



## Briefing Note: RED Talk 7 The Business & Science of Healthcare

Rural Policy Group is a visionary think tank shaping the future of the rural economy established by Mark Lumsdon-Taylor earlier this year. It holds a series of debates – Rural Economic Development Talks – to investigate the key issues impacting on rural economic development including the impact of the Coronavirus pandemic, national food strategy and Brexit and to help rural businesses to succeed in this unprecedented climate.

The RED Talk on Thursday 8<sup>th</sup> October 2020 took a deep dive into the relationship between prevention health and the NHS, the Brexit and digital transitions, coronavirus and the changing face of primary care. CV19 accelerated the pace of change in the NHS and there is no turning back. Digital access to clinicians is now commonplace, however fully onboarding digital platforms, machine-learning and other technologies requires integration into funding models, into the care pathway, into clinical systems and into the mindset of personnel. Managing this integration is important and urgent work to improve patient outcomes, as is the need for the UK government to clarify the relationship between NICE and their European colleagues. Without established terms, patients in the UK could experience poorer outcomes due to a lack of access to medical research & medicines in trial and fragility in the supply chain for all medical goods. Prevention health and so-called alternative therapies are becoming more accepted as legitimate health interventions as the science behind them grows. More than four times as many health business are planning to expand through wellness and natural treatments, than through advances in technology (the answer as to why this is the case was not developed and may be the subject of a future RED Talk). Primary care professionals and other clinicians are fully cognisant of the contributions nutrition, stress mitigation and healthy lifestyle choices make to good health. This argument is won. However, it is yet to be determined exactly how much of NHS's financial crisis could be resolved by people making prevention health a part of their lifestyle. As an example, forest bathing as a preventative treatment may have the ability to slow or even stop the escalation of diseases in the heart and major organs. This could mean fewer patients on long term prophylactics, undergoing regular treatments or requiring surgeries.

We were delighted to welcome an exciting panel of speakers:

- Steve McCabe MP – Chair of the APPG for Fit & Healthy Childhood and Member of the APPG for Medicines & Medical Devices
- Andrew Leal – Head of Primary Care at MHA MacIntyre Hudson (AISMA member)
- Elise Daly – MD & Co-Founder of Wonderchup
- Gary Evans – Director, The Forest Bathing Institute
- Mark Lumsdon-Taylor – Corporate Financier and Founder of Rural Policy Group
- Sarah Calcutt (Chairing RED 7) – Chair of the National Fruit Show and NED of Covent Garden Market Authority

### Watch again

A link to the full RED Talk can be found on our website [www.ruralpolicy.group](http://www.ruralpolicy.group).

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## Summary of insights

We are moving into the age of polyclinics, high tech medicine and virtual engagement when it comes to consultations. The next few years will be highly transformative for general practice.

- Brexit is the next big issue facing healthcare in the UK and the future of the relationship between the National Institute for Health & Care Excellence (NICE) and the European Medicines Agency needs to be clarified; without agreed terms the UK's medical R&D industry, access to medications in trial and security of supply chain of drugs & other medical goods are at risk.
- The relationship with the pharmaceutical industry needs to be addressed to ensure the country is getting value for money from its funding contribution to research and development.
- New medical devices are giving the patient more autonomy over their lives and changing the balance of power in doctor-patient relationship.
- Machine-learning will not replace doctors but doctors who understand AI will possibly replace those that do not. Algorithms and machine-learning are going to be part of diagnosis and treatment in the years ahead.
- Many patients prefer digital access to their GP as it offers greater convenience for busy lives.
- To go beyond being a novel idea and contribute to improved outcomes for patients, new technology needs to integrate into the care pathway and integrate into existing clinical systems.
- Good nutrition is essential to good health and more genuinely healthy and nutritious foods are needed, particularly in the convenience food space.
- Forest bathing could become a prescriptible treatment on the NHS.
- The relationship between health care and social care, and how we fund social care will be vital in the future of the NHS.
- Coronavirus is seen by the industry as the biggest challenge for 2021 and conversely, the population becoming more engaged with their health is seen as the biggest business opportunity for those in the healthcare sector.
- Over half of businesses will be reviewing their strategies and business models as a result of external influences such as R&D, Brexit and CV19, and eight out of 10 businesses will be seeking to expand their proposition to take advantage of perceived opportunities. The businesses we polled were more likely to capitalise on the growing interest in prevention care (69%) than expand their proposition through technical innovation (15%).

The following sections summarise the briefings we received from our main speakers and responses to the questions posed by delegates. To find out what was said in full, please watch the [recording](#).

## Keynote Speaker: Steve McCabe MP

I have been wondering for some time if CV19 may herald the demise of GPs in the sense that the fundamental model of GPs has been changed by it. The idea of going to your local surgery for an appointment has gone and people are turning to health apps to order their prescriptions, arrange a flu vaccination and schedule phone or video appointments with their doctor. I think we will see fewer in-person appointments with GPs in the future. It is hard to believe it is only eight years since the Andrew Lansley Reforms where GPs were intended to be the centrepiece of the National Health Service; that because of their special relationship with patients they would be best placed to direct health resources. If there was not already a degree of scepticism around this assumption, COVID-19 has certainly called it into question. We are moving into the age of polyclinics, high tech medicine and virtual engagement when it comes to consultations. The Dr Finley image of a GP has gone

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forever and the Lansley Report got it wrong; GPs are not the centrepiece of the health service, in fact they will have to evolve significantly over the next couple of years.

The next big issue is Brexit and what happens on 21<sup>st</sup> January 2021, and what happens to the National Institute for Health & Care Excellence (NICE). NICE tends to follow the lead of the European Medicines Agency and one of the fast-approaching issues is clarification around the relationship between the two organisations. How that relationship evolves and whether NICE can continue to be part of the EMA is some shape, or whether we find ourselves outside of it entirely, will have a dramatic effect on medical research in the UK. As a Birmingham MP I represent a constituency with one of the most diverse and youngest populations in the country. It is the perfect place for medical trials and research, but it is all research that takes place within a European context. To be outside the EU and the European Medicines Agency will have a phenomenal impact on medical research in this country; the worst-case scenario would be massive diminution in medical research which would be a disaster.

Once the UK is outside the EU there is also the question of access to new medicines and medicines in trial, and the security of supply of all medicines, medical supplies and medical devices if an agreement with the EMA is not reached. The fragility of availability and supply has been seen this year with the extension of the age range eligible for flu vaccinations. The vaccines are ordered about a year in advance and the rise in the number of vaccines required has created shortages in some areas as supply lines have not responded quickly enough to meet additional demand. Unless we agree the terms of our ongoing relationship with Europe and the EMA there will be supply and access issues with medicines.

Production of medicines is also a potential issue. The pharmaceutical companies will want to know that it worth being active in this country – and without the same access to Europe the UK is not such a viable proposition as a research base.

Access to new treatments and the nature of the relationship with the pharmaceutical industry are issues that constantly bedevil NICE. The argument that raged over Orkambi for cystic fibrosis sufferers highlighted the issues we face in this country; new treatments are developed by the private sector but circa 70% of the funding comes from public and charitable sources. So, in the case of Orkambi, despite the phenomenal contribution the British taxpayer made towards research and development the drug was priced at a level that was prohibitive for the NHS. This is not a unique scenario. There are many similar instances such as when David Cameron was required to set up the Cancer Drugs Fund in 2010. The whole question of our relationship with the pharmaceutical companies and how we get new drugs to patients will become a challenge. In some cases we are going to have to reorganise. The NHS has good purchasing power but there are questions about whether we get value for money. A debate surfaced earlier this week when Kate Bingham, Chair of the government's UK Vaccine Taskforce disclosed who would be given access to the coronavirus vaccine; it highlights the issues surrounding cost and access to treatment as new medicines come onto the market.

Access restrictions will not be confined to drugs. The other major advance is in technologies and again these are largely a question of cost. However, cost may not be the only factor prohibiting access to new technologies. Newer technologies often liberate patients and give them more control over their lives and treatment. Technology has the power to change the doctor-patient dynamic. The FreeStyle Libre Glucose Monitoring System gives diabetics better information about their blood sugar and reduces the chances of having an episode, ultimately allowing diabetics to better organise their lives. The government indicated that it should be made available on the NHS, but local commissioning groups then started creating their own criteria to ration access to the device. This is partly a problem of cost and partly a problem of patient autonomy which is going to become more severe as the closed loop artificial pancreas becomes widely available. That technology has the capacity to completely transform the lives of diabetics and means the patient will be telling

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the doctor what is happening with their condition. Medical practitioners may not be ready for that relationship after a history of 'what doctor says goes'. For example, home blood test kits are readily available and affordable, but they are not widely distributed because it is not convenient for the hospitals. Organising and attending regular appointments for blood tests is not convenient for the patient who has a job and school run to manage around the pre-set appointment times they have no control over. This could be changed but it does not suit the NHS to organise blood testing via home kits.

Looking ahead interventional radiology and TAVI procedures, the ability to replace and repair heart valves, are worth keeping an eye on as they pose huge benefits for an aging population. AI is interesting; machine-learning will not replace doctors but doctors who understand AI will possibly replace those that do not. Algorithms and machine-learning are going to be part of diagnosis and treatment in the years ahead.

In summary, the future of healthcare is about funding, the autonomy of the patient, access to new drugs & procedures and the changing relationship between doctors and patients.

### Finance & Business Speaker: Andrew Leal, MHA MacIntyre Hudson

Today I want to look at disruption; CV19 as a disruptive event and disruptive technologies. The NHS is always changing, I have a saying that when something in the NHS starts to work well, it changes it. And that is the background professionals in the NHS work with, though fundamental change has often been terribly slow. Over the past decade a lot of clinicians have been wanting to get change through and often for regulatory reasons those changes have been slow; personnel who are resistant to change have also hindered progress. This backdrop equates to a slow pace of change for GP practices. Then CV19 comes along and accelerates the pace of change. Changes that would have taken years under normal circumstances, took days. Coming out of the pandemic, general practice will have moved on by about 45 years because all the regulatory obstacles were swept aside. Some of the progress has been amazing, such as home working and remote consultations, but the software that facilitates this has been available for a couple of years. Digital communications technology that interfaces with the clinical software had been around for a couple of years and suddenly with the pandemic there was an appetite for change.

The key for practices now (and what I am working with on) is to review how they want to work in the future. If practices do not ask themselves those questions now, they could default back to old ways of working; though I think that is pretty unlikely for the vast majority of practices. The greater worry is that practices let events drive their agenda rather than thinking strategically and grabbing the positives from the pandemic as a means of driving their business forward. Questions for practices to think about are:

- How should patients engage with the practice?
- How should they be seen?
- Who should see them?

There is not one solution that best suits every patient or every situation. For example, remote consultations are not always appropriate. For a long time, we have been moving away from the idea that you see a GP for everything to do with your healthcare, thought that concept still looms large in public consciousness. Again, there is progress here and patients are getting used to seeing other clinicians which gives us scope to think about what the future of primary care could look like.

There are numerous opportunities for practices to consider when considering their future business model: patient support is high; goodwill towards GPs is good; trust in general practitioners is high. This provides an

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environment in which patients will be more receptive to change. Additionally, the pandemic has shown that many patients prefer digital access as it is a better fit for their lifestyle and work schedule.

There are threats too: the huge backlog of work around health checks and surgeries which have been put on hold during lockdown; new channels such as eConsult make it easier for patients to access the practice and have pushed up demand for clinicians' time; NHS 111 is seeking to move some of their workload back to general practice (to take pressure off A&E) which further compounds the time pressures placed on clinical staff. Overall, there is a need to manage the growing workload.

Artificial intelligence and machine learning have a valuable role to play in medical care; it can take an image and assess it for abnormalities with an accuracy that outperforms clinicians. AI will be used more and more as the technology progresses. One example where the machine-learning is breaking new ground is in using AI to power digital triaging. Triaging is always problematic so it will be interesting see what comes of that. There are many areas of development and novel solutions. However, to go beyond being a novel idea and contribute to improved outcomes for patients, new technology needs to integrate into the care pathways and integrate into the clinical systems.

The NHS has a Digital First agenda – a model of practice where patients use smartphones and desktop apps to book and conduct consultations remotely. GP at Hand, a London-based practice, was registering patients outside its area through a digital platform and has been a significant learning event for the future of practice. It was very popular with parts of the patient base but because GPs are paid in respect of where their contract is registered the situation arose whereby a London Clinical Commissioning Group (CCG) was paying for patients in other parts of the country. It taught the industry that digital technology and funding models need to be aligned. GP at Hand was very good at providing access to primary care though there were some issues around continuity of care, community care and co-ordinated care. If the GP is in a different location to the patient, they may not be aware of the patient's local healthcare environment and availability of services which makes it difficult to bring together multi-disciplinary team.

We need integrated care that uses digital solutions across all components of care. There is a long way to go but that is the direction of travel.

### Panel debate with Q&As:

**Question:** With regard to Brexit and disruptive events such as CV19, how resilient are we in the UK to delays in importing medicines and medical devices?

**Steve McCabe:** We've seen over the past couple of days that there are real problems, and we are not in good shape at all to withstand problems in the logistics of supply. Not to be alarmist, but unless we can enter an arrangement with our European colleagues then we are going to have to think about a different model of stockpiling and releasing medicines. It could mean that for some medicines there would be a new kind of rationing. I do not feel there is evidence that a great deal of planning is going into addressing this issue and the deadline is fast approaching.

**Andrew Leal:** Brexit is not having a huge impact on healthcare at practice level. Most of the problems are coming from the pandemic. There will be concerns around supplies of certain drugs and that is an issue the NHS centrally needs to resolve. There have been shortages of medication in recent years so this is not solely a Brexit-related problem.

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**Question:** Can internet consultations really replace face-to-face care?

**Andrew Leal:** GPs have moved rapidly towards internet consultations because of the restrictions imposed during the pandemic and the need to limit face-to-face contact to slow the spread of CV19; it was pretty much the only way consultations were able to happen. Now we have adopted the technology it is here to stay. In many cases it frees up time for both the clinician and patient, although if used inappropriately consultations can take longer. Practices are learning when it is appropriate to consult remotely and when consultations need to take place in person. This links into the use of AI for triaging patients; machine-learning technology can help assess which type of consultation is required. Hospital consultants are having the same problem triaging who they need to see and whose appointment can take place remotely. There is a long way to go with machine-learning for triage purposes, but video consultations are here to stay.

**Sarah Calcutt (Chair) to Steve McCabe MP:** And how do you feel the NHS will cope with the transition to digital consultations in terms of funding and the ability to adapt their systems?

**Steve McCabe:** The NHS is a wonderful institution, but we have a conservative view of it, and it has a conservative view of itself. There are many innovative developments taking place within the NHS, but they are pretty fragmented and pretty partial. It seems to me that at the core there are too many people within the NHS who are resistant to change and that holds back its potential for advancement.

## Interview with a nutrition-based business owner:

### Elise Daly, Wonderchup

**Sarah Calcutt (Chair):** What is Wonderchup and how did the idea for it come about?

**Elise Daly:** Wonderchup was launched in 2018 in response to a family tragedy. We lost three members of our family to breast cancer within a two-year period. During that time, we learned that good nutrition can really enhance the outcomes of cancer patients in addition to the medical treatments they receive. While we were doing our research to help our family members, we found that sugar is a nutritionally deficient ingredient added to 75% of the food we eat, and that sugar feeds the top five killers globally. In 2007 the UN declared that non-communicable diseases are now a greater threat to world health than infectious diseases. This is a view I concur with; I have heart disease and keep myself fit & healthy by eat well and taking care of my lifestyle. Wonderchup is a response to our own family circumstances which ended in tragedy and an attempt to ensure my children do not suffer the same fate. Coronavirus is highlighting the need for lifestyle changes and the importance of good healthcare. There is a lot of progress in medicines and technologies, and we need to get the basics right with good lifestyle choices too. I believe a healthy diet is as good as the best medicine.

**Sarah Calcutt:** So, what is Wonderchup and what goes in it?

**Elise Daly:** Wonderchup is a completely no added sugar and no added salt ketchup with micro-nutrients added to support a better lifestyle. Sugar is in 75% of our food and is even snuck into savoury food; then we wonder why people are getting unhealthier and the reason is that there has been a 250% increase in sugar consumption in the past 15 years. During the same period diabetes has risen by 45% and obesity has doubled since 1980. Wonderchup is a healthy way of changing a daily habit and is just one of many examples of how we can make small changes to improve our health. People eat ketchup without even thinking about it and it is an incredibly unhealthy product – many of the leading brand ketchups contain more sugar than Coke. You would not give a child Coke for breakfast, but you might add ketchup as a condiment with eggs. Condiments in general add bad to good so we designed Wonderchup to add good to good. Wonderchup is the healthiest ketchup on the market because we took out all sugars – no cane sugar, no fructose and certainly no

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sweeteners – and took out salt. As somebody with a heart condition, I am aware that salt can lead to hypertension and cause pressure on our arteries. There is lots of room for similarly health-conscious innovation across the food sector.

**Sarah Calcutt:** How have you been spreading the word and getting other people to follow the model?

**Elise Daly:** I came into the food industry from a standing start and for the past two years I have been working hard and networking. It is a very friendly industry and people who love food have a positive attitude. Farmers just want to do the right thing; leaving politics aside people just want to make healthy food and help people lead happier lives. I have spent a lot of time talking to people and we have won a number of awards. The BBC selected us as one of the 10 global food products and Paul Polman the CEO of Unilever thanked us for bringing healthy food into the convenience food space. Ketchup is a ubiquitous product; it is in every home and at every meal so one healthy dollop can make a big difference cumulatively.

**Sarah Calcutt:** Have you got more products in the pipeline?

**Elise Daly:** Wonderchup is sold all over the world and we have a diverse population here in the UK, so we wanted every product in the portfolio to pay homage to different tastes. We have eight new sauces in the pipeline including a chili sauce and other flavours to tackle every tastebud. Demand for Wonderchup around the world has shown people want healthier condiments.

**Sarah Calcutt:** What would be your top tips for launching a product?

**Elise Daly:** Just start! If you have a good idea, do not sit on it. Share the idea and speak to as many experts as you can; to justify adding vitamins to the ketchup I read a lot of reports in The Lancet and spoke to medical & scientific experts to be sure they would add health benefits. We added vitamin D which is currently a hot topic as people who are lower in that particular vitamin experience coronavirus more severely.

**Sarah Calcutt:** What are main challenges and bumps in the road you have faced as a health entrepreneur?

**Elise Daly:** The biggest learning curve has been finding an ethical producer. It is easy to produce food in the UK but harder to bottle and package it. It was important for me to find an ethical manufacturing partner, someone who believed in anti-slavery and could guarantee the whole supply chain was ethical. It has been a tricky journey learning to work with the producers and manufacturers when the terminology is new to me most of the time. However, it is good fun and people are interested in our journey which I am pleased about. We are only trying to take some of the burden off the NHS, we are only trying to help people live healthier lifestyles.

## Forest Bathing Speaker: Gary Evans, The Forest Bathing Institute

What is forest bathing? Forest bathing is not a run in the forest with your earphones in, it is not cycling through a forest, it is not going for a walk & a chat in the forest, and it normally isn't taking your dog for a walk. Those activities raise the heart rate and one of the main goals in a forest bathing session is to lower the heart rate, lower the blood pressure and enter the body's natural relaxation response. Forest bathing can be thought of as exercise for the branch of our nervous system that is not getting as much attention as it should with the fast pace of modern life. A forest bathing session is time to slow down and relax; bathing refers to bathing in the sounds, smells & shapes of the forest, taking deep breaths of in the home of oxygen and inhaling the chemicals that trees give off. Scientific research in Japan has shown that inhaling these chemicals

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boosts our immune system, as measured by the NK (natural killer) cells in our blood. As an aside, it is the NK cells that serve to protect us from viral infections such as CV19. The Forest Bathing Institute (TFBI) is spearheading the replication of Japanese research in the UK; just last week we were speaking to immunologists at universities who are keen to carry out the blood analysis research once funding is in place. TFBI has also been granted access to a mass spectrometer and funding dependant will be able to start working with a mathematician to analyse the chemicals which are present in forests across the UK.

Contained within the Japanese system of forest bathing, which is part of their national health service, is an evidence-backed scientific and medical understanding of how forest bathing contributes to physiological and psychological wellbeing. In the 1980s the Japanese government wanted to get people out of cities and into nature, so they asked universities to research the health benefits of being in woodland and other natural environments. The universities were unique at the time in launching a series of studies into the physiological changes that take place as a result of time spent in nature. That was a game changer. The concept of forest bathing has since spread to South Korea and Scandinavia and is slowly being picked up across other parts of Europe. In the UK we are four decades behind the science and in our ability to help people improve their health with forest bathing sessions. Our job at TFBI is to help the UK to catch up.

TFBI has gone about researching benefits and delivering treatment in a different way to the other forest therapy organisations. The long-term goal is to reach NHS acceptance and we are making inroads. Firstly, we train the forest bathing guides as mindfulness teachers (mindfulness is an NHS-approved treatment) as forest bathing can be considered an outdoor form of therapy which combines mindfulness with the additional benefits of fresh air and biodiversity. Forest bathing combines a number of NHS-recommended indoor therapies into one very effective package delivered in an environment which cannot be replicated.

Secondly, TFBI is using university research to connect nature to the medical health system. Most of us know we feel better after spending time in nature, but doctors need more than anecdotal evidence and we are working with universities to provide science-based empirical evidence. In Japan, a patient with high blood pressure may be offered the choice of tablets or a referral to a forest bathing centre. At the centre, the patient would attend a clinic staffed by clinicians who take vital statistics, go on a guided walk with sensory exercises and return to the clinic where their blood pressure (for example) would be taken again to measure the efficacy of the treatment. If the forest has measurably helped the individual, it becomes part of their preventative healthcare plan.

We are talking to Forestry England about establishing a treatment delivery model to entirely replicate to Japanese model. We are also working with Surrey County Council and have 160 square miles within an Area of Outstanding Natural Beauty at our disposal for a pilot to integrate forest bathing with the NHS. The UK is rich in ancient woodland which potentially has a richer chemistry of forest air and could provide greater health benefits, such as to people with coronavirus. At this point we do not have evidence to support this assertion and we are keen to carry out the research.

We have done a lot of due diligence and have engaged with numerous experts. Fifty different scientists, doctors, professors, psychologists and 10 universities have partnered with TFBI to either directly support our work or because the work aligns with their area of specialism. We can see the future and in some ways it feels like we hold the future of natural healthcare in our hands. We ran a session for the mental health team at NHS Lexden Hospital; the Deputy Clinical Lead later said, "I felt really uplifted...I truly could not believe the impact it had on me. If I had not been and experienced it for myself, I would not have believed how transforming it was". Transforming and transformative are words that come up frequently when people describe their experience in the forest.

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In 2019, we held four study groups with the University of Derby using heart rate monitors and psychometric questionnaires because we were investigating nervous system activity to replicate some of the Japanese research. The studies saw statistically significant results in 12 areas of wellbeing. Participants' scores showed improvements in safe & relaxed positive affect, compassion for others and from others, rumination & trauma release, nature connection, pro-environment attitude and mood disturbances such as anger, depression, confusion, tension & fatigue. The official paper has now been submitted for journal review.

The nervous system comprises the sympathetic and parasympathetic systems, and the rapid pace of life primarily uses the sympathetic activity. We are living in a state of higher heart rate, racing thoughts and raised blood pressure. If we are constantly moving & doing and not giving ourselves the opportunity to rest, we are not giving the parasympathetic system the opportunity to look after the major organs of the body and the higher brain function – the soothing system that achieves and maintains the homeostasis of the body. This is something we measure in the heart rate. Forest bathing aims to stimulate the soothing, parasympathetic system; sessions give individuals the opportunity to calm and if their current state of being requires, to release emotions.

Sensory exercises in the forest such as listening to the sound of birds, touching the forest floor, inhaling the smells have an impact on the heart rate and nervous system activity. We can break down patients' parasympathetic responses to each exercise which is very exciting progress. Most participants created a good increase in parasympathetic activity generally, and in particular when they were in close proximity to a tree and paying attention to the tree. This is where mindfulness and being in the moment come into play. Listening to the sound of running water was even more relaxing for participants than listening to the sound of birds. To survive, we need to fundamentally change our relationship with nature and forest bathing as a means of achieving that transformational shift. At TFBI, we encourage everyone to help themselves de-stress using the power of nature. Letting go of stress is the starting point for a brighter future.

## Panel debate

**Question from the audience:** Could lifestyle choices improve the general health of the population to such a degree that NHS funding is freed up for newer, more expensive medicines, devices and digital platforms mentioned earlier in the debate?

**Gary Evans (TFBI):** That is exactly what we are hoping to do. We are currently looking for an NHS health economist to calculate the potential savings from forest bathing. We are talking about prevention healthcare; when stress builds up in the system it can lead to organ damage so if you are able to prevent that in even one person you are looking at tens of thousands of pounds in savings for the NHS. When that scenario is scaled up to the national level, you are achieving major savings which frees up funding to help people who need serious medical care.

**Sarah Calcutt:** What type of forest or woodland is required with regard to size, density, running water etc?

**Gary Evans:** Forest bathing is a form of nature therapy so there are no specific requirements for the land as there are different levels of therapy. A small patch of trees gives benefits, or landowners can go down the nature therapy route. TFBI is launching nature therapy at Kew Gardens. Studies have shown that even a pot plant in an apartment can contribute to good health.

**Sarah Calcutt:** Andrew, do you think this sort of therapy would be of interest to your GPs given the rise in anxiety, hypertension, heart problems and endocrine issues they see in their patient base?

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**Andrew Leal:** General practice is very aware that lifestyle choices are having a huge impact on the health of patients so the argument for healthier habits is already won. When the NHS was formed in 1948, the assumption was that as it improved the health of the population the amount of funding required would decrease year on year. I've got a feeling that prevention health initiatives such as forest bathing will have an impact and will free up resources for other areas; it could make a significant difference but will not entirely solve the funding crisis in the NHS. People taking responsibility for healthier lifestyle choices will make a massive difference.

**Question from the audience:** Salutogenesis could be the answer to unburdening the NHS. How do we encourage people to take their health into their own hands?

**Elise Daly:** It was dreadful that our Prime Minister got sick with CV19 but on a positive note he encouraged people to get on their bikes. Not everybody wants to cycle but it was an important message and reminded me of the public health campaigns we used to see about smoking. How wonderful would it be to have a public health campaign to make healthier lifestyle choices appealing and cool? Scandinavia is cool and healthy; the UK can be too. We have a great opportunity to help people get healthier and advertising, great brand designers and positive work with influencers will make a big difference to how people engage with the campaign and their health. Being healthier will make us feel happier and unburden the NHS, and that is a good place to start.

**Gary Evans:** A lot of the people that join forest bathing sessions have already decided to take responsibility for their own health. Many people come to us with headaches (they are a very common health complaint) as tension has built up in the muscles. When this happens to me, I know it is because I am neglecting either the forest bathing or stretching/yoga. The idea of prevention health is to maintain good health and take beneficial action before problems become serious. The sooner we start helping ourselves with the effects of stress and other conditions, the easier it is to treat and less time is needed to recover good health.

**Spotlight question from Mark Lumsdon-Taylor, Senior Corporate Consultant, CFO (seconded) in the food industry and Founder & Chair of the Rural Policy Group:** This has been a fascinating debate which has reinforced the relationship between prevention and the NHS, although we have not had a chance to bring in social care. Social care is often undervalued and the pandemic has brought its importance into the spotlight. If there is a silver lining to the pandemic, the role of the environment, food and exercise to mental and physical health have been elevated to a higher level of importance and there is greater understanding among the general public, myself included. A product such as Wonderchup may not have been such a success 10-15 years ago because people were not thinking like that. My question is about the workplace. Going down this new route with people thinking more about their health and making healthier choices, how can employers support them? How can prevention health systems be established in the workplace for individual welfare and to achieve greater productivity?

**Andrew Leal:** The link-up between health and social care will become critical going forward. Going back in time health and care were focussed and organised locally and with the creation of the NHS that was split up. Looking at how we fund social care is going to be hugely significant to the future of healthcare. The problem is that social care has been massively underfunded over a period of years – more so than healthcare – and we need to bring the two together. But, if you are in a ship that is sinking, tying yourself to a ship that is sinking faster is not a great strategy.

**Elise Daly:** The contribution that could be made to the workplace and to workers is to look after their mental and physical health in parity and continue to learn the lessons. We all have the tools available to us and know RED Talk 7 The Business & Science of Healthcare | 8<sup>th</sup> October 2020



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what we need to do to make our lives healthier be it eating better, sleeping more, exercising more or going forest bathing. We know what we need to do, now is the time to do it. We need a joined-up approach with local healthcare, business and everybody speaking to everybody else. In the same way I am learning how to build a food business by engaging with the community and spreading the word, other organisations can learn how to embed concern for employee health into their business by reaching out, engaging with experts and making use of all the resources available to them. Being kind to each other is how we get through it.

## Take home statements from the panel and guests

### Steve McCabe

**MP for Birmingham Selly Oak, Chair of the All-Party Parliamentary Group for Fit & Healthy Childhood and Member of the APPG for Medicines & Medical Devices**

The future of healthcare is about funding, the autonomy of the patient, access to new drugs & procedures and the changing relationship between doctors and patients.

### Andrew Leal

**Head of Primary Care at MHA MacIntyre Hudson and lecturer in primary care finance**

There are numerous opportunities for practices to consider when considering their future business model: patient support is high; goodwill towards GPs is good; trust in general practitioners is high. This provides an environment in which patients will be more receptive to change. Additionally, the pandemic has shown that many patients prefer digital access as it is a better fit for their lifestyle and work schedule.

### Elise Daly

**MD & Co-Founder of Wonderchup**

A healthy diet is as good as the best medicine.

### Gary Evans

**Director of The Forest Bathing Institute**

The sooner we start helping ourselves with the effects of stress and other conditions, the easier it is to treat and less time is needed to recover good health. Letting go of stress is the starting point for a brighter and healthier future.

## The polls

Rural Policy Group sought to take the temperature of the healthcare industry, and find out how positive business felt about the future and how they plan to make the most of the opportunities coming their way as a result of CV19, Brexit and the innovation pipeline.

### Poll 1: what do you see as the biggest CHALLENGE to the healthcare industry in 2021?

60%	Coronavirus
00%	Brexit
20%	R&D in medical and health care
20%	A population more engaged with their health
00%	Other

Coronavirus is the biggest challenge for the healthcare industry right now and this is expected to continue into 2021. Unexpectedly, Brexit is not a primary concern for any of the businesses we polled.

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**Poll 2: what do you see as the biggest OPPORTUNITY for the healthcare industry in 2021?**

- 08% Coronavirus
- 08% Brexit
- 15% R&D in medical and health care
- 62% A population more engaged with their health
- 07% Other

Healthcare providers see the population becoming more engaged with their health as the biggest opportunity for the industry in 2021 and beyond.

**Poll 3: what will you be doing to help your business thrive in 2021 and beyond?**

- 08% Wait and see how it all pans out
- 54% Review our strategy and business model
- 15% Expand our current proposition with new treatments and technologies
- 15% Look more to the UK for security of supply and workforce
- 08% Streamline the business
- 69% Seek to capitalise on growing interest in wellness and prevention healthcare
- 00% Cross our fingers!

The vast majority of healthcare businesses will be seeking to capitalise on the growing interest in wellness and prevention healthcare, bringing what were once thought of as 'alternative' therapies into the mainstream. This is undoubtedly due to the growing body of scientific and medical research to evidence patient outcomes from natural treatments.