SOURCE MARKETS

The demand your competitors ignore: second cities

Everyone fights for the same capitals. A few hours inland the same families are looking, and nobody is talking to them.

Swipe →

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AT A GLANCE

Second city demand in four lines

WHAT	International demand outside capital cities
WHY	Little competition for attention
TRADE-OFF	Cheaper to reach, harder to serve: a domestic journey comes first
START	Your own arrival data, not a market report

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WHAT COUNTS

Three features make a second city

1. A meaningful patient population
2. A local medical community that refers cases onward
3. An inconvenient relationship with the capital

Families there already travel for care. That is the most useful precondition in any market.

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WHY UNSERVED

Three reasons, none of them absent demand

- Desks record country, not city, so it is invisible
- Facilitators sit in capitals and work with what is in front of them
- Regional language, individual doctors and longer journeys do not scale neatly

Teams under volume pressure go where numbers arrive faster. That is why the space stays open.

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FIND IT

Start in your own data

- Add a city field, backfill two years of arrivals
- Regional search data in the local language
- Site analytics by region, not country
- Ask discharged patients which doctor referred them

Two years, not one quarter. One active former patient can look like a market.

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THE DOCTOR

The referring doctor nobody has visited

- ✔ A second opinion returned within a stated time
- ✔ A complete discharge summary naming them as referrer
- ✔ A real answer about a patient sent six months ago
- ✔ Teleconsultation that includes them, not around them

A programme with a name, an owner and a record, not visits by whoever is travelling.

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THE DOMESTIC LEG

The trip starts days before your pickup

- Fewer trips, so they settle everything in one visit
- They arrive tired and late. Make the first twelve hours gentler
- Remote follow-up is the difference between finished care and lost patients
- Length of stay runs longer

Map the journey from the patient's front door, not from your airport pickup.

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VISITING CLINICS

Presence works. Set the rules first

- No diagnosis or surgery advice in a hotel conference room
- No promised outcomes, no comparison with local care
- No data without consent, stored properly, used as agreed
- No single visit with no follow-up

Keep the patient record and consent trail with you, not a local partner.

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THE FIRST TEST

One country, one city, one procedure, two quarters

1. A page in the language people there search in
2. A named coordinator covering that time zone
3. A second opinion route with a stated turnaround
4. A local doctor list with a contact plan beyond one trip

Judge on arrivals, silent enquiries and cost per arrival. Write the stop rule in advance.

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READ THE FULL GUIDE

Second city demand, in full

- Language variants inside a country
- Routes, airports and what an awkward connection changes
- Compliance rules for camps and information sessions
- gauravphogat.com/second-cities-international-patient-demand

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