treatment	• Reassurance about accessibility of the private sector • Understanding of the language of the private sector	12%
I'm preparing for or am receiving treatment	• Investigation of specific procedures and relevant consultant/hospital options • Reassurance of intended consultant/hospital • Informing any final questions	28%
I've completed treatment	• Understanding of whether their experience matches those of other patients (e.g. PROMs) • Understanding of what a revision or additional required treatment might look like	8%

Patient type	What they might be seeking	Respondent proportion (n=454)
I'll pay for myself	• Consultant, anaesthetic, and physician fees • Search facilities and profiles to make decisions and comparisons	48%
I'll use health insurance	• Reimbursement rates and insurers covered by PMI • The facility to make comparisons about insurer-shortlisted consultants • Inform conversations with insurers about potential consultants/hospitals • Reassurance about a proposed treatment pathway	28%
I'll go through the NHS	• Reassurance about a proposed treatment pathway	14%
Visiting professional	• A view of how their profile is presented to patients on the PHIN website • Data to make valuable insights	4%
General public	• General information • Familiarisation with the private sector	6%

Patients of all kinds and stages are researching private healthcare, whether it's built into their clinical pathway yet or not. One size does not fit all when it comes to information for patients.

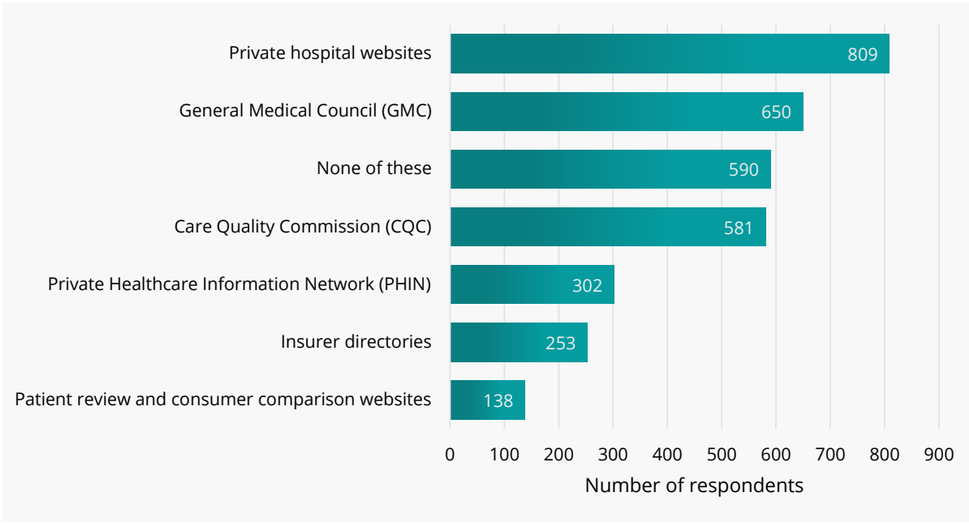
How PHIN can support patients

Awareness of PHIN and the wider information gap

Looking at the wider picture helps clarify PHIN's role. In 2025, it recorded over half a million unique visitors to its website, alongside substantial growth in direct traffic. That suggests PHIN is becoming more visible within the sector, even if public recognition is still developing.

The 2026 survey found that awareness of PHIN was lower than awareness of more established bodies such as the GMC and CQC, but it also showed that awareness of private healthcare information services more generally remains limited. This matters because it points to a broader information gap, not just a PHIN-specific communications challenge.

Figure 19: Prompted awareness of different health information resources



Question: Which of the following sources of information about private healthcare, if any, are you aware of? N=2,000.

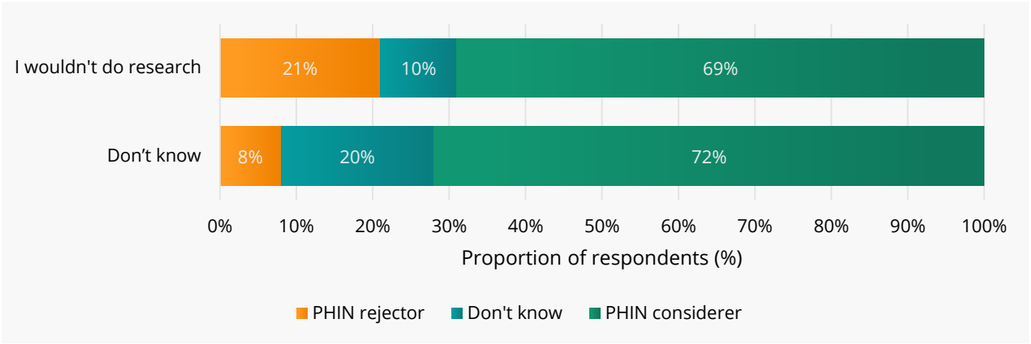
How patients respond when PHIN's role is explained

Encouragingly, once respondents were given a short explanation of what PHIN is and what it does...

> **"Private Healthcare Information Network (PHIN) – phin.org.uk – is a free service which helps people make decisions about using private healthcare. PHIN is a government-mandated, not-for-profit, independent organisation which publishes information about the safety, quality and costs of private healthcare. Each month, we help more than 50,000 people make more educated decisions about their day-case / inpatient procedures."**

...82% said they would consider using its services if they, or a loved one, were thinking of using private healthcare. Additionally, the majority of those who had previously said they 'don't know' or 'wouldn't use' information sources now said they would consider using PHIN.

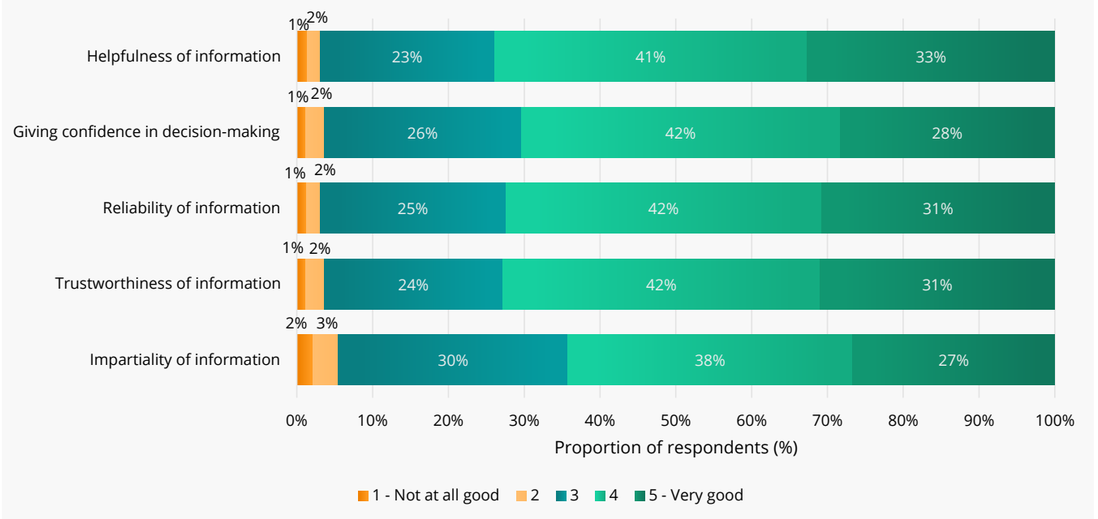
Figure 20: Consideration of PHIN by those who were previously unwilling to use or unaware of information resources



Question: Use of resources – Now imagine you or a loved one were thinking of using private healthcare as a private patient or had been referred to a private hospital (still paid for by the NHS). Where would you think of looking, if at all, to research private healthcare before deciding to use private healthcare? / Consider using PHIN – If you or a loved one were thinking of using private healthcare as a private patient or had been referred to a private hospital (still paid for by the NHS), to what extent would you consider using Private Healthcare Information Network's (PHIN) services? N=795.

Respondents also rated PHIN very positively on helpfulness, confidence, reliability, trustworthiness and impartiality.

Figure 21: Perception of PHIN across different metrics



Question: Based on the information provided about the Private Healthcare Information Network (PHIN), how would you rate it on the following criteria? N=2,000.

This was even higher for those who were previously aware of PHIN, where the average positive response (4 & 5) across metrics was 85%. That combination of low awareness and positive reaction is important. It suggests that PHIN's challenge is not that the public does not value its role. Rather, it is that many people do not yet know PHIN exists, or do not encounter it early enough in their decision-making journey.

"I am so happy I have found this. And it is only by chance that I came across it. I think there should be more information out there for people as to how to get right advice and help. I found this very, very helpful, and it has given me hope."
(Website visitor)

"This is exactly what's needed in the industry, to bring together all this information so we can make informed decisions when choosing hospitals and doctors. Well done."
(Website visitor)

"Your website was incredibly helpful, and easy to navigate after hearing a catastrophic diagnosis."
(Website visitor)

"They sound great, and I would definitely use them if I was researching private healthcare."
(Survey respondent, 2026)

For patients, PHIN can serve as a source of independent, understandable information at different stages of the journey. For professionals, it can support conversations with patients by offering a trusted place to signpost them for further information. For the wider sector, it can help make the private healthcare landscape more transparent and easier to navigate.

The future of private healthcare information

PHIN's research shows that patients value clear, independent information, but it also highlights important gaps in what patients can easily find, compare and use. These gaps are not abstract – they reflect specific areas where patients have told us they need more support: outpatient care, fuller cost information, patient reviews, consultant-level outcomes, and clearer linking between the NHS and private sectors.

Taken together, these findings point to an opportunity for the private sector to continue evolving the information available to patients, in line with how they actually navigate and use private healthcare.

Outpatient information

Outpatient care is a particularly important example. Multiple independent sources consistently indicate that outpatient care accounts for an estimated 80–95% of private healthcare activity and is growing faster than admitted care.[12] [13] [14] [15] Focus groups also showed that patients place significant value on outpatient information, especially where these sit within a broader care pathway – such as physiotherapy, diagnostics or follow-up care.

Without visibility of these elements, patients reported finding it difficult to make fully informed decisions. This is reflected in patient behaviour. Around a quarter of enquiries received by PHIN relate to outpatient treatment, highlighting a clear demand for information that is not currently easy to access.

12 Healthcode. Healthcode Q4 data: private healthcare finishes 2025 on a high. Available at: https://www.healthcode.co.uk/news/healthcode-q4-data-private-healthcare-finishes-2025-on-a-high/
13 NHS Digital. Hospital outpatient activity, 2024–25. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2024-25
14 NHS Digital. Hospital admitted patient care activity, 2024–25. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2024-25
15 LaingBuisson Conference, 14 April 2026.

Clear costs

Cost is another area where there is a clear gap between what patients need and what is currently available. In PHIN's 2024 survey, the majority of respondents (57%) said that cost and payment options were an important factor when choosing a private hospital.

At present, PHIN's information focuses primarily on consultant fees, which represent only part of the overall cost of care. Patients seem to understand that pricing is complex, but still want clearer guidance. As one focus group participant put it, "even a ballpark number would be helpful", illustrating the role that indicative information could play in helping people judge what may be feasible for them.

Healthcare experience

Alongside cost, patients also place significant value on the experiences of others. In the same survey, 46% of respondents identified reviews or recommendations as an important consideration when choosing a consultant. Focus group participants described the value of this in helping them understand the detail and context of another patient's experience, reinforcing the continued importance of word-of-mouth and peer insight in decision-making.

Consultant-level information remains central to how patients engage with PHIN's data. Around 70% of visitors first land on a consultant profile, and patient enquiries and interviews consistently highlight the importance of having a complete view of a consultant's practice.

Patients look for information on experience, activity levels, outcomes, patient satisfaction, and work across both private and NHS settings. When considering surgery, patients are not only comparing cost and quality but also placing trust in an individual who will have a significant impact on their life. More complete information, including biographies, professional context and clinical outcomes, therefore plays a key role in supporting confidence and informed decision-making.

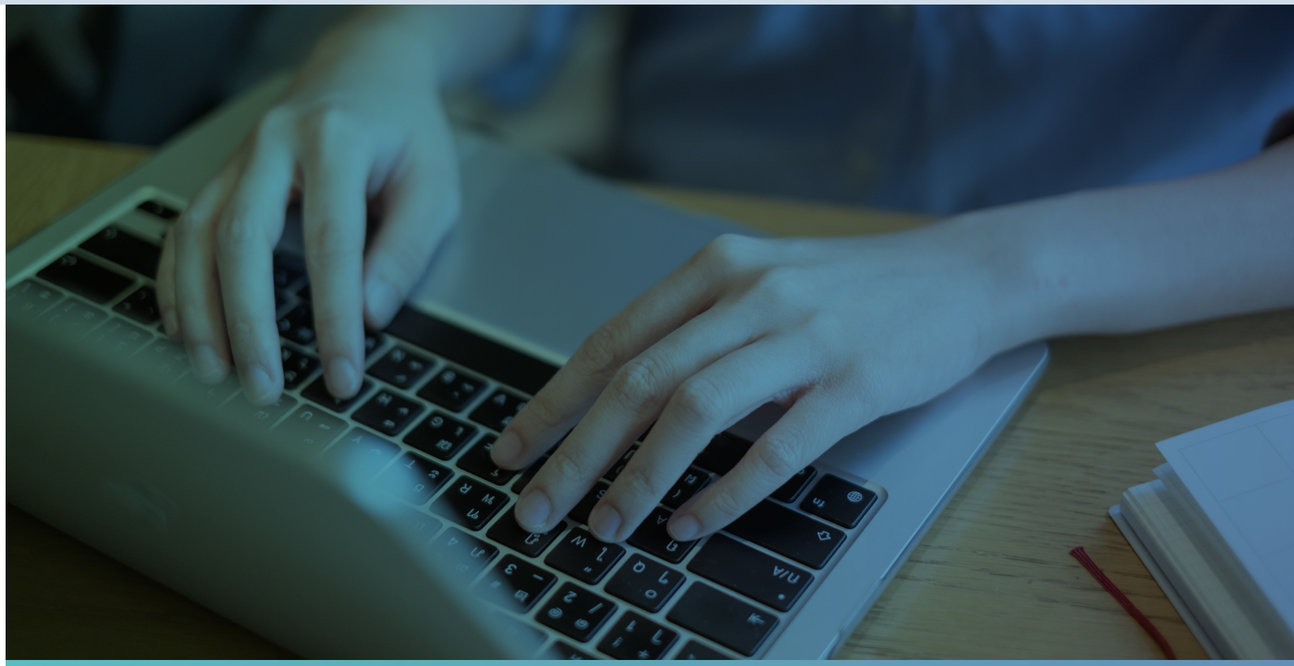
Addressing gaps

PHIN is already working to address these gaps and improve the patient experience. This includes:

- the development of 'Whole Practice' information, which will make a consultant's NHS as well as private activity more visible;
- a website redesign focused on supporting a broader range of user journeys;
- and the use of machine learning to improve search and accessibility.

These developments are not only about improving PHIN's own offer, but about responding to wider changes in how private healthcare is delivered and accessed. As care pathways become more outpatient-led, more integrated across sectors, and more complex for patients to navigate, the need for clear, consistent and trustworthy information becomes more important across the sector as a whole.

In this context, PHIN has a key role to play in helping to shape a more transparent and patient-focused information landscape. By expanding the scope and accessibility of its data, PHIN can support better decision-making for patients, while also contributing to a more open, understandable and accountable private healthcare sector.



Conclusion

Private healthcare is becoming a more familiar part of the UK healthcare landscape, but familiarity does not remove uncertainty. Many patients still do not know where to begin, what information to trust or how to feel confident in the decisions they need to make.

PHIN's research shows that patients value trusted, practical and understandable information, and that their needs vary depending on who they are and where they are in their journey. It also shows that there is public appetite for the kind of role PHIN plays once that role is clearly explained.

The central implication of this report is therefore straightforward. Better information does not just help patients compare consultants or hospitals. It helps them navigate private healthcare more confidently, ask better questions and make more informed decisions.

It also promotes competition within the sector, as mandated by the CMA. That is valuable for patients, useful for professionals and important for the wider sector.

PHIN is well placed to continue contributing to that goal. As an independent, government-mandated and not-for-profit source of information, it can help ensure patients have access not only to more data, but to information that feels relevant, visible and trustworthy at the point they need it most.

The recent survey showed that awareness of private healthcare information services generally remains limited. This matters because it points to a broader information gap, not just a PHIN-specific communications challenge.

With the CMA Private Healthcare Investigation Order now in place, there is now an opportunity for the whole sector to improve how private healthcare information is presented, signposted and used, for the benefit of patients and the sector itself.

Appendix 1: 2026 survey demographics

Our 2026 patient survey was facilitated by Boxclever through 5-minute online interviews with 2,000 18+ UK adults. The fieldwork conducted between 21 April and 5 May 2026.

The resultant population was nationally representative:

General demographics (n=2,000)			
Gender	Female	52%	1,039
	Male	48%	958
	Other	0%	3
Age	18-34	27%	541
	35-44	16%	324
	45-54	17%	331
	55-64	16%	323
	65+	24%	481
Region	East Midlands	7%	141
	East of England	9%	177
	London	13%	264
	North East	4%	81
	North West	11%	222
	Northern Ireland	3%	54
	Scotland	8%	160
	South East	14%	274
	South West	9%	181
	Wales	5%	102
	West Midlands	9%	182
	Yorkshire and The Humber	8%	162
Ethnicity	Asian/Asian British	6%	117
	Black/African/Caribbean/Black British	9%	172
	Mixed/Multiple ethnic groups	2%	41
	White	83%	1,653
	Other ethnic group	1%	14
Household income	<£25,000	27%	542
	£25,000 - £34,999	16%	320
	£35,000 - £49,999	20%	400
	£50,000 - £69,999	18%	357
	£70,000+	19%	381

Private healthcare related demographics (n=2,000)					
Funding route	Self-funded			39%	481
	PMI-funded			36%	447
	NHS-funded			21%	267
	Other/Don't know			4%	50
	Current rejectors			23%	466
Adoption of private healthcare services	Considerer (in the future)			14%	289
	Considerer (in the next 3 years)			15%	300
	Currently waiting for care			3%	51
	User (in the past)			19%	376
	User (in the past 3 years)			26%	518
Treatment areas covered	Not PHIN covered	Dental care	58%	37%	726
		Counselling/mental health services		14%	
		Physiotherapy		13%	
		Routine optician services		11%	
		Don't know		5%	
	Potentially PHIN covered	Bones and joints, or spinal	47%	18%	580
		Abdominal		9%	
		Eye surgery		8%	
		Other surgical operation		7%	
		Gynaecological		7%	
		Cosmetic		4%	
		Heart or Circulatory		4%	
		Cancer		3%	

Appendix 2: 2026 survey questions

Where the services Doctify, iWantGreatCare, GoPrivate and TopDoctors were selected, results were averaged into the group 'patient review websites'.

Questions	Choice(s)
S6: Which one of the following statements, if any, best describes your personal experience with receiving treatment via private healthcare service within the UK? ***When we talk about receiving treatment from a "private healthcare service" within the UK, we mean one you have paid to receive treatment (via private medical insurance or paying for it yourself) or NHS-funded treatment delivered by a private healthcare provider.***	1. I have previously received treatment from a private healthcare service, but not in the past 3 years
	2. I have previously received treatment from a private healthcare service within the past 3 years
	3. I am about to undergo treatment from a private healthcare service / currently waiting for my first appointment with a private healthcare service
	4. I have never previously received treatment from a private healthcare service, but I'd consider doing so in the next 3 years
	5. I have never previously received treatment from a private healthcare service, but I'd consider doing so at some point in the future (but more than 3 years)
	6. I have never previously received treatment from a private healthcare service, and I have no interest in doing so in the future
S7: [IF S6=1 OR 2] How was your treatment from a private healthcare service paid for? / [IF S6=3] How will your treatment from a private healthcare service be paid for? / [IF S6=4] If you were considering treatment from a private healthcare service in the near future, how do you think your treatment would be paid for?	1. Private medical insurance
	2. Paid directly (from savings, loan, financial support of family etc)
	3. Funded by the NHS
	97. Other (please specify)
	98. Don't know
S8: In which of the following areas [IF S6=1 OR 2: did you have / IF S6=3: are you about to have / IF S6=4: are you thinking of having] treatment? Please select all that apply.	1. Eye surgery, e.g. cataract surgery
	2. Bones and joints, or spinal, e.g. hip replacement, knee ligament repair, or spinal injection
	3. Abdominal, e.g. hernia repair, endoscopy, or colonoscopy
	4. Gynaecological, e.g. hysterectomy
	5. Heart or Circulatory, e.g. pacemaker insertion, or heart valve replacement
	6. Cancer, e.g. bowel cancer surgery
	7. Cosmetic, e.g. breast enlargement
	8. Dental care
	9. Routine optician services
	10. Physiotherapy
	11. Counselling or mental health services
	97. Other surgical operation in a private UK hospital (please specify_____)
	98. Don't know

Questions	Choice(s)
S9: Thinking about using private healthcare. In general how confident, if at all, would you be in knowing how to organise and use private healthcare? Please select the option that best applies	1. Not at all confident
	2. Not very confident
	3. Fairly confident
	4. Very confident
	99. Don't know
Thanks for your help so far. We'd now like to look at different source of information on private healthcare. Click <Next> to continue.	
A1: Now imagine you or a loved one were thinking of using private healthcare as a private patient or had been referred to a private hospital (still paid for by the NHS). Where would you think of looking, if at all, to research private healthcare before deciding to use private healthcare?	[OPEN TEXT]
	97. I would not do any research
	98. Don't know
A2: Which of the following sources of information about private healthcare, if any, are you aware of?	1. General Medical Council (GMC)
	2. Private medical insurer directories
	3. Private Hospital websites
	4. Private Healthcare Information Network (PHIN)
	5. Doctify
	6. iWantGreatCare
	7. GoPrivate.com
	8. TopDoctors.co.uk
	9. Care Quality Commission (CQC)
	99. None of these
A3: [IF A2≠99] How well would you say you know the organisations you said you were aware of that provide information about private healthcare? **Please select the answer that is closest to how you feel about each organisation**	1. I know them and their services extremely well
	2. I know them and most of their services fairly well
	3. I have a basic understanding of what they do
	4. I know the name but I don't know very much about what they do
	5. I only know the name but don't know what they do at all

Questions	Choice(s)
A4: Which, if any, of the following sources of information about private healthcare would you consider using if you or a loved one were thinking of using private healthcare as a private patient or had been recommended using it as an NHS-funded patient?	1. General Medical Council (GMC)
	2. Private medical insurer directories
	3. Private Hospital websites
	4. Private Healthcare Information Network (PHIN)
	5. Doctify
	6. iWantGreatCare
	7. GoPrivate.com
	8. TopDoctors.co.uk
	9. Care Quality Commission (CQC)
	10. Word of mouth (family & friends)
	11. Social networks (e.g. Facebook, X, TikTok)
	12. GP (including private GP)
	13. Healthcare-related charity organisations (e.g. Macmillan, British Heart Foundation, Cancer Research etc)
	14. Media (Magazines, Television, Radio, Newspapers)
	97. Other (please specify)
	98. Don't know
	99. I wouldn't use any sources of information about private healthcare
A5: Which, if any, of the following sources of information about private healthcare have you used?	1. General Medical Council (GMC)
	2. Private medical insurer directories
	3. Private Hospital websites
	4. Private Healthcare Information Network (PHIN)
	5. Doctify
	6. iWantGreatCare
	7. GoPrivate.com
	8. TopDoctors.co.uk
	9. Care Quality Commission (CQC)
	10. Word of mouth (family & friends)
	11. Social networks (e.g. Facebook, X, TikTok)
	12. GP (including private GP)
	13. Healthcare-related charity organisations (e.g. Macmillan, British Heart Foundation, Cancer Research etc)
	14. Media (Magazines, Television, Radio, Newspapers)
	97. Other (please specify)
	99. None, I have not used any sources of information about private healthcare

Questions	Choice(s)
A6: Which, if any, of the following sources of information would you trust for information about private healthcare? Please select all that apply.	1. General Medical Council (GMC)
	2. Private medical insurer directories
	3. Private Hospital websites
	4. Private Healthcare Information Network (PHIN)
	5. Doctify
	6. iWantGreatCare
	7. GoPrivate.com
	8. TopDoctors.co.uk
	9. Care Quality Commission (CQC)
	10. Word of mouth (family & friends)
	11. Social networks (please specify which ones_____)
	12. GP (including private GP)
	13. Healthcare-related charity organisations (please specify which ones_____)
	14. Media e.g. Magazines, Television, Radio, Newspapers (please specify which ones_____)
	99. None, I would not trust any sources of information about private healthcare
A7: If you were researching private healthcare, what would help you trust the information you find? Please rank up to 5 with 1 being the one that would help you trust the information the most	1. It's approved by an official body e.g. regulator
	2. It's independent
	3. It's a not-for-profit
	4. It's used by others I trust e.g. family
	5. It's well known
	6. It's clear where the data comes from
	7. It's understandable
	8. It's up-to-date
	9. It's clear what's fact and what's opinion
	10. It's clear how the data is checked for accuracy
	11. It's consistent with other information sources
	97. Other (please specify)
	98. I would not trust any
A8: Without trusted information, how easy would it be for you to make decisions in private healthcare?	1. Very difficult
	2. Fairly difficult
	3. Neither difficult nor easy
	4. Fairly easy
	5. Very easy
	99. Don't know

Questions	Choice(s)
B1: [IF A2=4] You mentioned earlier that you had heard of the Private Healthcare Information Network (PHIN). Through which of the following sources, if any, did you become aware of them?	1. Media (i.e. newspaper, radio, TV, websites etc)
	2. GP
	3. Private medical insurer
	4. Family / friends
	5. Social media (i.e., Facebook, X, TikTok etc)
	97. Other (please specify)
Private Healthcare Information Network (PHIN) – phin.org.uk – is a free service which helps people make decisions about using private healthcare. **PHIN is a government-mandated, not-for-profit, independent organisation which publishes information about the safety, quality and costs of private healthcare. Each month, we help more than 50,000 people make more educated decisions about their day-case / inpatient procedures.**	
B2: If you or a loved one were thinking of using private healthcare as a private patient or had been referred to a private hospital (still paid for by the NHS), to what extent would you consider using Private Healthcare Information Network's (PHIN) services?	1. Definitely would not consider using
	2. Probably would not consider using
	3. Probably would consider using
	4. Definitely would consider using
	98. Don't know
B3: [IF A2=4] Based on the information provided and your previous use of the Private Healthcare Information Network (PHIN), how would you rate it on the following criteria? / [IF A2≠4] Based on the information provided about the Private Healthcare Information Network (PHIN), how would you rate it on the following criteria? **If you want a reminder of what PHIN is, <click here>**	Helpfulness of information: 1 – 5, Not at all helpful – Very helpful
	Giving confidence in decision making: 1 – 5, Gives no confidence – Gives lots of confidence
	Reliability of information: 1 – 5, Not at all reliable – Very reliable
	Trustworthiness of information: 1 – 5, Not at all trustworthy – Very trustworthy
	Impartiality of information: 1 – 5, Not at all impartial – Very impartial
B4: What more could the Private Healthcare Information Network (PHIN) do to give you the confidence in using their services or rating their information highly if you were considering private healthcare? Please give as much information as possible.	[OPEN TEXT]

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

phin.org.uk

PHIN