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COVENTRY Evening Telegraph

Jump NHS waiting lists with treatment in India

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By Karen Hambridge

FOUR years ago Jagdish Jethwa's 96-year-old grandmother broke her hip.

She hadn't fallen or bumped herself, the break occurred simply as she walked around her home, an unfortunate consequence of ageing and osteoporosis.

Maa, as her family affectionately called her, was taken to the Leicester Royal Infirmary and her family was told she needed an urgent operation.

Despite the "urgency" of the surgery it was eight days before the frail old lady, who spoke little English, went under the knife. Eight days of excruciating pain dulled by large doses of morphine and the indignity of being lifted on and off a bedpan if she needed the toilet.

Jagdish, who was born in Kenya, and educated in Loughborough, Durham and London before work brought him to Coventry, was thankful she finally received attention but wondered if there was a better or faster way.

The 41-year-old who has a Doctorate in Mechanical Engineering, said: "We were all very worried about Maa while she was waiting for the surgery, she was in so much pain.

"It got to the point where I was ringing private hospitals but I could not get through to any consultants, I would only get as far as the secretary who would say something like "could you bring her in a week on Tuesday".

"I even resorted to contacting hospitals in India where the response was more favourable, they could do the surgery the next day but, of course, it would have been virtually impossible to have gotten her there.

"When Maa did have her operation the doctors did an excellent job and she lived happily for another two years, but it made me realise even though hospitals were working flat out, there were still patients waiting in agony for days for what was considered urgent surgery."

Jagdish, who designs and develops airbag systems and his wife Dipa began to think they might be able to offer an alternative.

They already knew from contacting India about Maa's situation that orthopaedic procedures there could be carried out quickly and at a fraction of the price of a private hospital here.

The supply was obviously available but was there a demand?

Travelling thousands of miles for complex medical interventions might be a daunting prospect, however desperate you were for surgery.

Organising travel, arranging appointments and hospital stays, ensuring appropriate aftercare.

It was a lot to sort out and though it could be done given patience and persistence there was still the issue of having confidence in those plans.

Jagdish and Dipa realised if they could take on all the logistical intricacies and team up with the right consultants and hospitals in India all the patient had to do was get on the flight, have the operation and get better.

They would have to pay for the privilege, of course, but it wouldn't be anywhere close to the cost of home-grown private treatment.

"We thought we could offer a sort of third option to people needing surgery or procedures," said Jagdish. "The first two options are that people have to wait for however long it takes on the NHS or raise a lot of money and pay for private care.

"We would provide a halfway house. People do have to pay for the operation but it's a fraction of the cost they would have to pay here."

And the price tags certainly are attractive.

A knee operation here can cost upwards of £10,000, in India it's nearer £4,000.

A cardiac bypass might mean a 10-month wait on an NHS list here or set you back between £14,000 and £17,000 but in India it's about £6,800 with the promise of immediate action.

It's cheap because the cost of living in India is so much lower than our own. Wages are significantly less and manufacturers sell their equipment for less, but still at a profit.

Despite the bargain basement prices Jagdish and Dipa found standards in private Indian hospitals were at least as good if not better than our own NHS hospitals.

Things to consider before surgery abroad

At the moment there is a three-hour travel limit on NHS referred patients which obviously eliminates the 10 to 12-hour plane journey to India.

If patients want to travel of their own accord the NHS believes it's up to them but

urges people to make rigorous checks on the proposed hospital and surgeon.

Dr Keith Williams, director of public health for Coventry Teaching Primary Care Trust, said: "If people chose to go private for medical treatment that is entirely their individual choice whether that be in the UK or abroad.

"If anything went wrong during their treatment or recovery and returned home presenting to a GP or accident and emergency department then the NHS has a duty to provide the necessary treatment no matter what the cause of the problem.

"If anyone was looking to go abroad for treatment of any kind they should make sure that it's in a place where there are proper standards of audit and clinical governance."

www.tajmedical.com

[Tel: 0800 1076 360](tel:08001076360)

[Tel: +44 2476 466 118](tel:+442476466118)

[Email: info@surgeryindia.co.uk](mailto:info@surgeryindia.co.uk)
