

National Health Service in India: Be Aware of What It Means

ABSTRACT

India welcomes international partners and businesses. Indians and Indian health care need to understand the nature and role of foreign collaborators so that appropriate use of expertise and resources can happen. India will initially need to find a balance and eventually need to 'grow its own' to achieve success in healthcare.

Keywords: Business model, comprehensive healthcare, outsourcing

As a keen observer of Indian health care the news that National Health Service (NHS) wants to enter India got me wondering into thinking what it could actually mean. The NHS in UK is a government funded public service health care system. Is that model the NHS will follow in India? The NHS in UK is increasingly outsourcing its activity to the private sector and inviting private sector into the NHS. However, the NHS in its new wisdom may be selecting to go to India to provide services as a private provider. Which is the exact opposite of what the NHS does here in UK. The policy and strategy confusion seems to be immense and contradictory. The NHS currently does not have any great operational experience of purely private provision. Why would the Indians allow the NHS to do the exact opposite of what they do in UK in terms of business model, inside India? It is a question that should be asked in the Indian parliament; I am sure it will be asked if and when trouble arose. More relevantly, why would the NHS itself want to do this? The reasons are not that difficult to fathom. India is a growing market in general, health care is a really high growth market; there is a clear need for more high quality providers. The non-commercial UK NHS wants to take commercial advantage of these factors to make money for UK. It is nothing else apart from money making. Money making in itself is not such a bad thing, only to couch it in the language of health care improvement, helping populations, transferring expertise, spreading knowledge and other obviously superficial euphemisms reflects poor intentions. I am a believer in the primacy of intentions.

I wonder if the NHS would still go to India if it was required to provide 72% of its Indian services in rural India (that is the percentage of the population that lives in rural India) to the same standard and more or less the same price that they provide in urban India? I ask because that is exactly what the NHS prides itself in UK; providing more or less the same standard of service at more or less equivalent costs all over UK. Well, if you want to be an international business that is how you begin to think; Coke and Pepsi do that, produce soft drinks, distribute it to all corners of India at almost the same price; which is exactly what they do anywhere in the world. Will the NHS do in India what their business model does

in UK? Would the NHS in India treat the rich and the poor equally as they are required to do in UK? I suspect that is not what the NHS in India will be about. I sincerely hope the NHS in India will make me eat my words as that will be a win-win for everyone. The principles of care, content of education, models of care delivery that are needed in India are different. India is perhaps already suffering from a techno-centric, finance driven, western oriented, urban focused, doctor obsessed health care system. This leads irreconcilable differences between segments of the population, the commercial model of health care delivery does not seem to have delivered population wide improvement in health care outcomes in India (or for that matter in the USA). India specific, India centric, models based on local needs and local data need to be developed.

I have often wondered about “why, doctors who have worked only in India and want to continue to work in India take up exams such as FRCS, MRCS, etc.?” Many of these exams are conducted in India. I suppose I should give those doctors the benefit of the doubt and think that they do it as a part of knowledge improvement and knowledge validation with an international perspective. Many though may have commercial marketing motives. The glamour of the west still exists in the minds of the Indian public, there may even be a valid basis for this and to seek commercial exploitation of that attitude is perfectly legal activity. I ask myself if the content and the style of these exams are suitable for non-western practice. I think not, but that is purely my personal view.

As long as we are clear in our minds that whether it is examinations such as MRCP/FRCS/MRCOG/MRCGP which are conducted in India or a possible NHS as a provider in India are simply commercial businesses operating in India for profit making; as long as we recognize and be constantly aware of this its fine. Once we start assigning higher value, philosophical or operational, we will be doing a disservice to the Indian public by deliberately misleading them. Those of you who are highly sensitive among the Indians should also reflect on whether this is a form of cultural and knowledge colonialism.

I am British and work in the NHS. I am an admirer of the NHS system and I believe the NHS in UK does a great job in terms of many clinical, operational and cost parameters. It is my vested personal interest that NHS in India is successful commercially. I am of Indian origin and have family in India; hence creating awareness of potential sub-optimizations is obviously my broader duty.

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