

HEALTHCARE ROUNDTABLE UK AND INDIA - COMPARISONS ON ELDER CARE

WEDNESDAY 18TH NOVEMBER 2015

**UK INDIA BUSINESS COUNCIL, MILLBANK TOWER, LONDON SW1P 4QP,
UK**

**UK INDIA BUSINESS COUNCIL, INFINITY TOWERS, DLF CYBERCITY,
GURGAON, INDIA**

The Roundtable was developed after the publication in October of a study by the Economist Intelligence Unit which compares the quality and availability of care services for the elderly between 80 countries. With both NHS support, the UK hospice network and established standards in palliative care the UK scored well. The aim of the Roundtable discussions was to compare different solutions in India and the UK and to focus on UK-India collaborations in providing elder care.

UK ATTENDEES

NAME	COMPANY	DESIGNATION
Jonathan Mahoney	Biocomposites	International Sales Director
Dr Niti Pall	Bupa	Medical Director
Shweta Mahendru	Caremark Limited	Project Manager, India
Subhanu Saxena	Cipla	Global CEO
Kim Lovick	TBS Group	Senior Consultant
Sabe Tibbitts	UK India Business Council	Sector Manager - Healthcare

INDIA ATTENDEES

NAME	COMPANY	DESIGNATION
Prasad Bhat	ACPL	MD
Atul Ahuja	Apollo Pharmacy	VP
Vikas Tomar	Bournhall	VP
Raj Sehgal	Dr. Lal Path Labs	Head, International Business
Dr. Anita Arora	Fortis Memorial Research Institute	Principal Consultant Microbiology
Gaurav Brahmbhatt	Healthcare at Home	Head of Operations
Atul Khurana	UK India Business Council	Sector Manager, India - Healthcare
Vikas Kohli	Vivo Healthcare	VP

Participants gave a brief outline of their role and organisation, and their aims for taking part in the session. The focus of the discussions was then on the following topics:

SOCIAL CHANGE IN ELDERLY CARE

India has a strong cultural tradition of family care for elderly parents (indeed some professionals make their career choices to allow for this). The idea of putting elderly parents into a home is in general socially unacceptable. Things are changing somewhat with many family members moving into major conurbations leading to family members living in dispersed locations and of course the increase in women's employment. So there is some growth in formal care either within, such as the services provided by Healthcare at Home, or outside the home. Caremark is an example of UK formal care experience now being established in India.

The Indian market is less demanding of professional qualifications for care of the elderly, partly because of the domestic and informal nature of care "the maids can do it", and partly because of a lack of recognition of the specific problems of the elderly such as Alzheimer's disease.

As a result of these informal domestic solutions to cater for needs of the elderly, there is a reluctance to formally recognise the issues surrounding aging, even down to a reluctance to have an ambulance appear outside the home.

THE ROLE OF GOVERNMENT IN HEALTHY LIVING AND CARE

In many countries acute care is better resourced than chronic care and in India the government has many conflicting priorities. While care for the elderly continues to be viewed as domestic responsibility it is unlikely the government will invest in developing services to support the elderly. Nonetheless, looking to the future Cipla's founder YK Hamied has stated a need for India to have an infrastructure for elderly care.

In other areas there is a role for government to play. For example there is an increasing need and demand for lifestyle guidance. This can improve the health of the population in general, including the elderly. The consumption of sugar in particular can benefit from government intervention because of damage to the population over time. Cipla is already in talks with the FDA in the USA on this. Outside existing medical services there is another opportunity for authorities in India to improve outcomes, particularly for the elderly, by encouraging training and access to CPR and defibrillators which are not currently in general use.

There is also a role for them to encourage the development and use of disruptive technologies such as through ACPL's customised solutions in the delivery of healthcare and in using data to guide policy. One of the major challenges for government and city or state authorities is to pay for healthcare. Different collaborative solutions are being found. Bupa has a PPP collaboration with the authorities in Valencia Spain. At state level in India some solutions are being developed. Dr. Devi Shetty, founder and chairman of Narayana Hrudalaya has launched Aarogyasri insurance, in collaboration with the Andhra Pradesh government which covers 65 million people (Star Health is the insurer for this). Dr Shetty is also the architect behind Karnataka's Yeshaswini microinsurance scheme that covers nearly 3 million co-operative workers for a monthly premium of Rs. 10. Other examples of private sector support are the free cochlea implants from Dr Reddy and the Apollo partnership with the Delhi authorities.

FINANCE AND AN AGING POPULATION

Elder care in India is 90% funded out-of-pocket. Although families expect and accept the need to support their parents, there is increasing realisation of the need to cover the cost risk of this. Government in India is bringing in insurance schemes to provide finance to support aging in the population. Indian central and state governments have realised they cannot afford to become universal healthcare providers to their citizens due to the sheer cost of doing so. So instead they've decided to become healthcare financiers, funding as much of major hospitalisation expenses for their poorer citizens as they can.

Nonetheless amongst those with the freedom to choose private care is more trusted. Bupa originally had a focus just on cover for hospital care, but has now developed its services into wider PMI schemes. There are even examples of provision to the poor with the 'gramin' rural insurance Bupa are developing in Bangladesh.

Insurance companies, such as Bupa, are both an information source for excellent information on trends and risk and also a driver of cost reduction. Home monitoring, using for example the equipment model of TBS, can provide the opportunity for limiting the length of stays in hospital.

New models are coming out of India such as social impact insurance. Aravind for example is not just a health success, it is a financial success. Aravind's core eye hospital services are sustainable: patient care and the construction of new hospitals are funded by fees from paying patients. Similarly Dr Shetty has developed schemes where the rich cover the costs of the poor - a 'gold plated' patient scheme. Caremark Ltd will initially run on a not-for-profit basis

PHARMACEUTICAL, BIOTECH AND OTHER DEVELOPMENTS

Biodose solutions, especially those containing liquid and solid medication in one pre-measured, personalised monitored dosage system have very good potential in improved elder care, both formal and informal. Dr Lal Path Laboratories has a diabetes tests care management program and some are considering health-at-home options which might even include chemotherapy. Concerns were also expressed about the increasing risk of anti-biotic resistance. With its targeted delivery solution Biocomposites may offer part of the solution for hard to treat wounds such as in diabetic amputation. It was felt there is potential in the repurposing of drugs.

Cost is a challenge to the availability of pharmaceutical solutions for the elderly for the alleviation and control of symptoms (heart disease, dementia and cancer are key issues). Through its investment in Chase Pharmaceuticals in South Africa, Cipla has developed a new competitively priced generic solution to treat Alzheimer's. For those that can pay but are not mobile Apollo Pharmacy is an increasingly popular online medicine store.

Other developments, for example in the built environment, were also discussed such as the Alzheimer's 'village' in the Netherlands. In India there are already developments for specially adapted colonies for the elderly.