

Healthcare in India is expanding rapidly, and integrated, innovative and affordable solutions are the way forward, as Dr Pramod Prabhakaran at the Central and Northwest London NHS Foundation Trust tells Sarah Cartledge

Standardising care in India

HEALTHCARE



India's healthcare system has a number of innovative high quality institutions. However, standardised high quality care for the masses remains an issue as the country moves forward. Demand for better access to safe, effective and affordable

healthcare in India is increasing as both incomes and popular expectations rise.

"Healthcare in India is expanding considerably and quickly. But the expanding middle class want easy access to high quality healthcare with better affordability," says consultant Dr Pramod Prabhakaran, Division Medical Director and International Lead at the Central and Northwest London NHS Foundation Trust (CNWL).

With the NHS's 68 years of experience in providing high quality standardised care across the UK, the CNWL NHS Foundation Trust is now building partnerships with India's healthcare system to help the country build a more effective, accessible and regulated healthcare system. With hundreds of courses and placements on offer, CNWL is a leader in medical, nursing and allied health professional education across Northwest London and attracts increasing numbers of international healthcare professionals seeking NHS training.

"The challenge in India is how to bring a kite

Below: India trade mission



mark or a trademark to an institution that indicates to the public the care they are receiving is the same across the whole system," he explains. "This is particularly relevant to the primary care system. India needs an excellent standardised primary care." But many professionals in India's healthcare network are trained through a variety of sources making it difficult to regulate the standard of care available. The country's healthcare system is also shifting its focus from communicable to non-communicable diseases such as heart disease, cancer and strokes.

Having trained for 16 years in both the NHS and Indian healthcare system, Dr Prabhakaran's personal experience of India's healthcare provision highlights the current disparities in care. "Last year I went home to Bombay and my seven-year-old daughter developed a chest infection. I ended up having to seek treatment from three healthcare professionals, with the last one being a large established hospital, where her treatment was better managed and she recovered," he says. "People want to be assured of a healthcare standard so that they're not having to go to three places to treat the same condition."

POLYCLINICS AND INTEGRATED CARE

"In many parts of India people have to travel long distances to get to hospital," he explains. "But now they want a comprehensive offering of enhanced primary care, including minor injuries, urgent care and some specialist care, supported by innovative technology to help access and communication."

This has been proposed in the form of polyclinics, healthcare facilities separate from the hospital but with trained doctors and nurses in primary care, as well as a variety of specialities providing out-patient care.

"It is an assurance of not having to go to a large hospital and still receive the high quality that one would find there," says Dr Prabhakaran. "If you had a number of polyclinics in a satellite model linked to a hospital, we could then populate the specialists from the hospital into the polyclinics too."

And localising this model within the Indian context has resulted in some promising



Neonatal intensive care unit of a local hospital in Raxaul, Bihar

developments. "We're looking at high quality partnerships for the development of our Indian model. We will work with businesses, employers and training providers, some of which have already been identified," he says.

A strong desire to localise this care framework wherever possible means there is a great opportunity for collaboration between high quality care and technology providers in India.

"Our offer is to have high quality polyclinics supported by excellent health informatics and digital health solutions. But we don't want a made in the UK solution; we would want to 'Make in India'. We will bring our expertise to work with our local partners. This ensures the agreed framework between the Trust and its partners is sustainable once the initial investment of expertise from the Trust has been exhausted.

"We also want to be able to take our staff out to India to teach, practice and train, as well as bring in staff from India to supplement their training in the UK," Dr Prabhakaran continues. "As an organisation we can make healthcare work in every setting, whether that's a leading hospital, primary care, a nursing home or the home of an



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individual patient. Our offer is to provide integrated, innovative and affordable solutions."

Dr Alex Lewis, previously Medical Director of CNWL, recently visited Delhi and Mumbai in India together with Pramod as part of a high level trade delegation.

Alex notes: "We had the opportunity to meet some of the most influential healthcare leaders in India. The visit to both New Delhi and Mumbai afforded us the opportunity to engage with government officials, providers large and small, and other interested parties. What became clear is that at many levels, the needs of the people of India and those in the UK are the same, with our solutions of access, affordability and quality resonating with most, if not all, of those we met.

"We look forward to continuing our engagement and relationship with India and the healthcare sector, which we feel will build on our success as part of this mission."

WHAT NEXT?

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