

# THE WAY FORWARD

**MANAGING THE BIGGEST CHALLENGE  
FACED BY THE CARE SECTOR**



**An interview with  
Dr Sanjeev Kanoria, Chairman  
Advinia HealthCare**

**Extract from a report commissioned by:**



Powerful Accounting Software

# Introduction

As yet, the digital revolution might not have taken hold across the care sector – but it's going to happen, probably sooner rather than later.

The impact of robotics, artificial intelligence, machine learning, the internet of things will be significant, and should improve both quality of life for those who are being cared for and the viability of the companies providing that care.

Coupled with technology which optimises operational and administrative tasks, providing information which is of value to the provision of services rather than simply score keeping.

Such change could be the biggest challenge the sector has ever had to address. As one CEO put it, managing technology could be like constantly pressing on the fast-forward button on the television remote and trying to make sense of what you're watching on the screen. But how do we synchronise technology with humanity, a question which is going to be mission critical.

In a report commissioned by iplicit, the cloud accounting software company, to be prepared and published by DECISION magazine later this year, owners and directors in the care sector will be talking about the issues and how they can be reconciled.

This is one of the interviews to be included.



# How we implement choices is the key

The first care home group in the country to invest in researching the use of robots, back in 2017, Advinia were part of a global study jointly funded by the European Union and the Japanese government which considered the use of artificial intelligence in caring for the elderly.

The findings were revelatory. Those who interacted with the robots for up to eighteen hours over the course of two weeks were found to have a significant improvement in their mental health.

The owner of Advinia HealthCare, one of the largest providers of dementia care with some thirty-six care homes in the UK is Dr Sanjeev Kanoria, a liver transplant surgeon and healthcare entrepreneur. He is also the co-founder of a three hundred and fifty-bed hospital in Mumbai, and is also the owner of Austrian Anadi Bank AG.

“Robots,” he points out, “have infinite patience, and someone suffering from dementia can ask the same question over and over again. The robot will know the particular media a resident likes, will understand their behaviour patterns, and can have a





*Dr Sanjeev Kanoria*

conversation with them.” He gives an example of how software and robotics could interact with an older person who wants to leave their bed and go into the garden. “The robot asks if they want to change their clothes first, and then, because the robot understands the principles of privacy, it will turn away, while the person gets dressed,” Dr Kanoria explains.

“Like with anything new, there will be concerns and worries, but it’s how we choose to use technology which is important. As humans, we can decide the course of action to take.

“In this context, think of a robot as mobile interactive media, which can initiate and hold a conversation as well as undertake physical tasks.



“We need to engage in some lateral thinking. If we take lifting a patient or resident from their bed, that can be a task which is robot assisted but a care worker will still need to be there in a supervisory role. If it all serves to free staff collectively for one hour a day, that’s a huge amount of time.”

Dr Kanoria doesn’t buy into the notion that care home residents would be spooked by having conversational robots on the premises. “The current generation of older people grew up with Star Wars,” he points out.

“When care homes start to use robotics which have ‘limbs’, that will require more governance, and really accurate sensors, much more than in industry because each individual will have different pressure points, which means robotics are a long way from undertaking one specific repetitive task on a fixed production line.

“But a fundamental risk element with the introduction of any new technology is not being able to one hundred per cent assess the risk.”

He turns to advances in wearables which have devices to take all the regular checks such as blood pressure without the need for a nurse or care worker to do it manually. “It means high quality data is automatically logged into the patient or resident’s records, and any change is reported immediately,” Dr Kanoria posits.



“Nurses and doctors are engaged in complex decision-making. Technology won’t replace that requirement, but the data it generates enables clearer thinking.

“We have to appreciate that good technology allows the valuable collection of valuable data, and the application of artificial intelligence allows us to navigate through more complex issues with a greater degree of accuracy.”

“Covid highlighted the importance of the care sector and revealed that as a country we had just one hundred thousand acute hospital beds for sixteen million people, with fifteen thousand older people blocking beds which could have been occupied by younger people who then could have gone back to work sooner,” Dr Kanoria explains.

“That didn’t happen because the occupants couldn’t be safely discharged; in the last ten years, the number of care home beds funded by government and local councils has reduced by forty per cent.

“We need to restore stability by funding care delivery properly and make sure that funders meet the required outcomes. There needs to be a pricing mechanism for a personalised care plan with everyone funded with an overall package.

“There have been instances where a care home is told this is the fee the funder will pay, but after the care home has done a personal assessment it has to tell the funder that it can’t be



provided for that amount. Weeks will go by while the funder looks for a cheaper alternative, while the person concerned remains in hospital, adding to the bed blocking statistic.

“There needs to be a system where a local council has to be transparent about how it relates costs to care, so we can see how much has been attributed to their in-house management and administrative charges compared to mission critical care tasks and staffing.”

[www.advinia.co.uk](http://www.advinia.co.uk)



## About iplicit

Providing a cloud-based finance and management software solution that allows the care sector to focus on what really matters.

Tailored for those frustrated by on-premise legacy software, iplicit provides greater flexibility and enhanced levels of reporting, integrating with other cloud applications for a seamless migration path from a user's existing system, enabling organisations to 'step up' to next generation finance software without losing the functionality they currently enjoy.

iplicit received the Accounting Excellence award for mid-market and enterprise software of the year in 2020, and the top product for enterprise accounting/ERP in the Accounting Web software awards, 2021.

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*The interview with Dr Sanjeev Kanoria was undertaken with Tim Bryars, specialist at iplicit in working with the care sector.*

