



The
Health
Foundation
Inspiring
Improvement

India Study Tour

October 2013

UK participants

The Health Foundation supported 4 people from the UK to participate:



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Why look abroad?

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10 October 2013 Last updated at 01:47
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NHS must look abroad for new savings ideas, regulator says.

By Nick Triggle
Health correspondent, BBC News

The NHS in England has to look abroad for new ideas - or face a large funding shortfall by the start of the next decade, a health regulator has said.

Monitor said the NHS was only likely to reach two-thirds of its £30bn saving target by 2021 if it kept on as it was.

Most savings so far have come from keeping wages low and improving productivity.

But the regulator said the NHS should be more radical by borrowing ideas from countries such as India and Mexico.



The NHS needs to find savings of £30bn by 2021, experts say

Related Stories

Healthcare in India

Indicator	UK	India
Life expectancy at birth	80	64
Infant mortality rate (per 1,000 births)	6	62
Maternal mortality rate (per 100,000 births)	7	254
Hospital bed density (per 10,000 population)	39	9
Doctor density (per 10,000 population)	21	6

Challenges

- India accounts for 45% of world's incidence of CHD
- One of the most privatised healthcare system in the world
- Chronic underfunding of public healthcare system
- Out of pocket health spend forces 20m people below the poverty line each year
- 700m rural Indians lack access to basic healthcare

Narayana Health



Narayana Health

Achievements

- Since 2001 has grown to **18 hospitals** with 6,000 beds across 13 locations
- Open heart surgery provided for **\$2,000** (\$100,000 in US)
- Unique cross subsidy model means **50%** of inpatients receive subsidised treatment meeting the needs of affluent and poor
- **15%** of revenues reinvested back into society
- World class care is the common denominator

Success factors and what could we apply to the NHS?

- *“Simple approach...all about process, protocol and price. No magic!”*
- Commercial mindset and optimisation of assets
- Standardisation and innovation working side by side
- Engaging families in care - the *Care Companion*
- ‘cloud’ technology and telemedicine
- *“We believe in God...but we trust the data for running hospitals”*

Vaatsalya



Vaatsalya

Achievements

- “We provide something where there was nothing before”
- Treats **400,000** outpatients and **40,000** inpatients per year
- Now Operate **17** hospitals across smaller towns and villages
- Provide over **30** immunisations

Success factors and what could we apply to the NHS?

- Lean processes, standardisation and ‘product’ specialisation
- Leases buildings and equipment
- Focus on customer service - Call **100%** of patients about their experience

Prasad Eye Institute





Prasad Eye Institute

Achievements

- Served over **15 million** people and performed more than **600,000** surgeries
- Screened **50,000** children last year alone from door to door surveys
- **65%** of those receiving secondary care received **free** care
- World leading Innovations e.g. Stem cell therapy
- Academy of eye care education - filling the void
- 45 patient education videos

Success factors and what could we apply to the NHS?

- Focused on continuous quality improvement
- Range of surgery packages but clinical standards the same (10-60,000r) – cross subsidy model
- Routine monitoring of quality – 64 metrics
- Translation of research into practice

Lifespring



Lifespring

Achievements

- Delivered **25,000** babies since 2005, **40,000** women examined annually, increased antenatal visits per woman **2 to 6.5**
- Community empowerment and patient education
- Run health camps where doctors provide advice to the community

Success factors and what could we apply to the NHS?

- Hire auxiliary nurse midwives rather than general nurse midwives
- 10% attrition rates
- Facilities strategically located near homes of target population
- Use of real time data and patient feedback

Key Themes for Today's NHS

- **Hub and spoke model**
 - Geographical, professional, academic, managerial isolation
- **“Asset – lite” frugality**
 - Need for efficiency
- **Leadership, clinical accountability and ownership of data**
 - Accountability, leadership, data, need for centralised CQI
- **Patient, family, community focus**
 - Primacy and centrality of patients, families and communities
- **Staff; engagement and task shifting**
 - Support workers, learners, staffing, “pride and joy”
- **Disruptive innovation**
 - Research to practice, AHSNs

Conclusions

- Innovation takes many forms
- Efficiency to meet a social purpose
- Quality is relative
- Optimise assets
- Continuous quality improvement is embedded
- We can learn from the most unlikely places

