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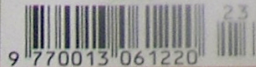
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Polish clinics

Another kind of health tourism

Health clinics for immigrant Poles reveal the NHS's shortcomings

THE first thing Polish immigrants brought to Britain, when the country opened its doors to eastern European workers in 2004, was an admirable work ethic. Gangmasters told stories about farm labourers picking cabbages at night, by the light of car headlamps. Then Polish delicatessens began to appear, selling herring and pierogi; then came Polish solicitors. But the Poles' most intriguing import, and the one that ought to cause native Britons to think hardest, is medical care.

Hard by the Hanger Lane gyratory, a grotty eight-lane roundabout in west London, is a quiet pioneer. The My Medyk clinic opened in 2008 and now has 30,000 patients on its rolls. The firm has opened a second branch in London and wants to open a third. Rivals are multiplying. Most of these private clinics contain dentists, general practitioners (GPs), paediatricians and gynaecologists. They have pulled off the remarkable feat of selling medical care to working- and middle-class people who could get it for nothing.

The National Health Service dominates British health care. Although private companies supply equipment, drugs and ancillary services and, increasingly, carry out medical care under contract, patients rarely enter into commercial relationships with them. Private health care is sold as a luxury for the affluent and usually only covers hospital treatment, not primary care—that is, visits to a doctor.

It is British primary care, however, that many Poles find wanting. Some prefer to see Polish-speaking doctors, although many who use the private clinics speak excellent English. More simply want better customer service than British GPs tend to provide, with their brief consultations and frustrating systems for booking appointments. And the immigrants are used to a different set-up. In Poland, as in much of continental Europe, GPs do not act as gatekeepers. Patients book appointments directly with specialists, who also perform procedures that would be classed as outpatient services in Britain.

"There was a gap in the market", explains Radek Przpys, manager of the Hanger Lane outfit. The clinics charge fixed fees, which are published on their websites, for consultations and treatments. This means that they rely on regular customers for revenue, and need to treat them well if they are to retain them. The clinics often invest in imaging and diagnostic equipment,

Posh fast food

On a roll

Britons are flipping out for fancy burgers

ON FRIDAY evenings diners seeking a table at MeatLiquor, a fashionable burger restaurant in central London, can expect to queue for an hour. For big groups the wait doubles. At nearby Patty & Bun the decor is less alarming but the queues are no shorter. Britons are in the greasy grip of burger mania.

Byron, a chain of posh burger diners, opened in 2007 on Kensington High Street, a ritzy bit of west London. It now has 32 branches and will soon open new ones in Liverpool and Manchester. Gourmet Burger Kitchen, another fast-expanding chain, has 59 restaurants from Brighton to Edinburgh.

In a slow economy few can stretch to



Southern bap test

such as ultrasound scanners (a 3-D pregnancy scan costs £95, or \$146). This is a booming business: more children in Britain are now born to Polish women than to women from any other foreign country.

The clinics also reflect the famous Polish immigrant penchant for hard work. Kryzstof Zemlik, business development manager at the Green Surgery in central Manchester, which admits patients until 9pm or 10pm seven days a week, says that his surgery sometimes stays open until two or three o'clock in the morning. The My Medyk clinic successfully lobbied to be allowed to open on Sundays (it pointed out that taxi firms are able to do so).

Though set up to meet demand from Britain's growing Polish population, the clinics are trying to broaden their appeal.

the finest caviar, but they can afford top-notch ground beef. Byron attracts people who would not dream of going to McDonald's, says Tom Byng, its founder.

Britons' appetite for fancy burgers reflects broader shifts. Since the financial crisis consumption of fish, fruit and vegetables has dropped; ready meals, particularly meaty ones, are up. Yet people are still eating out. It has consistently topped spending priorities after utility bills, says Helen Spicer, an analyst at Mintel, a market researcher. At restaurants people want reliable treats that are gentle on the wallet. Burgers are nostalgic and comforting, says Mr Byng. And dinner at Byron costs just £15 (\$23).

Many of the posh burger outfits started as pop-ups, allowing restaurateurs to test their products and build a customer base before renting an expensive property. Yianni Papoutsis, one of MeatLiquor's founders, started selling burgers from a van in south-east London. Even the restaurants are frugal. They have short menus, which are easier to do well. Fewer ingredients means less waste and heftier buying power. Restaurants can keep prices low while still turning a tasty profit. People eat fast, so turnover is high. Honest Burger, in London, can turn its tables as many as five times at lunch and seven or eight times at dinner. Full-service restaurants might manage one turnover at lunch and two at dinner.

Investors are now tempted by another meat, says David Campbell, head of the restaurants and bars team at BDO, a consultancy. There is little in the way of an upmarket Kentucky Fried Chicken. Might posh chicken have wings?

Manchester's Green Surgery has Slovaks, Hungarians and, oddly, Portuguese on its books. Whereas the Green Surgery caters mainly to professionals, My Medyk's patients come from a broader range of backgrounds. Many of them are "people working on construction sites and cleaning people's houses," says Mr Przpys.

The clinics hope to expand by offering major procedures at private hospitals in Poland. They also believe they can convince Britons of ordinary means to pay for regular check-ups—something that is currently a lifestyle product aimed at the affluent. In short, they aim to improve British health care, doing to the medical market what Polish farm labourers did to England's fields. They may not succeed—but the attempt is worth watching. ■