

# A Comparative Study of Increasing Demand for Health Care for Older People in China and the United Kingdom

Shengyu Gu<sup>1, a</sup>

<sup>1</sup>School of History, Philosophy and Social Sciences, Bangor University, Bangor, Gwynedd, LL57 2DG, United Kingdom.

<sup>a</sup>c0512006@stu.nkuht.edu.tw

## Abstract

Health and social care have emerged as one of the most critical challenges for the majority of countries across the globe. The research revolves around the increasing demand for health care among older people in the context of China and the United Kingdom. Both these countries are witnessing an aging population demanding more healthcare attention and medical interventions. However, with the increasing number of older people in the current society, these countries are finding it challenging to manage the overall demand. The increase in demand is associated with smaller family sizes and dispersed population, thereby reducing the incidences of home support. At the same time, there is not a great balance between the demand and supply of healthcare facilities and medical interventions resulting in severe issues and challenges. The main objectives of the research are to explore the increasing demand for healthcare among older people, to compare the healthcare policies of both nations, to evaluate the healthcare legislation in both countries critically, and to identify efforts being taken and challenges being imposed about health and social care. In order to accomplish these objectives, a qualitative study based purely on secondary data was conducted. Results stated that there is a severe imbalance between the demand and supply of healthcare sources and resources. Moreover, the aging population and insufficient funding are also making things difficult to manage the growing applications for healthcare. The researcher concluded that in order to achieve the increasing demand for healthcare among older people, both these countries need to switch to a systematic and pragmatic approach while creating a balance between demand and supply of healthcare.

## Keywords

Planned Behaviour; Customer; Online Purchase Intention.

## 1. INTRODUCTION

### 1.1. Background

Population aging has been a global issue and is being given importance at a worldwide level. At the global level, issues related to population aging and older persons have been a matter of concern and significant problems at United Nations international conferences. How the world addresses the critical issue of building a society for all ages, has prominently featured at all such meetings. The Madrid Plan of Action for Ageing considers the process population aging of the world as a whole, but also conducts a comparison of the more and less developed countries, for major areas and regions and even for individual countries (World Population Ageing, 2007). One of the significant findings of this report is that population aging is irreversible because the fertility levels are unlikely to rise again to the levels known in the past. Globally the population

of older people is growing at a rate of 2.6 percent per year while the community as a whole is increasing only at 1.1 percent. At least until 2050, the older population is expected to grow more rapidly than the community in other age groups. The health of older persons deteriorates with aging, thereby inducing the demand for long-term care.

Health care for the aged population is one critical aspect of societies that needs to be considered with great vigor and sensitivity. With declining death rates and old age mortalities, there has been a subsequent increase in demand for health care for the aged age population.

Healthcare is the diagnosis, treatment, and prevention of diseases through medical care and public health. Health care organizations are established to serve the needs of individuals, and at the same time, governments across the world also develop and implement healthcare policies for improving the health quality of individuals. Governments around the globe have different healthcare policies for children, adults, and the older population, and this part will be discussed in the literature review section.

The decline in the old age mortality rates in China and the UK is attributed to the high economic growth rates in the two countries. As the population ages, demand for health care is likely to increase, and this can be attributed to the incapability of such individuals to be economically productive and independent. This often creates pressure on the government and families to sustain the growing demand for healthcare. From the humanitarian point of view, health care for older people holds great importance and cannot be snubbed on the grounds of logic and practicality (Cacioppo et al., 2002). Over some time, different countries have introduced various health care programs for older people based on their demographic, social, economic, and political environment (Bindman et al., 1997).

Both these countries have been developing at a rapid pace, with China being the most populous country in the world. China is the most populous country in the world, and it also has the most significant percentage of the older population in the world. The aging population of China is the biggest worry for the government as the older population will age more rapidly compared to other Western countries (Hou & Coyne, 2008). The aging population trend is inevitable in every state and can only be addressed through effective healthcare measures and policies. The United Kingdom experienced a sharp rise in the population during the baby boom generation.

The baby boomers, born during the period 1946-64, are now beginning to reach the retirement age. Almost every country witnessed a sharp rise in the population during that period. However, with the aging population, societies, and governments across the world are facing a challenge to maintain the health of older people in order to make them active (Hougaard et al., 2008).

There is no doubt that the older population has contributed to the success and development of their societies and economies and needs support and cooperation from their respective organizations and governments in order to lead a healthy life (Hu et al., 2008). Social and healthcare initiatives are aimed to improve the healthy growth of such individuals. With the global economic slowdown, the value of the overall savings of older adults has diminished. At the same time, pressure on the working population to take care of older adults may affect their personal and professional goals leaving them at the mercy of others, especially the government. Thus, it can be said that the research topic has different facets that can be assessed and analyzed in the context of an effective and efficient social and healthcare initiative.

Health care has been an essential element of the political and economic policies that need to be assessed in terms of importance, need, and usefulness. Health care for older adults is something that is taken for granted in many countries all over the world. However, when close relations ignore the plight of older adults, Grundy (2009) points out that it becomes the responsibility and duty of governments to ensure the health and social care, particularly for

those that become dependent. Thus the increased demand for healthcare exerts pressure on the governments, and this requires planning, particularly in China. An aging population can be a source of anxiety for any nation, considering they are least active and contributive in the social and economic environment. However, they must be provided with health care facilities and support.

Qingchun (2009) believes that though an aging population is a cause of anxiety, what cannot be ignored is that this population above the age of 60 years holds excellent experience that can be used to guide young people. If this can be implemented, then the older people would not remain as a burden in the economic and social environment. Countries like China and the UK are facing the problem of an aging population, and accordingly, the governments of these countries are taking appropriate steps in order to create a sustainable environment for them where they can express themselves and live life to the fullest (Ritch et al., 1996).

Generally, care for older people is neglected in many areas all over the world (Grundy, 2009). In Europe, measures have been put in place to ensure that older adults are not maltreated and that they can access quality healthcare and other necessities such as pension benefits easily (The Guardian, 2012). This will be discussed in detail in the following chapter.

## **1.2. The rationale for the study**

Humanity is aging at a rapid pace, mainly because of their busy lifestyle, and older people have been experiencing significant changes from rural to urban industrial societies. The older people have witnessed more complex scenarios in the absence of technologies and modern lifestyle.

They have put in more hard work and physical effort to earn their livelihood compared to the people of today's generation whose lives are driven by the latest technologies (Grundy, 2009). Moreover, with older people finding it difficult to manage their health, it becomes essential for families and governments to support them by offering health and social care (The Guardian, 2012).

Older adults experience age-related problems, which are both physical and cognitive. Age-related material changes that are a common occurrence include weakened vision, hearing impairment, arthritis, hypertension, diabetes, and osteoporosis (American Psychological Association, 2013). Cognitive changes in older adults, however, vary from one to another, thereby increasing the challenges in healthcare. There could be changes such as a decline in information processing speed or memory issues, although these may not hinder healthy daily living. However, such variations and impairment pose challenges in healthcare.

The rationale for the research topic revolves around the global issue of an aging population that has detrimental effects on the social and economic systems of many countries across the globe. An aging population is an inevitable trend that cannot be controlled but managed through effective and efficient health care policies. With older adults in China and the United Kingdom being the fastest-growing age group, the governments are taking appropriate actions to come up with effective healthcare policies in order to balance the economic difference between the younger and older population. The impact of the financial crisis has been severe on the savings of older people, making them all the more dependent on their own families and other resources.

At the same time, this has created a gap in the workforce with experienced people getting retired due to illness and severe health issues. The rising interest and inflation rates, along with medical costs, have created more pressure on older adults, along with making them all the more worried and dependent (The Guardian, 2012).

Even though the government in China has introduced healthcare policies (to be discussed later), the overall scenario is quite challenging as improvement in the quality of life of older

people requires financial investment offering little financial returns but high social and humane returns (Jacobson, 2010). This may affect the economic systems in the crisis period.

### 1.3. Research Aim

Based on the above discussions, the research aims to explore the increasing demand for health care for older people in China as compared to the United Kingdom. The study also seeks to identify the importance and usefulness of health care practices in the social environment through the underpinning of health care practices. In order to accomplish the research aim, the researcher has developed specific research objectives. The research objectives are as follow:

### 1.4. Research Objectives

The research objectives include:

- To ascertain the significance of health care for older people in China and the United Kingdom through the relevant literature analysis

- To explore the extent of increase in demand for health and social care in China and the United Kingdom through the literature underpinning

- To compare the government policies for health care in both countries

- To critically examine the healthcare policies, and legislation in both countries

### 1.5. Significance of the Study

For societies, the biggest concern is the provision for social and healthcare services along with investments to be made in education and skills formation. All these require funding and support of the governments. Finance can be offered from the tax system, expenditure saving, and public-private initiatives. The primary concern is to create a sustainable environment for the older population where they can express themselves by being active and happy. The outcome of this study may be of significance to the administrators and health planners across nations as the study aims to address the challenges that arise in these two environments.

The idea should be to create a value chain where different individuals, irrespective of their age, can grow and develop, along with being active and healthy in order to create an economic balance. The next part of the discussion presents a profound insight over the importance and need for social and healthcare policies and initiatives for older people in a critical and illustrative way.

More people are living longer compared to yesteryears, and the number of older adults in different countries has been increasing at an alarming pace. Longevity can be a reason for rejoicing provided people to remain healthy

Health concerns create serious trouble for societies and governments across the world. With the rise in the number of older adults, there has been a rise in the demand for health care. With older people being the top users of health care services introduced by the governments, governments are finding it challenging to develop a healthcare plan to support the healthcare needs of older people. It is essential to design health and social care services as per the requirements of older people. Older people across the world are seeking more medical attention, especially in countries like China and the United Kingdom (Cacioppo et al. (2002).

The government alone cannot cater to the healthcare needs of older people; it requires cooperation and support of individuals and private organizations. However, the most critical task is to make older adults least dependent by offering them economic and social freedom through health initiatives. Health care programs and policies are of great importance and significance in creating a sustainable environment for suffering economies, along with strengthening the overall workforce and society (Zeng, Zhenglian, 2003). The next part of the discussion presents an overview of the structure of the dissertation in a narrative form.

## 1.6. Structure of the Dissertation

### Chapter-1: Introduction

The chapter defines the research topic and its aim and objectives in a clear and precise manner. The rationale for the research topic has been explained in a critical way offering a clear understanding of the importance of the research topic. The chapter also emphasizes the importance of health and social care initiatives for older people. The scope and significance of the study have also been defined, and the episode ends with the presentation of the structure of the study.

### Chapter-2: Critical Review of the Literature

The chapter presents a critical review of the health care policies and programs initiated by the governments of the United Kingdom and China. Relevant subjects, such as the impact on the economy in providing healthcare, have also been discussed.

### Chapter-3: Research Methodology

The chapter explains the chosen methodology, along with justifying the importance of each element. The research philosophy, approach, data collection methods, sampling procedures, ethical considerations, strengths of the methodology, and limitations of the technique will be presented analytically.

### Chapter-4: Findings & Discussion

Based on theories governing the subject, findings from China and the UK have been presented. Discussions and results revolve around the research objectives in order to make the research more concrete and logical. The chapter presents a thorough discussion of the research findings and outcomes in a critical manner. Discussing alongside helps avoid repetition.

### Chapter-5: Conclusion and Recommendations

This chapter summarizes the findings, and based on the limitations of the study; recommendations have been based on further research on the subject.

## 2. LITERATURE REVIEW

### 2.1. Introduction

The chapter presents an overview of the importance of health care for older people in China, along with comparing with the trends in the United Kingdom. The chapter also assesses the role of the governments of China and the United Kingdom in the context of health care policy development and implementation, along with identifying the social and economic constraints associated with health care. A comparative analysis of health care programs, policies, and initiatives at the local and community level in China and the United Kingdom have also been discussed.

### 2.2. Definitions

#### 2.2.1 Older People

A population age when increases in the proportion of older persons are accompanied by decreases in the percentage of children (under the age of 15) and also by declines in the population of working periods (between 15 and 59) (World Population Ageing, 2007). The oldest, simplest, and most widely used definition of "old" is the chronological age (Williamson & Asla, 2010). The "age" that is defined as "old" age derives its basis from the United States, where the Social Security Act of 1935 was developed aimed at people aged 65 and above. Sixty-five was thus accepted as the age when old age was set to begin. Over time, 65 has become the most accepted definition of "old" age by most developed countries. While this is most certainly applicable in the case of the UK, it is also the accepted definition of old age in China (Parker,

Fadayevelan & Lee, 2006). Williamson and Asla provide a further division of the aged into three groups, but the defined old age of 65 is sufficient for this study.

### 2.2.2 Healthcare

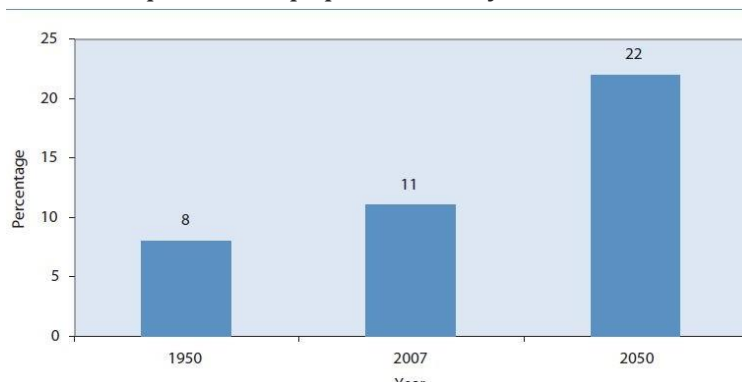
Healthcare is all about offering medical assistance leading to the prevention and cure of diseases. The Merriam-Webster (2013) defines healthcare as “the maintaining and restoration of health by the treatment and prevention of disease, especially by trained and licensed professionals (as in medicine, dentistry, clinical psychology, and public health).” The Free Dictionary (2013) defines healthcare as “the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.”

Therefore, healthcare would include both prevention and maintenance of physical and mental wellbeing.

## 2.3. Ageing Population

Globally, the number of older persons is expected to exceed the number of children for the first time in 2047 (World Population Ageing, 2007). Population aging results from reduced fertility, which has become a global phenomenon. Population aging has far-reaching consequences that stretch beyond the economic impact. At the social level, increases the need for health care service apart from housing demand and migration trends. As long as long-age mortality continues to decline, and fertility remains low, proportions of older people will continue to rise. The chart below shows the percentage of the population 60 years or over.

Chart 2.1 Proportion of population 60 years of over: 1950-2050



Source: World Ageing Population (2007).

### China

Demographers have evaluated the process of population aging, and it has been found that the decline in fertility is the leading cause (Liang, Tu & Chen, 1986). Improvements in health and medicine have led to increases in survivorship among the young rather than the older population. The declining rate of mortality is usually associated with falling birth rates co-occurring. The authors, however, contend that the situation could change, particularly in countries where life expectancy has reached the age of seventy. They explain that increases in longevity make the population older.

China has a somewhat 'young population' because of relatively high fertility and low mortality since 1949, but the situation has changed in recent years (Liang, Tu & Chen, 1986). Globally, in the mid-20th century, there were just over 14 million people who had crossed over the age bracket of 80 years and above (Matiti & Baillie, 2011, p.245). This figure is, however, increasing drastically, and it is estimated that by 2050, there will be almost over 400 million people over the age of 80 years. Of these 400 million, China will have about 100 million. China

being a highly populated country, is likely to have an even higher number of older people who need health and social care.

It is thus crucial for the Chinese government to put in place long-term healthcare and social care systems and protocols that ensure all these people are catered for.

According to Keady et al., the percentage of older people in the Chinese population is already 11%, and it seems to be increasing every day as the younger population grows smaller in comparison (Oliver, 2008, p15). By the end of 2020, almost 23% of the Chinese population is expected to be above the age of 65 years and can be considered as a significant challenge for the health and social care system (Danan Gu et al., 2009).

China is one of the highly populated countries in the world, and with more than 20% of people expected to be above the age of 65 years by the end of 2020 and 30% by the end of 2050, the overall scenario looks quite challenging. Many economists believe that China's economic growth will decrease in the coming decades as the country has reached middle-income status embedded with an aging population (Parker, Fadayevelan & Lee, 2006).

China's oldest-old in rural areas are less likely to develop symptoms of frailty than those living in urban areas. Weakness refers to a systemic deterioration in bodily and functioning at advanced ages. Women may have more frailty symptoms, but men are more likely to die of frailty. Childhood socioeconomic conditions determine the healthy longevity of the elderly. Therefore, the Population Reference Bureau (2010) suggests that improvements in childhood socioeconomic conditions may help improve the terms of the oldest-old. The oldest-old in China are more likely to live with their family if they are healthy and at care homes, if they suffer from diseases. The elderly living in large households are likely to benefit from access to health resources, which is not expected to be available to those in rural areas.

#### United Kingdom

Governments across the world are concerned about an aging society, which has prompted the International Longevity Centre-UK (ILC-UK) (2012) to consider linking eligibility age of state pension to life expectancy and to exert more significant efforts to ensure that labor market is accessible to older adults. This is mainly because the baby-boomers (born between 1946 and 1964) are now beginning to reach the retirement age, and this is expected to have a dramatic effect on the society, on the people and the economy of Britain (Royal Geographical Society, 2011). With the retirement of baby boomers, the number of working people with taxable age will shrink or perhaps become stagnant.

In the UK, the population over the age of 60 comprised of 20 percent in 2001, which is expected to reach 30 percent by 2031 and level at 31 percent by 2050 (Dunnell, 2000). Currently, there are four people of working age supporting every pensioner who is likely to drop to 2.5 by 2035 and to just two by 2050 (Royal Geographical Society, 2011). There are two trends found at the root of the aging British population – rising longevity and declining birth rates, according to findings by Royal Geographical Society (2011). Rising longevity suggests improvements in diet, health, and preventive care. During the 20th-century life expectancy has increased by 30 years in Britain. However, birth rates have been steadily declining since 1964, although some increase has been observed since 1973.

Along with rising longevity, there would be rises in chronic diseases, as ascertained by the British Medical Journal, based on current data from GPs and hospitals (BBC News, 2005). For instance, the number of cases of coronary heart disease is expected to rise by 44 percent to 3.19 million by 2031. Similarly, evidence of heart failure and irregular heartbeat are also likely to rise. These increases will have a severe impact on the NHS.

Age-related spending in the UK is expected to rise from an annual cost of 21.3 percent to 26.3 percent of the GDP between 2016 and 17 (International Longevity Centre-UK, 2012).

Spending on health care is expected to see the most significant rise of all elements in age-related expenditures, which will further impact the GDP by 2.3 percent by 2016-17. The increase in projected spending on health care in the UK reflects the increase in the aging population.

#### **2.4. Importance of Healthcare for Older People**

Lately, there has been a distinct increase in the demand for health care for older people in China. Laidlaw et al. (2003, pp.169-175) stated that the rise in the market for healthcare is quite natural based on aging. In an address to the public during the world health day this year, the UN secretary-general Ban Ki-Moon expounded on a theme that stated that "good health adds life to years." He emphasized on the importance of good health care for everyone in the population and the benefits it brings (Angel & Settersten, 2011, p.249).

Older people should be very well cared for because they are essential in the population. Not only do they offer skilled and experienced workforce and especially in managerial positions and leadership roles, but they also significantly contribute to the family and the society by sharing their experiences (Matiti & Baillie, 2011, p.245). In coming years, the older population of China will require more attention, healthcare, and social care as China will be having more number of older people than any other country and being one of the most populous countries in the world has to carry a considerable weight of this burden, and so it needs to think on what to do in order to ensure all these people are taken care of (Banister, 1992).

While an aging society can be a cause of concern, according to The Age and Employment Network (TAEN) suggests taking this change in demographics as an opportunity for business by tapping into the talent pool, experience, and skills (Royal Geographical Society, 2011). Companies can build on these to enhance productivity, gain competitive advantage, and to improve their profits.

#### **2.5. Cause and effect of an Aging Population China**

The Chinese population is aging at a rapid pace, mainly because of the low mortality rate and government's policy of one child. From 1990 to 2000, the average lifespan of Chinese people has nearly increased from 68.5 to in 1990 to 71 years in 2000 (Bloom & Williamson, 2008). At the same time, the pregnancy and mortality rate has decreased by 3%, creating more pressure on the economic system (Li et al., 2009). It needs to be understood that with the average life period getting increased, and mortality rate getting decreased, the overall life expectancy of people has increased.

During the 1950s, the government of China took vast arrays of initiatives to reduce the death rate. Chinese population started to grow at a rapid pace in the 50s and 60s, with the majority of the population being young. However, the government was facing issues in maintaining the food supply as per the growing number of people. In order to manage this problem, the government introduced a forceful family planning program in the early 70s in both urban and rural areas of China (Jacobson, 2010). The fertility rate dropped drastically, and within a decade, the population was much manageable. However, this also led to the process of managing an aging population. Now nearly after four decades, children represent a small proportion in the entire community with a limited number of younger people participating in the workforce and majority of middle and old aged people growing in sheer size and representing a considerable proportion in the population (Liu et al., 2005). However, the Chinese people remained the fastest growing population in the world from the last three decades, creating value (Erlen, 2007).

There is no doubt that because of the low fertility rate and the government's initiative of the one-child policy, the overall population growth has been managed effectively. At the same time, the life expectancy rate has increased, and the death rate has decreased, creating an additional



worry for the government to manage the aging population in terms of meeting their health and social care needs and requirements. The ratio of working-age to the non-working age population proliferated in the early 70s and has been peaking presently (Gong et al., 1997).

This ratio signifies the number of dependents each person of the working force needs to support. People older than 60 years may contribute in different ways including economically to their families and the government, but in the future, the situation is going to be quite challenging as the aging population finds themselves little supportive and more dependent on their family members and thus creating vast arrays of economic concerns and issues (Gu, Tang, 1995).

China has been benefitting from the rapid change in the population structure in the last few decades. China's fertility rate dropped drastically in the early 70s, mainly because of the government's initiatives (Murray & Lopez, 1996). China was benefitted primarily by the availability of a large pool of skilled workers. China's economic boom was credited mainly to the large working-age population. With fewer young people, families found themselves in a position to save more along with investing in the healthcare and education of their children.

All these factors have led to a severe problem in terms of dealing with the aging population. The aging population can be considered as an active part of the social and economic system and thus creating high pressure over the government to introduce new healthcare policies by increasing the overall health budget and expenditure (Oliver, 2008). The rise of baby boomers left indelible marks on the economic system of the United States, and China is going to experience the same issue in the coming years. China's demographic shift to the older population will create additional pressure on the economic system, along with hampering the investment opportunities in China.

An aging population has more numbers of years and, thus, more medical and healthcare needs. At the same time, the urban Chinese population has more numbers of years because of better medical facilities and healthcare access compared to the rural Chinese community (Li et al., 2009).

The aging population of China may offer opportunities to pharmaceuticals companies but also makes the country dependent on Western nations and organizations for healthcare needs and support. This may hurt the social and economic environment and needs to be assessed and analyzed well by the government.

The aging population of China may have a severe impact on the economic system, and it would be prudent to identify negative economic consequences as soon as possible in order to grow and develop as a country in the future. The aging population of China has been posing three significant concerns for the country:

First, older people do not produce as much as the younger people, and thus the economic growth of countries having the older population will be much slower compared to countries having a young population (Kelley & Schmidt, 1996).

Second, the older population needs to be supported well by the younger population

Third, the same older population will put an extra burden on the economy as the elderly require more health and medical care.

A survey of 17,708 individuals across the country between 2011 and 2012 has some shocking revelations. This study - Challenges of Population Aging in China: Evidence from the National Baseline Survey of the China Health and Retirement Longitudinal Study (CHARLS) – Reveals that 24 percent of the older people had difficulty in conducting their daily activities on their own, while 40 percent demonstrated high levels of depressive symptoms (Wyse, 2013).

Fifty-four percent of the older people were found to suffer from hypertension, revealed during physical examination. According to Wyse, these statistics imply that 44 million people need assistance with daily activities, and nearly 100 million have hypertension. Even though 90

percent of the older people reported having some form of health insurance, out of pocket expenditure continues to be high.

With changes in the global economy and rise of inflation and interest rate along with the aging of the younger population of the 70s, people are finding it challenging to take care of their primary and healthcare needs. In a way, the situation has reversed with a large number of people representing the older people bracket and seeking health and social care (Phillips, 1998). These people are dependent on their families and thus putting extra pressure on the working force. A massive increase in the number of elderly in China, along with the fact that the share of people above the age of 60 is going to rise in the total population in the coming years, has created widespread concern about their health and social welfare along with financial well being. The most exciting fact is that both social care and healthcare require the right amount of investment and recruitment of professionals who can take care of older people. The government has the liberty of investing in health and social care till the economy is progressing, but at the time of crisis, the entire health and social care may suffer considering the role of the government in meeting the increasing demand for health and social care for older people (Grundy, 2009).

#### United Kingdom

An era marked with the growth and development of people, organizations, and countries also resulted in a rise in the population. Governments of different countries are finding it challenging to manage the medical and healthcare expenses of older people, and the United Kingdom is no more an exception (Lewis & Dixon, 2005).

The retirement of baby boomers has left a gap in the job market with public and private sector organizations lacking the appropriate and required workforce. The detrimental effects of aging population in the current social and economic environment of the United Kingdom has led to severe brainstorming among the government officials to find a way in order to deal with the issue of aging population (Means et al., 2002) With an increase in the life expectancy, people may have a reason to rejoice, but at the macro level, not everyone can enjoy especially when factors like dependency creeps up to shake social and economic balance. The elderly have been the fastest-growing population in the United Kingdom, putting pressure on the government to invest in health and social care.

The prime causes for the aging population are the rising longevity mainly because of the improvements in health, diet, and healthcare and lower birth rates. The life expectancy has increased remarkably in the current century, with people availing healthcare and social benefits along with focusing on healthy diets and regimens. On the other hand, women have had fewer children that are affected by the overall birth rate in the country. However, in recent years some changes have been observed in fertility rates. As per the Office of National Statistics (ONS), more children were born in the UK in 2011-12 than ever before, since 1972 (BBC News, 2013). In absolute terms, the record of 813,200 births was the highest in the EU. ONS further estimates that the UK population grew by 419,000 to 63.7 million between June 2011 and June 2012. Also, more births than deaths have been recorded by ONS during the period under review, which signals a positive population growth for the country. However, there are concerns that babies born to foreign mothers account for over a quarter of total births in the UK, while deliveries to UK born mothers are static. Nevertheless, babies of immigrants also enter the labor market, which positively impacts the economy. Therefore population growth has been fueled by an increase in life expectancy, a rise in fertility, and migration.

With an increased focus on creating an identity and generating value for oneself and the family, the perception of people towards life and children has changed in the last few years. People want to live a healthy and wealthy life rather than adding responsibilities resulting in burden and long term worries. At the same time, the recent economic and debt crisis came at a wrong time in the United Kingdom, with the elderly finding it challenging to manage their

healthcare expenses from existing savings. The shortfall of retirement savings and the financial crisis damaging equity and house values further created pressure on older people to take care of medical and healthcare needs (OFT, 2005).

The government of the United Kingdom did take initiatives in rebuilding policies aimed to enhance the overall health and social care of its citizens. However, with the majority of older people seeking health and social care, the government faced challenges in investing more in order to fulfill the health and social care needs of the masses (Pollock, 2004). There is an adverse effect of the aging population on the economic system, especially when the economy was suffering from the setbacks of the financial and debt crisis. There is no sure shot solution to deal with the issue of the aging population as the younger population will take time to establish themselves, along with facing the challenge of taking care of their older family members. This may result in serious misbalance in the economic and social system of the United Kingdom (Poole, 2006). It is essential to make the aging population active and least vulnerable to diseases in order to deal with the issue of the aging population in a systematic way (Goodrich, Cornwell, 2008).

The United Kingdom is considered as one of the most developed nations in the world with adequate sources and resources facilitating livelihoods. As per the Office of National Statistics (2009), the aging population of the United Kingdom has made things difficult for the country with baby boomers retiring and creating a dramatic effect on people, society, and economy of the United Kingdom.

Currently, four people are supporting each pensioner in the country, and the number is expected to get low in the coming years. With large numbers of older adults getting dependent on the working individuals, there will be an additional burden and responsibility that can thwart the personal, social, and economic growth (Wanless et al., 2006). There is no doubt that the aging population is a big concern in different parts of the world as the majority of countries witnessed the era of baby boomers (British Medical Association, 2011).

To take care of an aging population, the economic development of the country is vital.

In the next section, the economic developments in the two countries would be discussed.

## **2.6. Economic Development in China and the United Kingdom**

China's interaction with the global economy can be classified into two periods, 1860- 1949 and 1949-present. The period of 1860-1949 did not offer much of economic growth to the country because of the predatory trade practices by European imperialists and lack of international communication. On the other hand, the period between 1949-present marked the real economic development mainly because of the open trade policies and change in the global economic environment (Liu, Rao & Hu, 2002). These factors strengthened the global interaction of China with other economies, along with making it quite powerful in terms of economic and social development. In 1978, China began post-Mao economic reforms achieving an impressive growth of 8-10% annually. At the same time, the newly implemented economic development policies, high saving rates, and investment capital helped in the overall expansion of the Chinese economy making it steady and impressive (Zhu, 2002) Post-1978, things were changing at a rapid pace in the global economic environment, and with global trade opportunities, foreign investment, export, international loans, and huge investments, the Chinese economy grew in an unprecedented manner.

Before 1949, the Chinese economy was quite stagnant, creating very little value. Things started to change drastically post 1949, and within a few decades, the economy was one of the most influential and most significant growing savings across the world. China's economy has been growing at a rate of 8-10% annually, and if it continues to grow like this, it will become the largest economy in the world by the end of 2020 in terms of purchasing power parity (Teh-Wei,

2004). With the government taking total control of the economic system, there are five years plan being implemented, offering great value in terms of identifying the economic and social growth.

Moreover, most five years plans have been successful in achieving the objectives before its completion (Xu, Xu, Zhang, 2010)

On the other hand, the United Kingdom is considered as one of the largest economies in the world based on purchasing power parity. During the prime time of the British Empire, the United Kingdom was the most significant and highly influential economy in the world. The United Kingdom is supposed to be the birthplace of the industrial revolution in the 18th century that is considered one of the most important happenings in the social and business world. During the peak of the industrial revolution, the country made technological advances that offered high power and growth, along with gaining a substantial economic advantage over other countries. However, when other countries were catching up by making technological advances, the United Kingdom was severely affected by the two World Wars, leaving the economy suffering. Albeit, the economy recovered well but failed to attain its economic position and power in the world as other countries made new advances in the field of technology, industrialization, and commercial activities resulting in the better creation of value (Rockwood, Hubbard, 2004).

The economy of the United Kingdom further witnessed a severe setback in the form of the global financial crisis. The financial crisis of 2008-10 affected the entire economic system, especially the financial industry and system, along with thwarting economic progress and development. The economy of the United Kingdom lost momentum with the government bailing private and public commercial organizations. The economy suffered another setback in the form of the debt crisis in European Nations but managed to get back on the track. Overall, it can be said that the recovery has been sluggish despite better global economic forecasting. The economic forecast for the United Kingdom remains negative, and the economy continues to grow at a slow rate (Rockwood, Hubbard, 2004). Overall, it can be said that the economy of China has made remarkable advances while that of the United Kingdom has been slow in responding and thus facing significant challenges to deal with economic issues (Xu, Xu, Zhang, 2010).

With an increase in the tax amount and rising interest and inflation rate, people are finding it difficult to sustain the pressure. Moreover, with growing numbers of older people, the government is also finding it difficult to provide medical attention and healthcare interventions to the masses. The government is trying its best to come up with effective policies to fulfill the healthcare needs and demands of older people, but the process has been a bit slow considering the slowing economy (Haak, 2009). There is no doubt that the economic development of nations directly affects vast arrays of policies, and health and social care is one of them. Overall, it can be said that the health and social care for older people in China and United Kingdom have been successful to an extent, but the rise in the number of older people seeking healthcare attention is making things difficult for the governments of respective countries.

## 2.7. Chapter Summary

The literature covers essential aspects of healthcare and the aging population of the United Kingdom and China. Based on the above discussion, it was found that both China and the United Kingdom have been facing the issue of the aging population. With a large number of older people becoming part of the community, there has been a challenge of managing their social and personal needs, especially in the context of health and social care. At the same time, with governments investing money in the healthcare system, the increasing demand often overlaps the available supply making things difficult. The urban population has certain advantages in terms of accessing better healthcare measures, but the rural community is always at bay with

limited healthcare resources being offered to them. Overall, it can be said that the situation may affect the overall social and economic progress of these countries in the coming years if the demand for health and social care has not been met systematically. The next chapter presents the research methodology that will help in identifying ways of collecting data along with ascertaining the research approach, philosophy, and design, supporting the proposed objectives of the research. The chapter will further assist in determining critical findings in the following sections.

### **3. RESEARCH METHODOLOGY**

#### **3.1. Introduction**

The chapter presents an understanding and overview of the selected methodology that will help in researching in a result-oriented manner. The research methodology includes research philosophy, research approach, an understanding over how data will be collected and through what sources, research design, sampling procedures and usefulness, ethical considerations and overall value of the methodology by assessing and showcasing strengths and limitations in an honest manner (Herrman, 2009). This chapter will play a crucial role in developing a platform for ascertaining critical findings of the research topic.

#### **3.2. Research Philosophy**

Saunders et al. (2007) stated that research philosophy defines the rational investigations of information based on understanding and perceptions. Research philosophy has been classified under two major branches - positivism and anti-positivism. Positivism research philosophy is based on the idea that social realities can be analyzed by following general rules and laws. On the other hand, the anti-positivism research philosophy believes that social facts can only be underpinned and investigated through personal observations and understanding. Anti-positivism philosophy strongly favors analysis of a phenomenon based on comments and reviews rather than following general rules and laws. The researcher has adopted anti-positivism research philosophy in researching because personal views and understanding are required to assess the increasing demand for healthcare among older people in a qualitative manner using a theoretical approach. This has also helped to inform one's own opinions based on the understanding and underpinning of social reality rather than being content with empirical evidence.

#### **3.3. Research Approach**

Saunders et al. (2007) stated that the research approach showcases the mindset and perception of researchers based on their knowledge and understanding of social realities. There is two primary research approaches - inductive and deductive research approach. The inductive research approach starts with a specific argument that leads to general conclusions, while the deductive research approach begins with vague ideas and discussions leading to particular outcomes.

The inductive research approach is based on observational studies, analytical analysis, and personal understanding, while the deductive method is based on general rules, laws, and ideas, often restricting the flow and scope of the report and opinion. In the context of the present research, inductive research approach has been considered as of great value and relevance as the research aims and objectives are based on underpinning the increasing demand for healthcare among older people. The quantitative approach has been avoided because of a lack of time and hypotheses. Moreover, the inductive research approach goes well with the anti-positivism research philosophy based on qualitative analysis through observations and understanding.

### 3.4. Research Design

Research design can be categorized under qualitative and quantitative design (Creswell, 2003). Qualitative design highlights the theoretical aspects of the research, while quantitative design includes statistical analysis along with theoretical analysis (Patton, 2002). The researcher favors qualitative research design because the qualitative presentation of data and information has helped in explaining the findings in a clear and precise manner with a little element of quantitative analysis fulfilling the research aim and objectives.

### 3.5. Data Collection Methods

Saunders et al. (2007) stated that data collection methods often play an essential role in deciding the outcomes of the research. Data can be primary or secondary and can be collected from multiple sources. Primary data are first-hand raw data collected through questionnaires, surveys, interviews, and observational studies on the available population, while secondary data and information can be obtained through past research papers, academic books, and journals, and newspaper articles, along with referring to the internet.

Both primary and secondary data play an essential role in conducting any research and should be offered equal importance depending on the nature and scope of the study. This study requires a comparative assessment of the increase in demand for healthcare and the healthcare policies of two countries. Hence, this does not require the collection of primary data and nor is it feasible to gather primary data on the subject. Any data, numbers, and figures that were considered necessary have been obtained through government and other sources. Gathering data from older adults does not serve the purpose of the study. Secondary data has been collected through past research papers and academic books and journals, along with referring to internet sources on the research topic.

### 3.6. Justification for secondary data

While it would have been possible to gather primary data from the UK, it was not practical to obtain primary data from China. This would have given an unbalanced view, and as explained in the section above, the research objectives do not require primary data collection.

Besides, an ample amount of information and data on the subject is already available that may have been collected for some other purpose. This can be synthesized to generate new and unexpected findings. Since secondary data may already contain the answers to the study questions, gathering primary data becomes an unnecessary exercise. It is costly to prepare a questionnaire, distribute, survey, or gather interviews. Hence, the economic benefit is another reason for adhering to the use of secondary data.

### 3.7. Ethical Considerations

Blackburn (2001) stated that ethics are moral principles and perceptions identifying the difference between the good and evil in terms of behavior and presentation of ideas and information. Ethics play an important and crucial role in the research process by making it honest and transparent (Singer, 2000). This particular research offers excellent value to ethics by reliably presenting the information. Since there is no primary data involved, ethical considerations have been minimal. As far as secondary data is concerned, all citations and acknowledgments have been provided, thereby respecting the intellectual property rights of the authors and scholars.

### 3.8. Summary

The chapter presented an overview of the elements of the research methodology. The importance of research philosophy, research approach, data collection methods have been explained well along with justifying the purpose of selecting them. The next part of the

discussion presents the findings and analysis based on the theories and secondary data. This will also help in showcasing relevant and real results, along with generating general conclusions in the context of the research topic.

## **4. FINDINGS AND DISCUSSION**

### **4.1. Introduction**

In this chapter, findings based on the research objectives would be presented for both the countries under study. After that, discussions and comparisons would be conducted to develop an understanding that could help guide the administrators in formulating the health care system.

The aging population is a global phenomenon that cannot be controlled, but measures can be taken to manage the situation in the future. An aging population can hurt the economy as there will be fewer workers to make payments to the government and more retirees expecting financial support and medical support from the government. Past research papers have not cited clear reasons and evidence suggesting that the world economy will have severe negative impact because of the aging population, but the pragmatic understanding of the demand and supply of labor forces indicate that the world economies may suffer economic slowdown and increased expenditures on health care (Zeng & Zhenglian, 2003).

### **4.2. An Overview of Healthcare in China and the United Kingdom**

At present, the Chinese government is facing a cumbersome task of managing the increasing health and social care needs of older people (Poston, Dudley & Duan, 2000). China has made remarkable advances with limited resources in health and social care over the last few decades. However, there is a long way to go before the entire health care system can be considered as beneficial enough to cater to the needs of the masses. As per the report published by the World Health Organisation (2010), significant disparities in healthcare exist across different geographical locations and socioeconomic groups. There is no doubt that the growth and development in China are benefitting millions, but at the same time, it is leaving millions behind in terms of availing health and social care. It needs to be mentioned that weak and dependent people in rural areas of the country find themselves trapped in poverty with limited access to healthcare.

In poor regions of the country, the authorities provide fewer and low-quality healthcare interventions that affect the overall health of people (Wang et al., 2005).

Moreover, with large numbers of elderly, things have been quite depressing in rural areas of the country. The majority of people in these areas cannot afford healthcare and end up with diseases putting extra burden on the family members. The Chinese Ministry of Health has been continuously working towards developing robust healthcare programs and policies to meet the demand of people, but considering the large population and growing numbers of older people, intervention programs often seem to be insufficient and lagging (Wang et al., 2005). The World Health Organisation has been working with the Chinese government to develop healthcare tools and intervention programs. However, the focus has been on offering poor people fairer access to healthcare services. The government has been finding it challenging to meet the increasing demand for healthcare by poor people, along with developing healthcare programs and policies for older people in order to make them active and less dependent. However, efforts are taken with investment being made, but complete results are yet to be seen (Tang et al., 2008).

### **4.3. The Ageing Healthcare Concern in China**

As per the research conducted by Zhang Kaiti and Wang Haitao (2010) on the status of care and service for the elderly in urban China, it was found that the aging population in China is

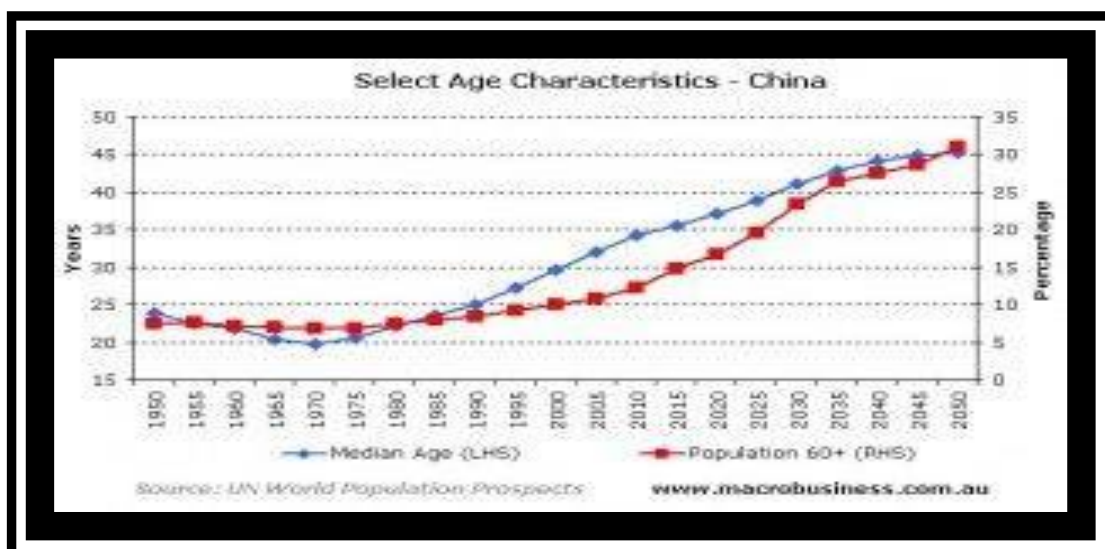
going to be the biggest concern by the end of 2050. The rapid growth of older people and shrinking family size has affected the healthcare, mental care, old age security, and socio-economic dynamics of individuals and families.

As per the research conducted by Jun Li (2009) on the causes for the slowdown in the world economy, it was found that developed countries like Italy and Japan have the highest number of the older population that has somehow affected their economic growth because of the misbalance between the demand and supply rate of labor. On the other hand, China is also witnessing a large number of older population along with a rise of younger people. The economic growth of China mainly between the periods 1978-2009 was primarily credited to the availability of young and cheap labor, helping in revamping the image of industries in a significant manner. However, with older people demanding health and social care interventions, the government has been an uphill task of meeting their demands by allocating public funds to initiate healthcare measures. All these measures are not sufficient enough to provide healthcare needs to the people of urban and rural China. The aging population remains the biggest concern for the government, but the economic development of China does not seem to be much affected mainly because of the balance between the growth of older and younger populations.

However, the scenario may change by the end of 2020 and 2050 when more than 25% of people will be a part of an older population demanding health and social care. These needs can only be fulfilled through public funding and with large numbers of retirees; the overall contribution in the taxation system will also decrease, making things difficult for the government.

The 21st century can be assumed as the century of old ages, especially for countries like China, Japan, Italy, and the United Kingdom. China has already pondered to tackle demographic challenges arising from the aging population. It is essential to assess and analyze the developing population trend in order to form a perspective on the impact and influence of the aging population.

Chart 4.1 China’s Demographic Time Bomb



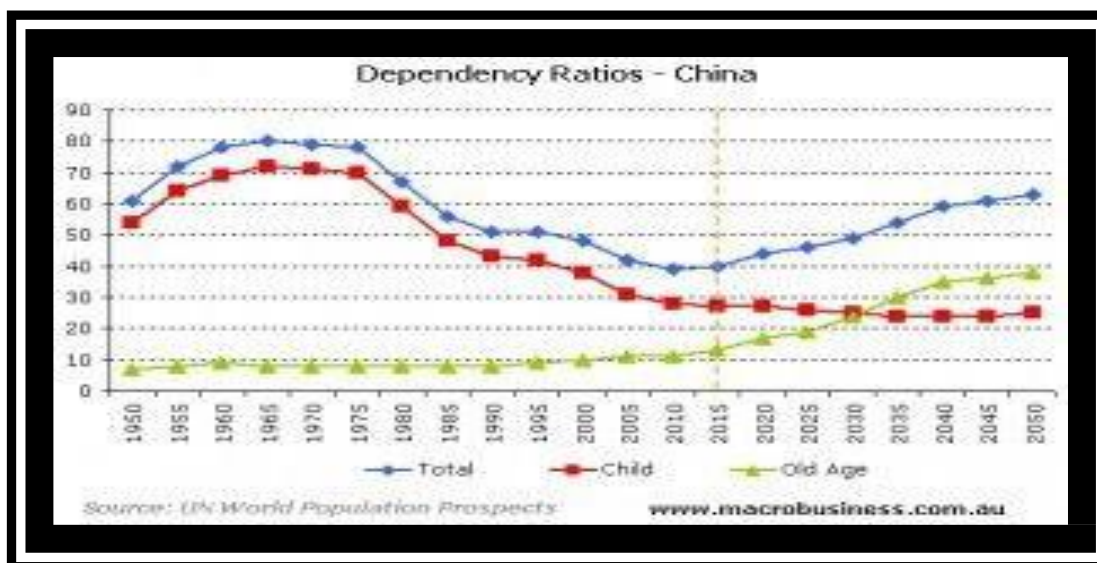
Source: Leith (2011)

The above graph shows that the population around 60 years of age has been growing at a rapid pace in the last few years. In the year 2010, it was close to 20% and is expected to be around 23% in the year 2015. At the same time, it is expected to be approximately 25% in 2030 and close to 30% by the end of 2050. Overall, it can be said that the rise of the aging population is a severe threat to the economic development of the country and can jeopardize its social, economic and healthcare policies as the demand exceeds the available supply. It is essential to



assess the dependency ratio of China by analyzing the numbers of the older and younger population critically.

Chart 4.2 Dependency Ratios



Source: Leith (2011)

The total dependency ratio has been fluctuating from the last few decades. It was quite high during 1950-1975 and plummeted from 1980 to 2000. However, it started rising post-2010 and is expected to increase in the coming years. The little dependency in earlier years was significant because of the low economic development, and mid improvement was mainly because of the new economic reforms and policies taken by the government along with controlling childbirths. The old-age dependency ratio is expected to be at the level of 10-15% by the end of 2015 but is expected to reach the level of 30% by the end of 2050. Overall, it can be said that the coming few years will not be much challenging for the Chinese government in terms of managing older people, but high dependency on the government can affect the overall intervention programs about health and social care. The government needs to find a way in order to manage the economy by increasing public funding in order to cater to the needs and requirements of the aging population. This can only be done by making people active and least dependent and seems to be a challenging task.

#### 4.4. Ageing Health Care concern in the United Kingdom

On the other hand, the United Kingdom healthcare system is also facing similar issues and problems, because the number of older people in the country is also rising at an alarming rate. As per the report published in BBC (2006), it was stated that the NHS and other healthcare organizations in the United Kingdom have failed to cater to the needs and demands for the healthcare of older people. The government, along with the NHS, has developed a 10-year plan to improve healthcare services for the people above the age of 50 years. Some services have improved, but the overall development in meeting healthcare needs has been sluggish over some time. It was found that older people are not involved in the design of healthcare services, and these services are not tailored to meet their demands and aspirations. Older people in the United Kingdom are the most significant users of healthcare services, and if their needs and requirements are not understood, there has to be a vacuum leading to dissatisfaction and hue and cries all across the country. The National Health Service (NHS) operates on the funds of general taxation and constitutes 25% of the total public spending (Haak, 2009).

As per NHS (2011), people are living longer than ever before, and the overall numbers of older people in the global world have been increasing at a rapid pace. The National Service

Framework for older people was launched in 2001 and has helped the NHS, social care, and other organizations to support older people, along with enhancing their quality of life. The NSF is based on a ten-year program covering the full range of care to be offered to older people, including medical needs, health needs, social responsibility, and counseling. The NSF has made it clear that care is based on clinical need and not on age and every individual deserved to enhance his quality of life through this initiative. As per the report published by the Economic Intelligence Unit (2009), it was found that in a study of 120,000 patients of varied ages, people above the age of 70 years were least likely to get appropriate treatment. As per the survey, it was found that 72% of doctors believed that age plays an essential role in treatment and care, and older people are often perceived with a limited life, and thus focus is shifted on young people.

The introduction of NHS has, and the new legislation has made age discrimination illegal in the United Kingdom, and this has helped several older people. It can be believed that NHS is the primary intervention body in the United Kingdom and has been doing an excellent job for older people, but cuts in funds for community and daycare centers can be considered as the biggest challenge for the success of this intervention body. On the other hand, the Chinese government has introduced a child policy along with the introduction of social welfare communities as intervention tools for social and healthcare. It is pretty challenging to describe aging as older people can be classified under the age group of 6-70 or above 70, but because these people have loads of experience along with voting right, they have a significant role to play in any economy. Overall, the healthcare intervention policies of both these countries are quite impressive.

The elderly are the fastest-growing age group in Britain, and this has exerted pressure on healthcare and social services (Royal Geographical Society, 2011). This suggests that the principal aim of the government policy should be to ensure that people remain active, engaged in regular exercise, and refrain from any such behaviors that could adversely impact their health conditions. The impact on the government is high in maintaining the elderly because of the declining savings of retirees. A shortage of savings can severely impact economic performance. During the financial crisis and the downturn in the global economy has further affected the older citizens in Britain, particularly those dependent on their resources. The issue not only focuses on retirement savings, but it also damages equity and house values. The main concern in society, however, is the provision of health care and social services. Further funding is essential either through the tax system or public expenditure savings, public-private initiatives or through economic growth.

The House of Lords Committee on Public Service and Demographic Change has warned that the British government is unprepared for aging. England is expected to see a 50 percent rise in the number of those aged 65+ and a 100 percent increase in those aged 85+ between 2010 and 2030 (Parliamentary News, 2013). An aging society means a more significant number of people demand health care services, and this will require a radically different model of care that could support people in their homes and the community, thereby reducing the incidences of admissions. The House of Lords Committee is concerned that the government had not adequately addressed this issue. In addition to the reforms in health care, there should be changes in pension arrangements and practices. To combat the expected rise in heart diseases, the government published a Public Health White Paper carrying measures for the public to encourage them to adopt healthier lifestyles (BBC News, 2005). At the same time, councils and local bodies are encouraged to work together to help become healthier.

#### **4.5. Healthcare Policies of China and the United Kingdom**

China has been increasing in the last few years, mainly because of the urbanization and large numbers of countries investing in the businesses. There has been some remarkable social and economic development in the country, making it one of the largest economies in the world.

However, the aging population has emerged as the biggest concern for the government posing social and economic challenges. The healthcare sector has been facing the most severe problem of meeting the demands of people, especially of the older population. In yesteryears, visits to doctors were free, but now urban employees face co-payment fees while visiting doctors. The situation is quite worse in rural China where the rural people and farmers have to pay doctors' Fees from their pocket as not many is covered by rural cooperative medical scheme. The underutilization of healthcare has resulted in little satisfactory health results (Wang & Qian, 2002).

In order to tackle this situation, the Chinese government introduced community healthcare services in the year 1997. The primary aim behind creating these communities was to offer healthcare services to older and disabled people who are dependent on others to meet their healthcare needs and demands. The community healthcare services have improved and progressed in the last few years, with the government approving 108 districts to offer healthcare intervention programs to older adults in the year 2005-06 (Zhou, 2003). However, results have been different as expected mainly because of barriers like lack of government subsidies, lack of qualified healthcare professionals, and sound and robust infrastructure. In order to make the healthcare programs and policies more active, the government was forced to enhance the reach and coverage of healthcare assistance along with funding it in a better manner. However, with a large number of people getting older, the government is left with a severe challenge to revamp the overall infrastructure of community healthcare service centers (Zhou, 2003)

On the other hand, healthcare needs and requirements in the United Kingdom are mainly served by the NHS. It was formed in the late 40s and has been the critical force behind meeting the healthcare needs of large numbers of people across the country. The publicly subsidized healthcare remains free for all UK residents and is funded by the general tax that also includes the National Insurance (Clements, 2007). However, increasing numbers of older people in the current population of the country have emerged as a severe challenge to the NHS. People covered with health insurance found themselves in an excellent position to deal with their healthcare needs while people with no guarantee face serious healthcare challenges (Klein, 2007). Older People have been the primary users of health and social care services in the country compared to adult people, and their numbers have been increasing at a fast pace in the last few years.

The government-led and funded NHS has been serving the cause for the last many years, but with a strict budget often faces issues and challenges to strike the correct and desired balance between the demand and supply for healthcare intervention tools and programs (Hirsch, 2005).

The introduction and expansion of care homes in the early 90s offered a glimpse of hope to older people, but with admission requiring stringent criteria and private funding, the concept of a care home has been of little success especially for older people dependent on others (Dixon & LeGrand, 2006). The current healthcare system and policies are governed and directed by the government but controlled and managed by the NHS. The NHS has been facing severe challenges in terms of managing the growing numbers of older people (Klein, 2007). Older people require more time and attention, along with more significant medical interventions that often cost a lot. In order to make the existing healthcare system more effective and robust, it is essential to fund community healthcare centers along with enhancing the pension scheme. This will help in managing the overall demand for healthcare systematically.

Managing demand is critical because a study in the UK shows that about half of all people who are in nursing homes for the elderly are abused in one way or another (Great Britain Parliament, 2007, pp.137). Some older people were forced to wait for days or even months on end in order to have a doctor treat a simple ailment and so the primary health care plan by the

government for the elderly has mostly failed to capture all the purposed benefits that it promised to offer (Great Britain Parliament, 2007, pp.137-138). According to the Guardian (2012), older people with ailments are supposed to be treated first considering their age and health issues, but often they are asked to wait to cause trouble. It would be beneficial if the healthcare system can be made a part of social care, especially for older people.

The healthcare system can be made a part of social care, especially for older people. This will help in taking care of them medically and socially but requires deep commitment and dedication at the local and community level (Cohen, 2001).

However, there is hope because now World Bank researchers say that rural pension schemes and expanded health insurance policies will help take care of these older adults who do not have much money to support their lives. There is no doubt that primary and secondary care holds great importance in healthcare, but in the context of older people, home and community care may be more appropriate, having elements of social responsibility and healthcare (Keady, Clarke & Page, 2007, p.47).

China, along with other countries like the United Kingdom, Korea, and Thailand, is facing the issue of the aging population. The percentage of people above the age of 65 was 6.9% in 2000 and is projected to go as high as 29.7% by the end of 2050. However, the Chinese population is quite younger compared to the people of the United Kingdom. The percentage of people above the age of 65 was 11% and is a project to go around 30% by the end of 2050 (Ministry of Health China (2004). However, the current population of China comprises 10.9%, while that of the United Kingdom is 21.2%. So, it can be said that at present, the United Kingdom is facing more challenges to manage the older population. There is no doubt that aging leads to more demand for health and social care and both these countries have been successful in maintaining the health and social care needs of older people to some extent with China having the upper hand in terms of better health and social care initiatives (Gu et al., 2002). The current population of both countries seems to have shifted from mere medical treatments to advanced clinical procedures requiring more time and attention (Tian, Cui & Han, 2005).

The governments of almost every country are trying their best to create a robust and systematic healthcare intervention initiative and policies. However, with older people being dependent on the government or their family members, things have been becoming increasingly difficult to manage the overall demand for healthcare demands (Choomattanakom, 1999). Less severe diseases are being replaced by harsh and complicated conditions requiring more medical attention and interventions (Choi, 2002). In the context of the United Kingdom and China, it can be said that the health and social care policies lack depth and systematic approach that has been changed in the last few years. Moreover, with a lack of funds increased number of more patients seeking more medical aids, the governments of these counties, especially the United Kingdom is in a fix leading to an imbalance in the present and coming years for sure.

#### **4.6. Community Health Care Services for Older People in China and the UK**

Providing quality health and social care equally to all segments of the society is the primary onus of all governments. Elders are a segment of the population that needs special attention as they are more likely to have problems because usually, health becomes fragile in the latter days of human life. However, it appears that several barriers occur in the case of elders for their access to quality healthcare. Therefore, the United Kingdom (UK) government has undertaken many initiatives for the promotion of social inclusion of aged people, which include work-related compensation, income support, and reforms in pension improvement in transport facilities as well as “tackling health inequalities” (Goddard 2008: 2).

Community health care services or community-based care services is a blend of health and social services provided to individual or family close to his/her place of residence aimed at

promoting, maintaining or restoring health or minimizing illness and disability. Also, services and support are provided to help people with care needs to live as independently as possible in their communities. Such centers usually serve a catchment area which has scarce or non-existent health centers where a sizeable population with health needs live (WHO, 2004). These centers also coordinate federal, state, and local resources in a single organization to deliver health and social care to a defined population.

Evidence from UK sources points to a need for improving access to healthcare facilities of those who live in “disadvantaged circumstances” such as the aged population due to the prevalence of services of varying nature, whereby healthcare professionals perceive the “ideal user” differently (2). On the other hand, in China, the situation shows that the number of aged people is continually rising and thereby puts increased stress on the “already troubled healthcare system” (Today’s Research on Aging 2010: 1). Thus, it appears that providing equal access to healthcare to the aged population is a significant concern for both these countries in the present day.

The National Health Services (NHS) is a “universal service” that provides healthcare services to all citizens in the UK and aged patients are entitled to home visits by physicians on a “no-cost” basis (Goddard 2008: 5). In so far as it relates to the provision of healthcare, elders who fall in the age range of above 60 are entitled to free prescription of medication while sexual health services are “free to all people” (6). Dental services, on the other hand, are “free for those over 60,” whereas physiotherapy is provided at home “subject to resource constraints,” and so are wheelchairs and Zimmer frames (6). Facilities like NHS hearing aids, glasses, etc. are free, and the NHS also provides free mental health counseling services to “those in hospital” as well as for community health services based on the recommendation of the GP (6). However, older people, especially those from remote areas, have problems relating to “safety as well as availability and cost of public transport” as a constraint in accessing services (7). Another major issue that has been identified in previous studies is the lack of balance in the distribution of GPs as “deprived areas” become “underserved” and “affluent areas” are “over-served” (7). Such imbalances in the availability of service can negatively affect the elderly population in remote and lower socio-economic classes.

On the other hand, the problem in China stems from the fact that as the aged population grows at a rapid pace, the availability of “family caregivers decreases,” and older people will be forced to seek help from healthcare institutions (Today’s Research on Aging 2010: 1). This may pose the problem of movement and entail additional expenditure for them. Evidence also suggests that the prevention and treatment of frailty of the elderly population is a critical element of “extending healthy life” to them (2). However, the country is encountering problems in coping up with this issue due to its “transition from a centrally planned economic system into a market-oriented system” (3). Similarly, there is a high rate of variation in the price of insured and uninsured in respect of urban high-income groups and rural low-income groups at “80 percent” and “32 percent,” respectively (3). Also, evidence suggests that due to their low income, doctors usually tend to “overprescribe drugs and high-tech services,” thereby increasing the cost of healthcare for the average citizens (3). Thus, it transpires that providing care to elders, especially those in the rural and hailing from lower socio-economic strata of society, is a significant problem in China also in the present day.

The factsheet on “Later Life in the United Kingdom,” a publicly available and monthly updated source on the elderly people and their health status (copy attached as Annexure-I) places the number of people aged 60 and above in the UK at “14 million” (2013: 3). Data on various health problems and the living conditions of the elderly population, set out in this document, clearly establishes the fact that providing healthcare to aged people is a significant concern. Further, evidence also indicates that the aging population has far-reaching consequences for a wide

variety of “public services, including health and social care expenditure” (Sustainable Planning for Housing 2008: 6). Keeping given the problem, the UK government recognizes that “decent housing” can make a difference in ensuring physical and mental health problems of the aged population apart from ensuring effectiveness to the provision of healthcare to this segment (8). Therefore, they feel that the housing strategies need to be reconsidered, and “existing stock” of residences must be given “equal attention” besides allocating new ones (11). Thus, the government has planned to build “4,000” new units per year for this sector (12). Also, they intend to make provision for “market choice” of specialized housing for older people out of the proposed “240,000 new homes” being built per year (12).

On the other hand, the life expectancy in China has risen to an average of 74.9, which is expected to “hit 80 in 2050” and by 2020, their aged population of people above 65 will be about “11.61%” (China Healthcare Policy Study 2011: 6, 7). Similarly, evidence also suggests that China has lesser time to “prepare for population aging,” and their strategies to encounter the issue are not the same as those being practices by developed nations (William & Hong-Kin n.d: 1). The Office of Elderly Health Care and Ministry of Civil Affairs assumes the responsibility for the care of aged people in China on a national level, but the extent of care varies based on regions and locations, especially among rural and urban areas (3). Social security in the nation is the collective responsibility of state resources and individual contribution, and hence they do face a shortage of funds to pay for “adequate benefits to retired workers” (3). The country has moved to a prepaid system of healthcare, whereby contributions to health insurance is the means to access medical services in urban areas (3). However, this system precludes elders who remain unemployed, as well as needy people from access to proper healthcare as private insurers, may not cover them. Another trend in China is that due to the reduction in collective care provisions and the lack of family support to an increasing number of the elderly population, “residency care homes for elderly” is increasing in the country (4).

However, family support continues to be a significant welfare provider for the Chinese elderly (Wyse, 2013). Eight nine percent of the older population that needs assistance with daily activities receive support from their family members, but this still leaves 5 million people without family support. Family support is forthcoming because of the Confucian culture ingrained in the people. Wyse finds that there are several older people’s associations in China, but they exist in name only, and no activity has been reported. Therefore, all efforts of the government are trying to build a harmonious society that has failed as the focus is simply on economic growth and not on human welfare (Orlik, 2013). What is even more depressing to note is that the generation that helps build China’s economic boom – 22.9% or 42.4 million – live in poverty with an annual consumption of less than 3200 Yuan or \$522. An aging population in a developing country further compounds the problem. This is because poverty in old age implies lower savings and investment and higher consumption.

However, specific changes have been seen in the welfare system in China. For instance, pension coverage for urban residents has expanded from 155m in 2003 to 304m in 2012, based on the data of the Ministry of Human Resources and Social Security (Orlik, 2013). At the same time, pension coverage for rural residents has also increased. However, despite these efforts, the benefits are still limited as the rural residents receive only a paltry sum of 720 yuan a year. The government is aware of the problems, but with a shrinking workforce, the strain on the government and public finances is high.

China is predicted to have 220 million older adults by 2015 and 500 million older adults by 2050. Under the circumstances, when the homes for the elderly are already squeezed for space, the government plans to have 90 percent of the elderly at home, 7 percent at government-subsidized dwellings, and three percent at private facilities (Cary, 2013).

However, familial ties have been fraying, and many do not have siblings to share the care burden. The waiting list at subsidized homes runs into millions. For instance, in Beijing, there are 450,000 older adults and has only 215 public nursing homes apart from 186 private homes. This calculation means just three beds for every 100 seniors are available. However, this situation poses opportunities for health care companies in China amidst growing disposable income. Growth in China is happening at a time of rapid industrialization and urbanization as a result of which family ties and support have weakened. China has a limited institutional care system, with only 2 percent of the elderly being institutionalized, and of these, most come from urban areas (Population Reference Bureau, 2010).

The policy brief 10 of World Health Organisation identifies three significant areas where the implementation of appropriate strategies will help in addressing the issues of aging population such as (a) “ensuring an adequate response from health systems, building adequate systems of long term care” and “supporting economic and social integration” (Rechel et al. 2009: 14). These measures may help not only to promote “healthy aging” but also will enable them to depend less on “health care resources” and become more capable of remaining in the labor force (24). Research evidence also finds that “assistive adaptations, low-level support, housing maintenance schemes, and well-designed neighborhoods” will go a long way in promoting the welfare of the elderly population as well as in enhancing the capability for their self-dependency (Sustainable Planning 2008: 21). From the review of available literature, it has been evidenced that the UK government has devised ample supportive systems, primarily through the funding of organizations like the NHS, to facilitate care for the elderly. On the other hand, the situation in China is grim, and only “50%” of the urban population receive “old age allowance,” but people from the rural areas are not entitled to this benefit (Woo et al. 2002: 773).

The evidence further suggests that to be able to address the issues relating to the aged population, the country needs to focus attention on the “primary determinants of diseases” and take efforts to make sure that the aged population is free from diseases (775).

Healthcare insurance is a privilege to those who contribute fiscally to it in both the UK and China. This policy pre-empts the poor segments to gain access to proper medical facilities, and they have to pay higher charges in private sector hospitals. The problem seems to be more acute in China, where evidence has indicated that due to lower pay, doctors are overprescribing as a consequence of which healthcare becomes costlier to the public. On the other hand, due to the dependency on high-end technology, healthcare service consumers in the UK have to bear the brunt of higher costs. Such problems can have stronger negative impacts on socially and economically backward people than ordinary citizens. From a review of the literature published on the topic relating to both countries, it has transpired that in the UK as well as China, healthcare to the aged population is a significant concern. It has also become apparent that while the urban population can access better healthcare due to the availability of hospitals and transportation, the rural community does confront constraints due to the lack of sufficient facilities in terms of infrastructure and transport. In the case of China, it also has come to the fore that financial aid from the government is absent in the case of the rural population, whereas urbanites do receive some respite in this regard.

The advances in the medical field and increased standard of life have contributed to the rising population of aged people across the world, and the UK, as well as China, also indicate a similar trend. The increased number of aged populations poses the problem of the provision of adequate health and social services to this segment. Since most of the elderly population does not have independent income or family members to take care of them, the onus of providing care to them Falls on social security.

The trends in the UK, as well as China, show that governments of these nations do have adopted specific strategies for providing medical care to aged people. While the situation in the

UK is comparatively satisfactory, China leaves much to be desired in terms of proper policies and strategies to provide healthcare to its rising population of elders. During the investigation, it has also come to the fore that people from socially and economically low categories, as well as those from remote areas, are confronting the problem of healthcare more severely than those from well to do families and the urban regions. In both countries, the demand for healthcare for older people is on the increase, and the governments will have to implement plans appropriate to meet the rising demand to afford equal care to all segments of citizens.

#### 4.7. Discussion

Cooke and Zhan (2013) highlight the reforms taking place in public healthcare across nations. The authors find that national healthcare systems across the world are struggling to meet the challenges posed by escalating healthcare costs, aging populations, staff shortages, and, most importantly, by the rising expectations from those being cared for. The national governments have responded to the situation by attempting to modernize the system aimed at improving the services and by containing costs, contend the authors. Even though policies across nations may differ, Cooke and Zhan point out two key features that are common to all – decentralization of budgets to local authority and introduction of multiple agencies to perform allied services such as quality monitoring and service delivery. A shift towards a patient-care oriented model has been observed. The decentralization of budgets has shifted the responsibility of the local authorities and hospitals to increase efficiency. However, such reforms also affect all the stakeholders, and the authors particularly point to the way it affects the frontline healthcare workers as they are connected to service delivery.

##### China

While China registers growth and progress on the economic front, it has stepped backward with regards to its public health system. This has become particularly prominent, considering that with its growing connection with the world, and the rising mobility of the people, the global spread of infectious diseases has accelerated. The social-infrastructure development has suffered as the focus of the government has been on economic development, contend, Chan, Lee, and Chan (2009). Public health was given low priority in the government's national development plan. It switched over to the user-pay, market-oriented system. This implies that people's rights to health services are no longer guaranteed, and the most affected are the weaker sections of the society as they have been deprived access to medical services or the modern healthcare system.

China's healthcare system was ranked 188th based on a world health report entitled 'Health Systems: Improving Performance,' published by the World Health Organization (WHO) in 2000.

Chan, Lee, and Chan (2009) also believe that the health system in China has been opaque, and besides, the nation has embraced commercialism in health governance. The outbreak of SARS in 2002-03 was the time when China realized how its health system was inadequate to meet such contingencies and challenges. However, concerns about good governance and aspirations to be a 'responsible state' urged China to learn through its interactions with institutions such as the United Nations to securitize the spread of infectious diseases. China uses materialism to gain access to global resources and technical assistance. Its basic healthcare system is ineffective and does not provide primary medical care for all.

##### United Kingdom

The UK government is aware of the aging population for several years and has been taking initiatives aimed at improving service for the aging population. One of the four important

Elements of the government's Foresight Programme is the healthcare sector where the government has expressed the need to cope with increasing social polarization and diversity among future cohorts of older people (Dunnell, 2000). The government recognizes that older



people are the most massive consumers of health and care services, and this increases with age. This requires efficient resource allocation as most health services in the UK are publicly funded. As the older people are expected to be the primary beneficiaries, a large number of health and care initiatives relevant to this generation have been taken up aimed at improving the quality and coherence of services.

Based on the above discussion, it can be said that the aging population is a big concern for almost every country across the world. The impact has been quite visible in countries like China and the United Kingdom. It can be assumed that the aging population has played its part in the social and economic system by creating social and economic value for themselves and the government (Oliver, 2012). However, with a rise in the interest and inflation rate, they are forced to manage their expenses with savings that have been depreciated in today's time. Moreover, with the government is across the world, finding it difficult to manage their economies because of the current financial and debt crisis, the issue has become all the more prominent in recent run.

China faces more difficult as it has a large number of people aging at a rapid pace, the overall medical and social care expenses have reached a new height (Seshamani, Gray, 2003) On the other hand, the United Kingdom does not have a large population compared to China but faces similar issues majorly because of the rise in inflation and interest rate embedded with the debt and financial crisis.

Governments across the countries have a fixed limit and funds for health and social care policies and programs and can help a limited number of people. With ever-increasing demand and support for health and social care, governments of China and the United The kingdom are finding itself in a position where catering to the needs and demands for healthcare is almost unmanageable and uncontrollable (Wittenberg et al., 2004).

It is essential to assess the economic development in these countries that will offer a clear picture of the availability of sources and resources in meeting the ever-increasing healthcare needs and demands. It will also help in ascertaining the overall burden and challenges for the government of these countries in order to manage their respective societies and economies.

The findings are summarized in the next chapter.

## **5. CONCLUSIONS AND RECOMMENDATIONS**

### **5.1. Introduction**

The chapter presents conclusions based on the understanding of the research findings and recommendations based on personal opinion. It is essential to conclude the research by assessing the formulated and proposed objectives. The chapter also highlights recommendations for future work, along with finding the entire dissertation.

### **5.2. Conclusions**

In the first chapter, the researcher formulated four research objectives based on the analysis of the increasing demand for health care for older people in the context of the United Kingdom and China. After an extensive literature review on the subject, a qualitative study was conducted based on secondary data. Justification for the research method has been provided.

The study finds that by 2047 there would be more of older adults than the working population at the global level and also at the individual country levels. The reason is due to low fertility levels and fewer workers in the labor market. The study also evaluated the increase in demand for healthcare for the older population. In China, typically, the family takes care of older adults, but as family size has shrunk, and due to work pressure, the children stay away from

home, the older adults need institutional care. In the UK, too, family support has become complicated with small family sizes and shrinking incomes.

In order to form conclusions, the discussion will revolve around the research objectives. The research objectives are as follow:

Research Objective-1: To ascertain the significance of health care for older people in China and the United Kingdom through the relevant literature analysis

In the United Kingdom, the population around 60 years of age has been growing at a rapid pace in the last few years. In the year 2010, it was close to 20% and is expected to be around 23% in the year 2015. At the same time, it is expected to be around 25% in 2030 and close to 30% by the end of 2050.

Overall, it can be said that the rise of the aging population is a severe threat to the economic development of the country and can jeopardize its social, economic and healthcare policies as the demand exceeds the available supply while the aging population in China is going to be the biggest concern by the end of 2050. The old-age dependency ratio is expected to be at the level of 10-15% by the end of 2015 but is expected to reach the level of 30% by the end of 2050. Overall, it can be said that in the long run, both these countries will be facing severe issues in terms of dealing with a large percentage of people in the old age category.

Research Objective-2: To explore the extent of increase in demand for health care in China and the United Kingdom through the literature underpinning

In Europe, measures have been put in place to ensure that older people are not maltreated and that they can access quality healthcare and other necessities such as pension benefits easily (The guardian, 2012). The United Kingdom is considered as one of the most developed nations in the world with adequate sources and resources facilitating livelihoods. As per the Office of National Statistics (2009), the aging population of the United Kingdom has made things difficult for the country with baby boomers retiring and creating a dramatic effect on people, society, and economy of the United Kingdom. With an increase in life expectancy, people may have a reason to rejoice, but at the macro level, not everyone can enjoy, especially when factors like dependency creeps up to shake social and economic balance. The elderly have been the fastest-growing population in the United Kingdom, putting pressure on the government to invest in health and social care. The government of the United Kingdom did take initiatives in rebuilding policies aimed to enhance the overall health and social responsibility of its citizens. However, with the majority of older people seeking health and social care, the government faced challenges in investing more to fulfill the health and social care needs of the masses (Pollock, 2004).

China's demographic shift to the older population will create additional pressure on the economic and social system, along with hampering the investment opportunities in China. From 1990 to 2000, the average lifespan of Chinese people has nearly increased from 68.5 to in 1990 to 71 years in 2000 (Bloom & Williamson, 2008). By the end of 2020, 23% of the Chinese population is expected to be above the age of 65 years and can be considered as a significant challenge for the health and social care system (Danan & Gu et al., 2009). Thus, it can be said that because of the aging population in these countries, there has been a rapid increase in the demand for health and social care in recent years and is expected to increase further in the coming years.

Research Objective-3: To compare the government policies for health care in both countries, China has made remarkable advances with limited resources in health and social care over the last few decades. However, there is a long way to go before the entire health, and the social care system can be considered as beneficial enough to cater to the needs of the masses. As per the report published by the World Health Organisation (2010), significant disparities in healthcare exist across different geographical locations and socioeconomic groups. There is no doubt that

the growth and development in China are benefitting millions but, at the same time, leaving millions behind in terms of availing health and social care.

Moreover, with large numbers of elderly, things have been quite depressing in rural areas of the country. On the other hand, the United Kingdom healthcare system is also facing similar issues and problems, because the number of older people in the country is also rising at an alarming rate. As per the report Published in BBC (2006), it was stated that the NHS and other healthcare organizations in the United Kingdom have failed to cater to the needs and demands for the healthcare of older people.

Overall, it can be said that the aging population requires more health and social care, and the government needs to formulate new and innovative policies about health and social care.

Research Objective-4: To critically examine the healthcare policies and legislation in both countries

The healthcare sector has been facing the most severe challenge of meeting the demands of people, especially of the older population. In yesteryears, visits to doctors were free, but now urban employees face co-payment fees while visiting doctors. The situation is quite worse in rural China where the rural people and farmers have to pay doctors' fee from their pocket as not many are covered by rural cooperative medical scheme. The underutilization of healthcare has resulted in little satisfactory health results (Wang & Qian, 2002). To tackle this situation, the Chinese government introduced community healthcare services in the year 1997 that have been suffering because of inadequate funding.

On the other hand, healthcare needs and requirements in the United Kingdom are mainly served by the NHS. The publicly subsidized healthcare remains free for all UK residents and is funded by the general tax that also includes the National Insurance (Clements, 2007). Overall, the health legislation and policy formulation in both these countries require more attention to deal with the growing demand for health and social care among older people.

Based on the above discussion, it can be said that the percentage of older people in the current population of China and the United Kingdom is moderate that is expected to increase at a rapid pace in the coming years. Moreover, with simple and curable diseases being replaced by

Chronic and life-taking diseases, the demand for health and social care has increased sharply. Governments of both these countries are trying hard to fulfill the growing order, but considering common barriers like inadequate funding, a large number of people demanding healthcare, and scarce resources, there have been some serious issues. The increasing demand for health and social care can only be managed by balancing the demand and supply for healthcare. The next part of the discussion presents recommendations based on the understanding of the research data and information. Suggestions have been offered in the context of how to manage the increasing demand for health and social care and how to make future research papers more informative and critical in terms of assessing the need for healthcare among older people.

### **5.3. Recommendations for Managing the Increasing Demand for Healthcare**

To manage the increasing demand for health and social care in the United Kingdom and China, the researcher would like to recommend these suggestions:

It is essential to assess the overall numbers of older people in these countries, along with identifying people with little income and savings. People suffering from acute diseases demanding immediate healthcare should be offered first preference, while people suffering from minor and stressful conditions should be provided social care.

It is essential to restructure the community service centers in these countries, as most of these centers lack appropriate infrastructure and facilities. Moreover, inadequate numbers of staff and healthcare professionals offer more challenges to deal with healthcare issues and

demand. A large number of community service centers are not funded well, which results in reduced services and results.

It is essential to assess the number of older people in the rural parts of these countries. Farmers and poor people often fail to get access to public welfare funds resulting in spending their hard-earned money. Frequently, they do not even see doctors thinking about the overall cost and fee. This results in severe complications that demand more attention in later years.

The current economic system of the United Kingdom is suffering because of the past financial and debt crisis compelling the government to invest judiciously in health and social care services programs while the economic position of China has been improving a lot in last few years, but the government needs to be more practical and transparent while allocating funds to community healthcare centers.

Older people are dependent on others to meet their health and social care needs. To mitigate this dependency, the government needs to plan something for older people. Their pension amount can be increased a bit other than creating jobs that will help them to be active, engaged, and happy. This will create a favorable situation along with assisting in managing the health and social care needs.

Governments of these countries can create specific programs especially designed to meet the health and social care needs of older people. The governments of the respective countries should fund these programs to act as a support system for older people old aged homes, community services centers, and retirement villages have emerged as good options for older people to seek bliss and treatment for their diseases along with staying in the company of people of similar age. However, these healthcare bodies need to be more systematic in terms of value creation and service offerings. Lack of funds often compels authorities to snub the needs and demands of older people, and frequently, older people with little income and savings fail to be a part of such healthcare bodies resulting in permanent stress and deterioration of health.

It can be said that the current health and social care system in countries like China and the United Kingdom needs more attention and a systematic approach. This will help in dealing with the issue of increasing demand for health and social care among older people, along with getting prepared to face further challenges in the form of meeting and fulfilling high healthcare needs and demands.

#### **5.4. Recommendations for Future Research**

This part of the discussion presents suggestions for future research endeavors that will help in adding more value to the existing research. Recommendations are as follow:

It is essential to visit a few old aged homes and community services centers in countries like China and the United Kingdom to understand the overall procedure of meeting healthcare needs and demands. This will also help in critically evaluating the global infrastructure along with gaining deep insights over the usefulness and loopholes in the existing healthcare system.

It is difficult to access government organizations to seek their views and opinions on increasing demand for healthcare among older people. However, if,

Researchers can get access to healthcare policymakers; it will add significant value to the research topic along with assessing the overall policies and loopholes excellently.

The present research is based purely on secondary data and information in the context of the healthcare policies and infrastructure in both countries. Future researchers can involve other researchers located in China and the UK to mix primary data and information over both countries. This will help in gaining good insight over the research topic, along with assisting in conducting a comparative analysis.

Future research papers should include studies over multiple community services centers, retirement villages, and old aged homes to gather primary data. This will help in gaining in-depth knowledge that will make the research more concrete and result-oriented.

### 5.5. Summary

The chapter presents conclusions and recommendations based on the analysis and understanding of secondary research. Findings stated that the healthcare system and policies in countries like China and the United Kingdom should be restructured systematically to cater to the increasing needs and demands for health and social care among older people. Moreover, governments of these nations, along with private organizations, should pay more attention to offering multiple facilities and healthcare interventions to older people. At the same time, there is a need for trained and compassionate medical staff to provide health and social care services. There should be a balance between the overall demand and supply of healthcare facilities, and currently, the market is exceeding the amount of creating complications and challenges. Overall, increasing demand for health and social care is bound to grow in the coming years, with large numbers of people getting in the old age bracket. With a systematic and efficient healthcare infrastructure, the situation can be tackled else coming years are going to be very challenging.

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