

The Private Practice Conference: Midlife Health Innovation, Prevention and Action



Scan for the event Agenda

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Post-conference Summer get together drinks

Sponsored by HILL DICKINSON



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The Private Practice Conference:
Midlife Health Innovation, Prevention and Action

independent
doctors
federation

Opening Address

The Independent Doctors Federation is the UK's leading independent doctors' organisation, seeking to empower our community of independent doctors to achieve greater freedom and excellence in patient care.



Dr Susan Alexander

IDrF President
Orthopaedic Surgeon,
Fortius Clinic



Independent Investigation of the National Health Service in England

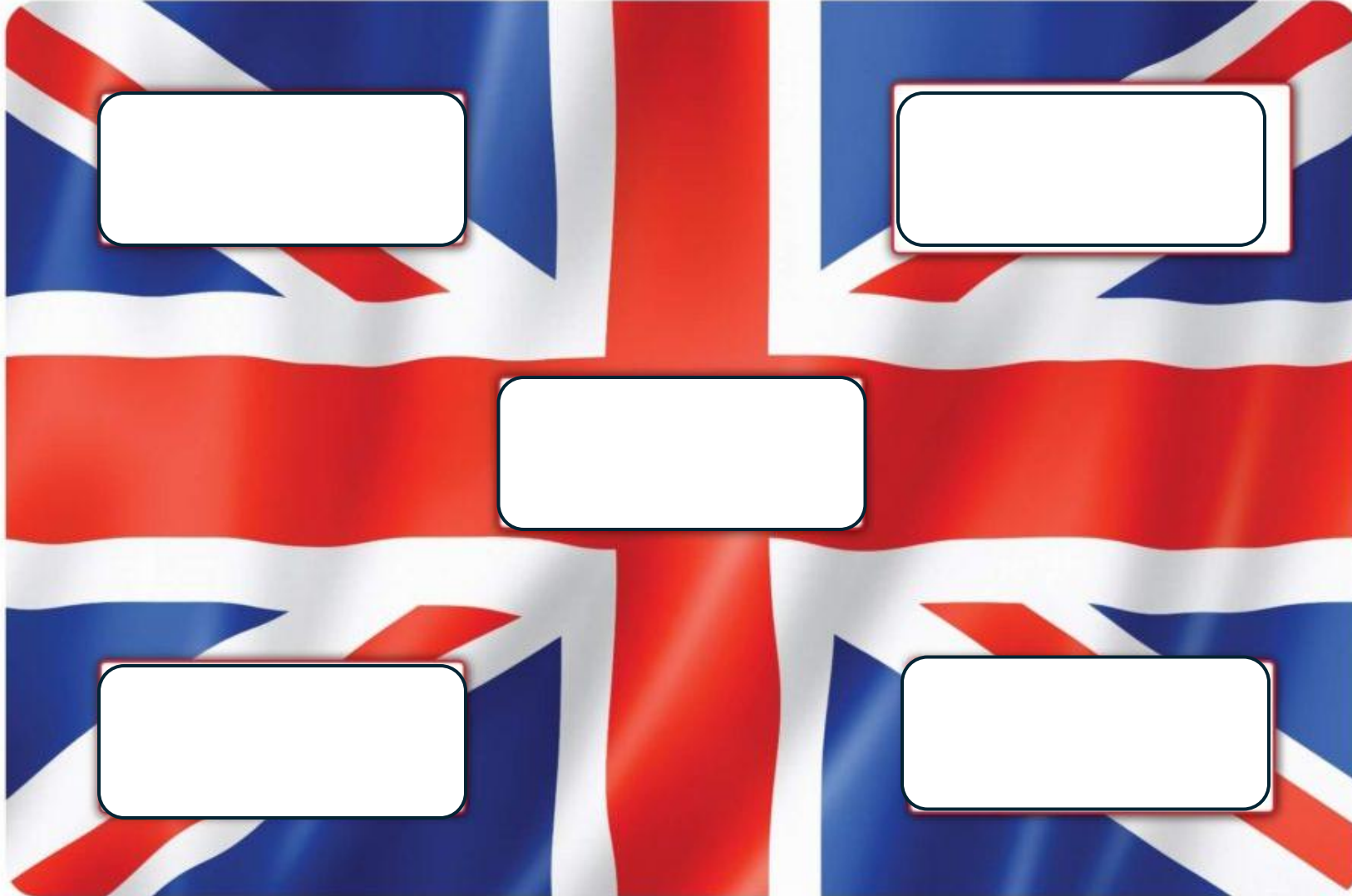
The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng

Values

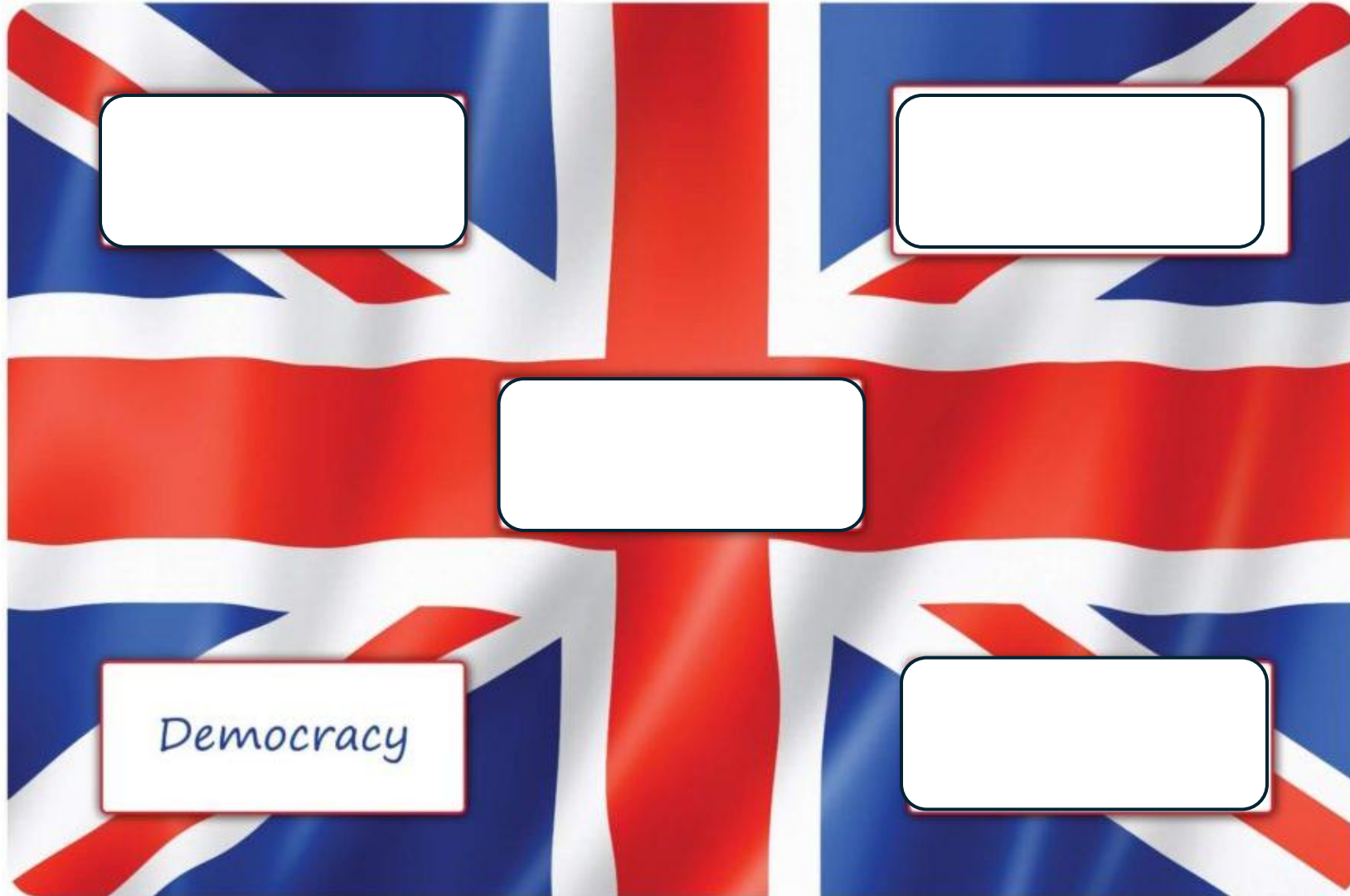
Deeply held principles or standards that influence your thoughts and behaviour

Values determine your beliefs

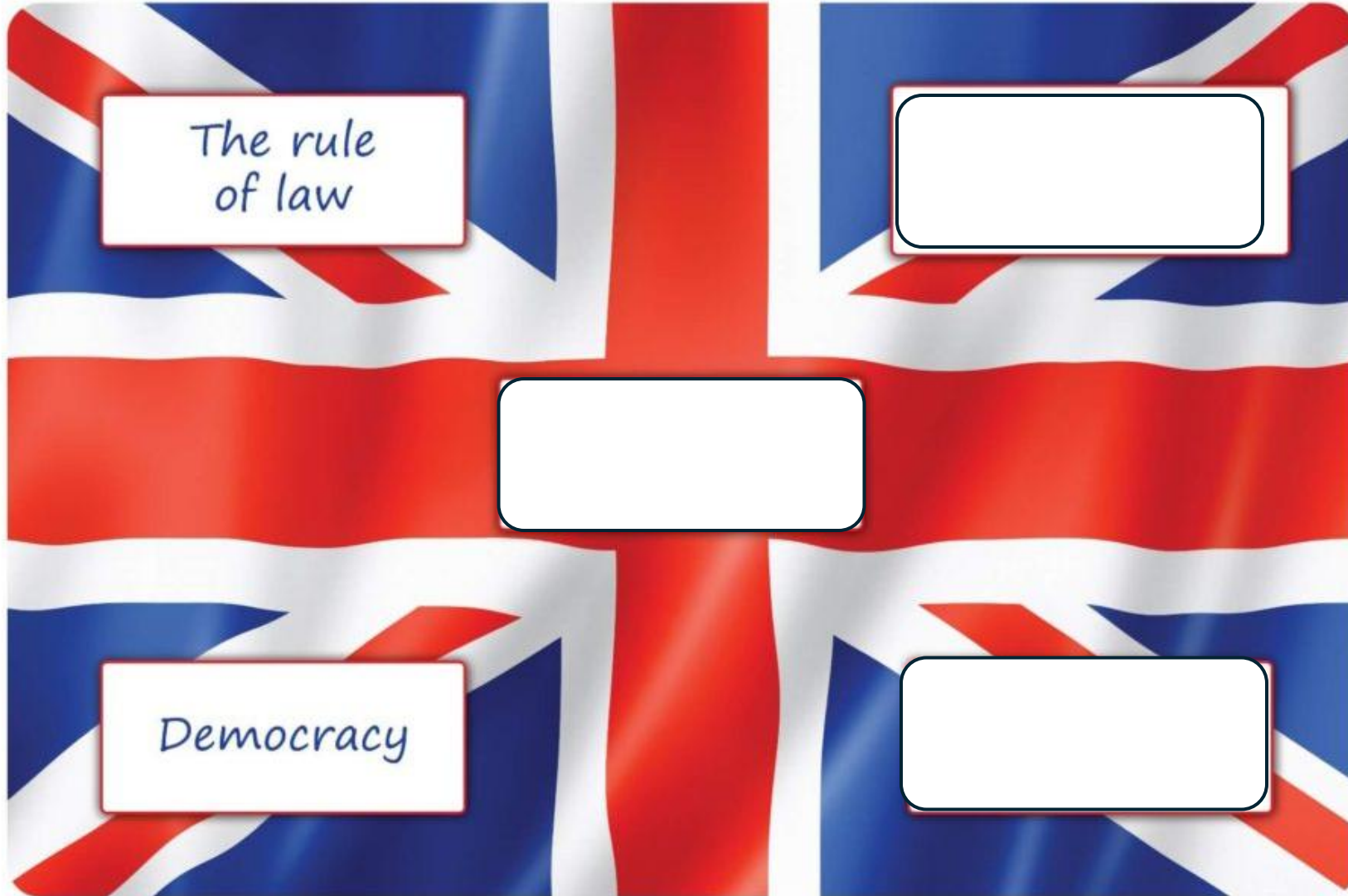
BRITISH VALUES



BRITISH VALUES



BRITISH VALUES

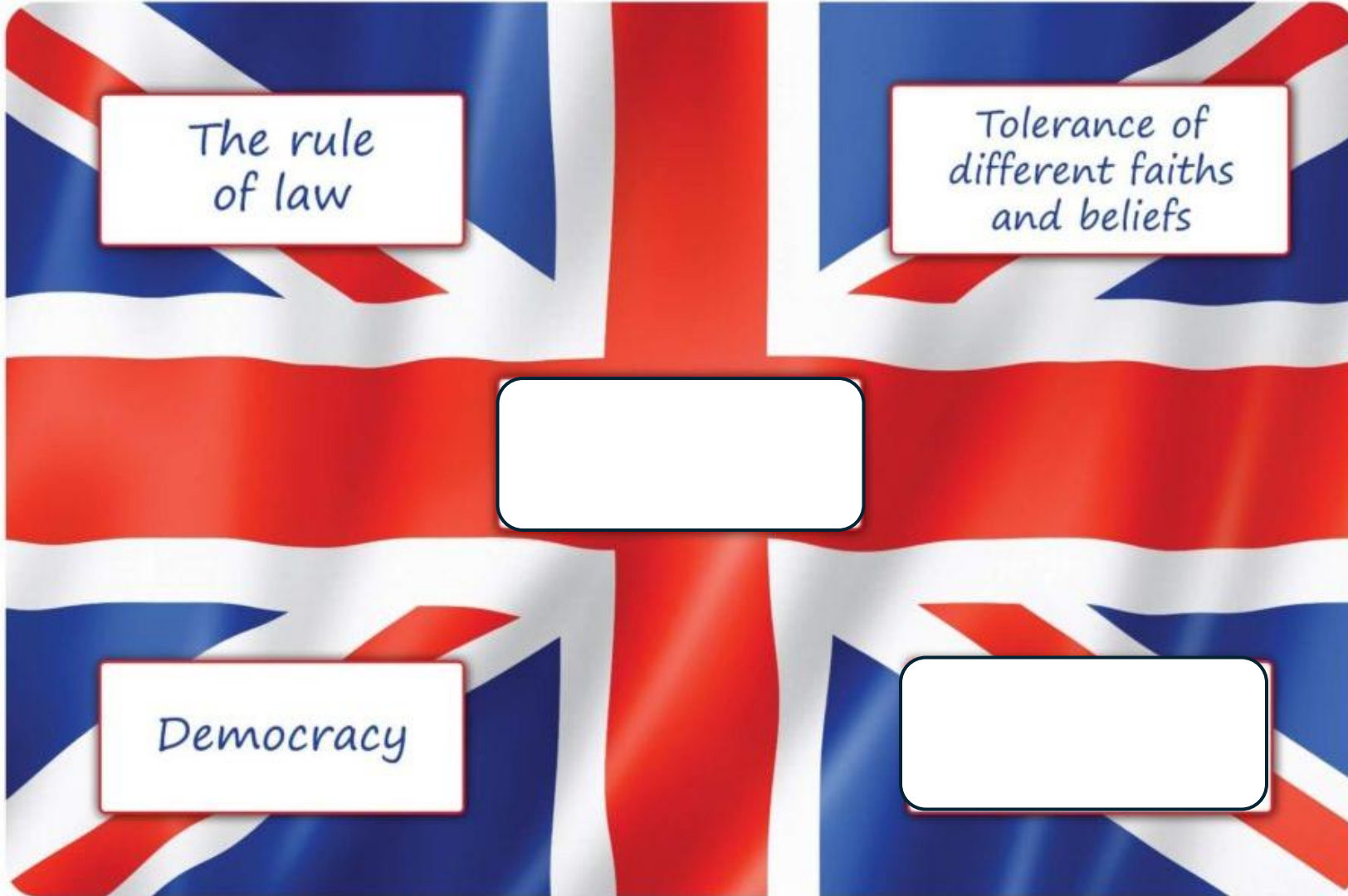


BRITISH VALUES

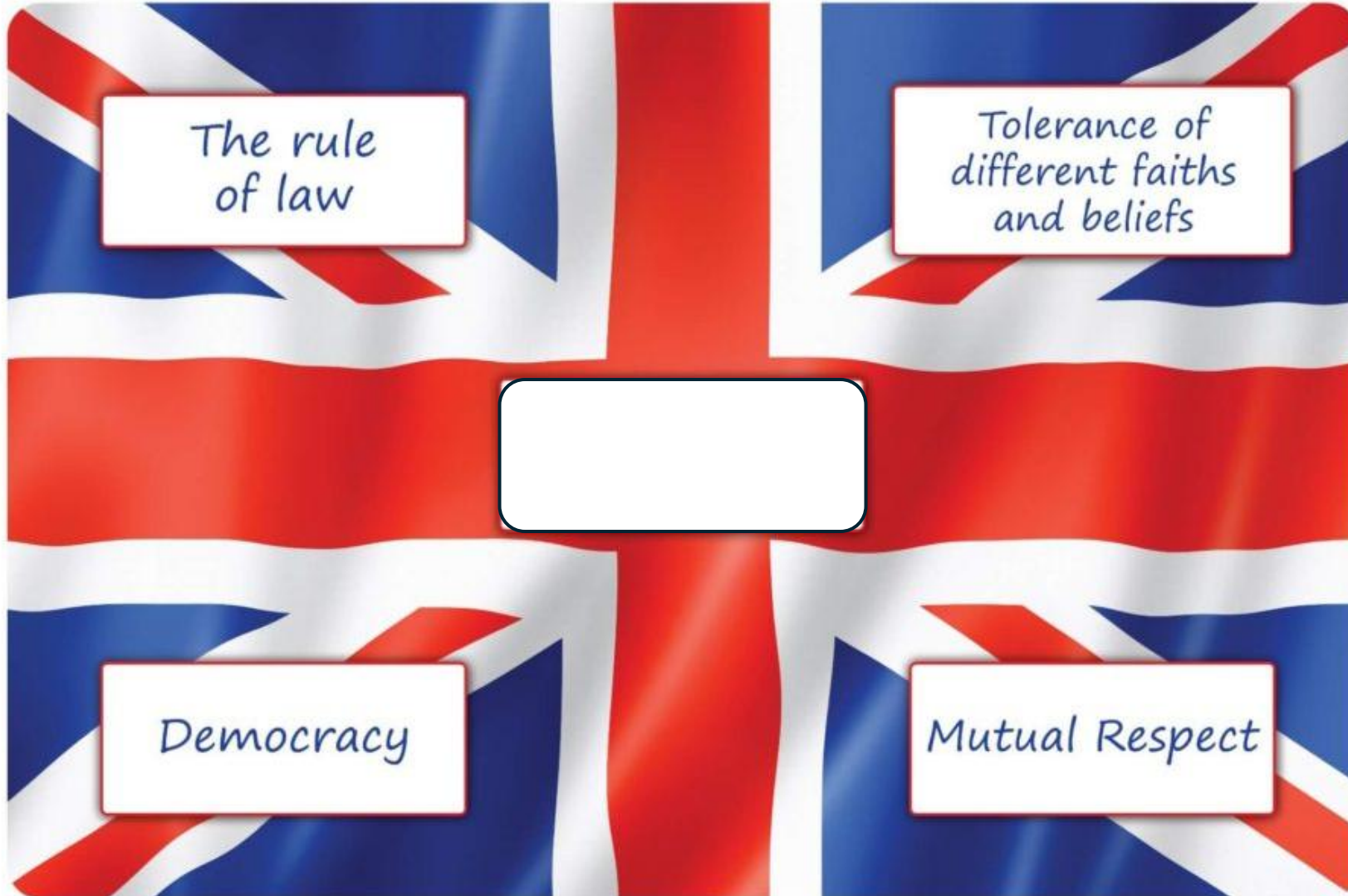
The rule
of law

Tolerance of
different faiths
and beliefs

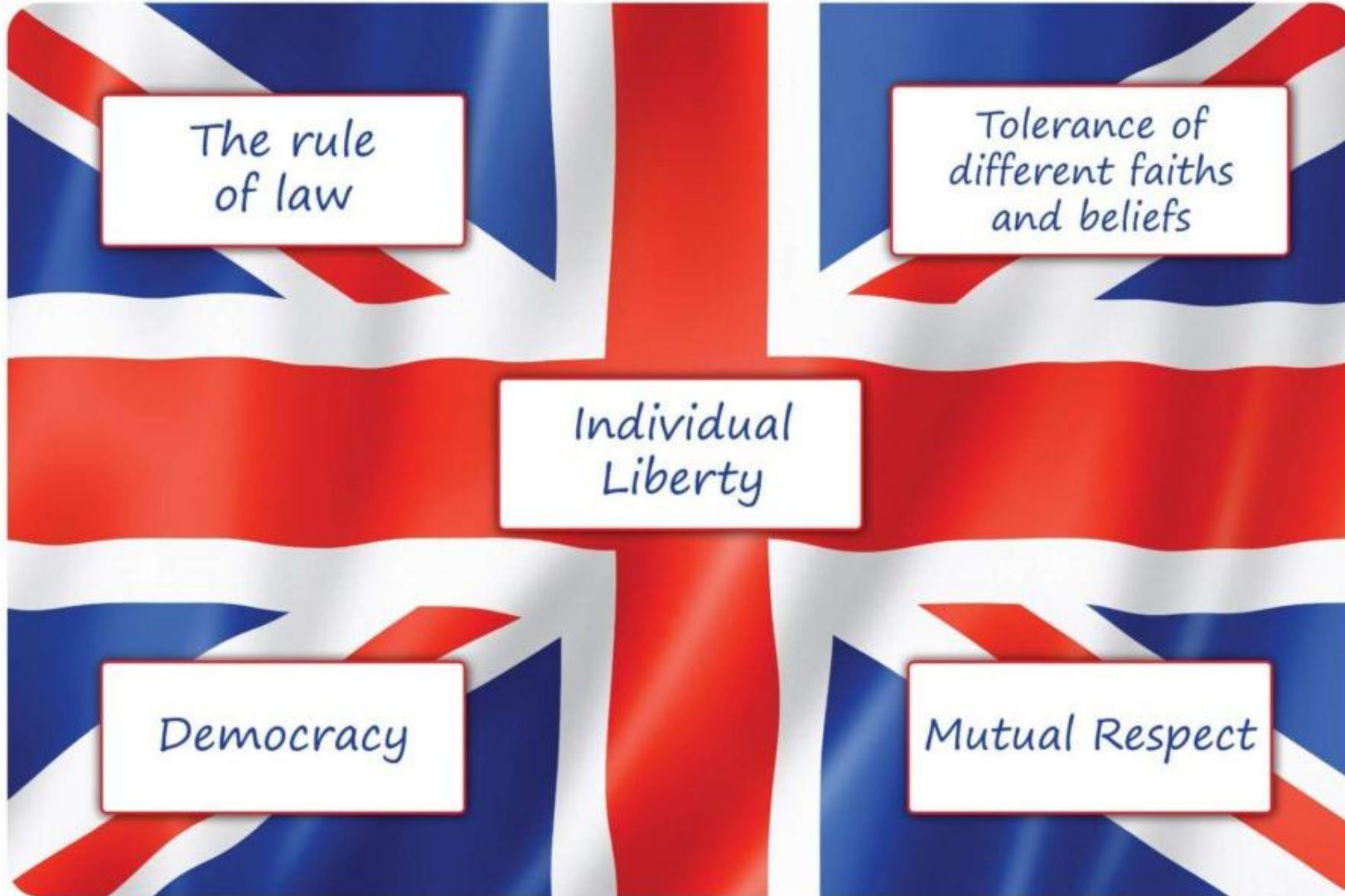
Democracy

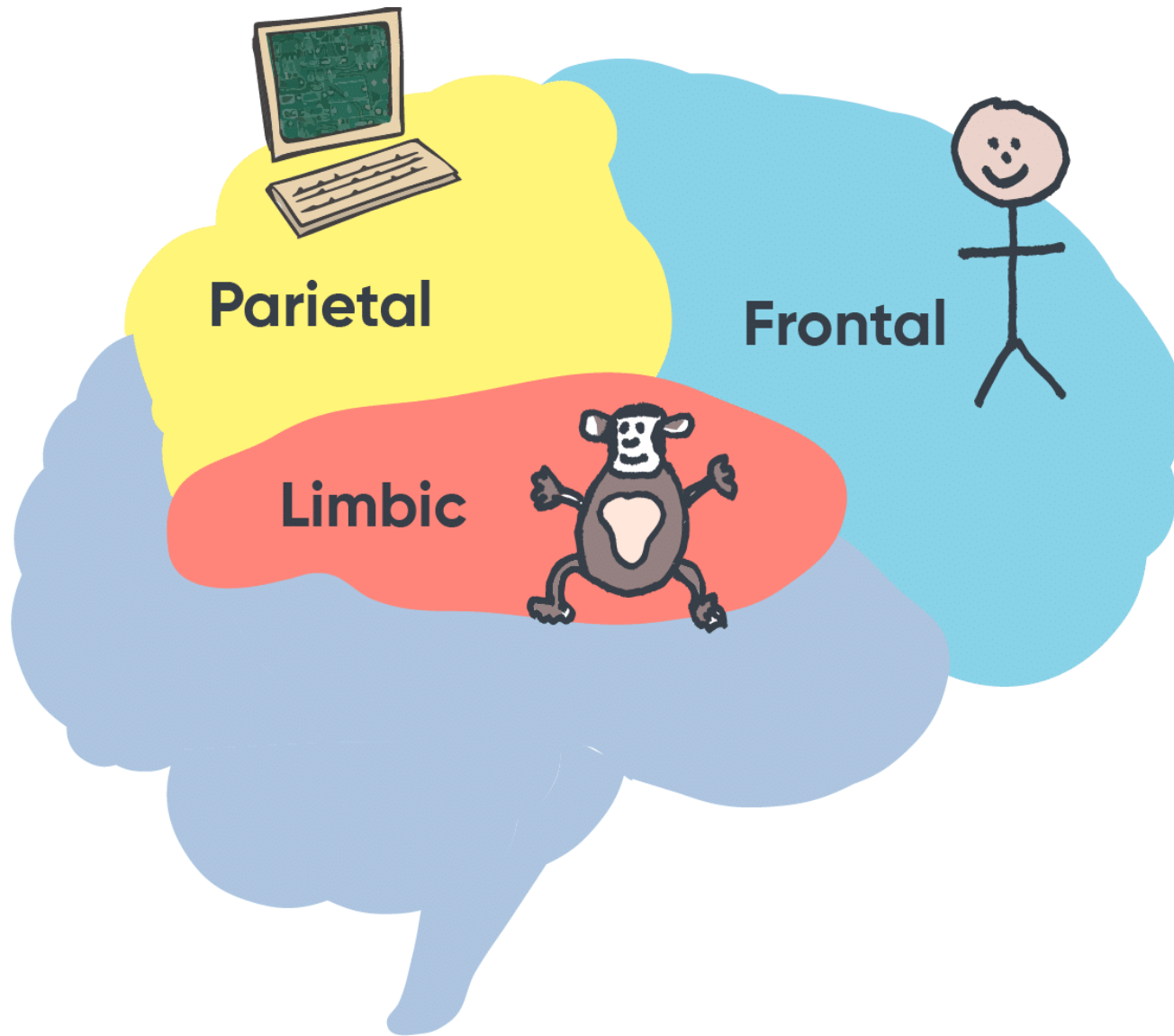


BRITISH VALUES



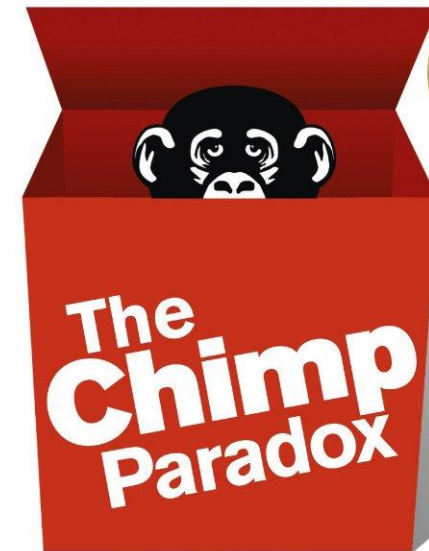
BRITISH VALUES





Dr Steve Peters

CREATOR OF THE **GROUNDBREAKING** MIND MODEL



'The mind programme that helped me win my Olympic Golds'
Sir Chris Hoy

The **MIND MANAGEMENT**

Programme for
Confidence, Success and Happiness

Healthcare Beliefs

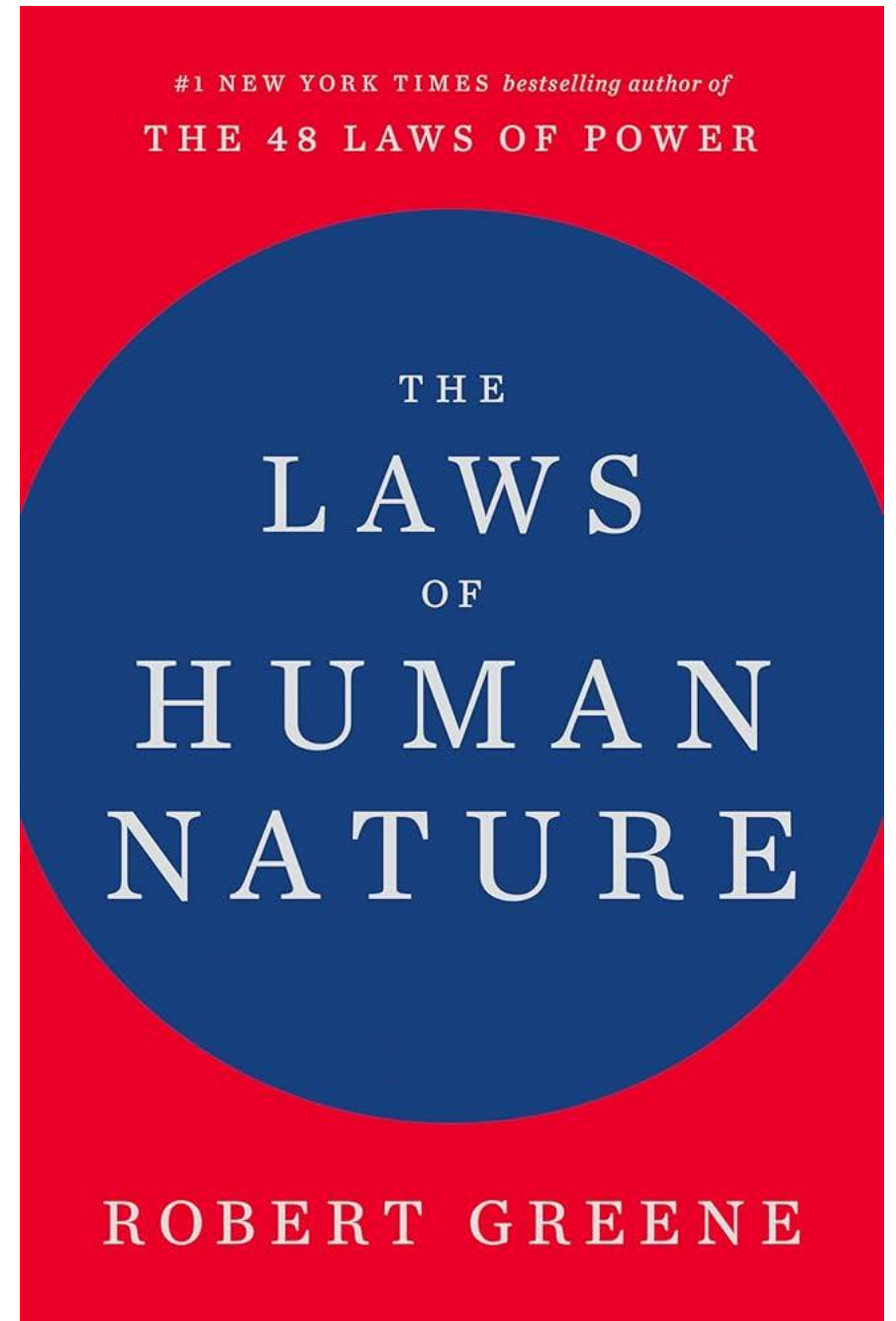
The quality of your life is based
on your decisions

1. The Law of Irrationality

People are not rational

Dominated by feelings and emotions

These form firmly held beliefs



Your reality is your interpretation of events

There are few better articles I can think of

You don't have to believe your thoughts



Independent Investigation of the National Health Service in England

The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng



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FIT FOR THE FUTURE

10 Year Health Plan
for England

FIT FOR THE FUTURE

10 Year Health Plan
for England

1.

**From hospital to
community**

**The Neighbourhood Health
Service designed around
you**

FIT FOR THE FUTURE

10 Year Health Plan
for England

1.

**From hospital to
community**

**The Neighbourhood Health
Service designed around
you**

2.

**From analogue to
digital**

Power in your hands

FIT FOR THE FUTURE

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for England

1.

**From hospital to
community**

**The Neighbourhood Health
Service designed around
you**

2.

**From analogue to
digital**

Power in your hands

3.

**From sickness to
prevention**

**Power to make the healthy
choice**

FIT FOR THE FUTURE

10 Year Health Plan
for England

3 Major Shifts

**Hospital to
Community**

**Analogue
to Digital**

**Sickness to
Prevention**

5 Enabling Reforms

**New Operating
Model**

**Innovation &
Technology**

**Transparency
of Care**

**Finance &
Productivity**

**Workforce
Transformation**

3 IDrF Priorities

1.Put our Doctors First

3 IDrF Priorities

1.Put our Doctors First

2.Raise Profile of Private Practice

3 IDrF Priorities

- 1.Put our Doctors First
- 2.Raise Profile of Private Practice
- 3.Change Public Perception

Purpose of Today

1. Challenge healthcare beliefs

Purpose of Today

1. Challenge healthcare beliefs
2. Current state

Purpose of Today

1. Challenge healthcare beliefs
2. Current state
3. Access to private healthcare

Purpose of Today

1. Challenge healthcare beliefs
2. Current state
3. Access to private healthcare
4. Examples of clinical private healthcare provision

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1. Challenge healthcare beliefs
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5. Midlife last chance to change

Purpose of Today

1. Challenge healthcare beliefs
2. Current state
3. Access to private healthcare
4. Examples of clinical private healthcare provision
5. Midlife last chance to change
6. How can you add value

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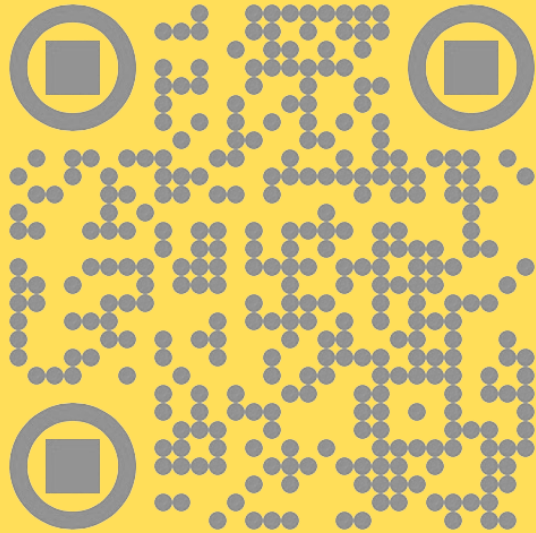
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Health or Wealth? The Ethics of Private Provision



**Dr Julia Grace
Patterson**
Chief Executive
EveryDoctor



DR JULIA GRACE PATTERSON



EveryDoctor Founder & Chief Executive

www.everydoctor.org.uk



julia@everydoctor.org.uk



@jujuliagrace



@jujuliagracep



@jujuliagrace

Private Practice Pulse: Central London Market Overview



Ted Townsend

Director
Townsend Strategic Advisory
Services Ltd

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The Future of General Practice in Private Medicine – A GPs Perspective



Dr Ajay Bagga

Private GP

The Future of General Practice in Private Medicine

A GP's Perspective

Introduction

- Welcome to the IDrF's first conference
- We face both challenge and opportunity in the UK healthcare system
- The independent sector is becoming more and more a major part of the healthcare system

What Private General Practice Offers

- Rapid access – same-day or next-day appointments
- Longer consultations – 30 minutes or more
- Bespoke personalised care
- Fast specialist referrals

Growing Demand Across Society

- Families juggling work and childcare
- Professionals needing faster appointments
- Chronic conditions needing continuity
- Mental health patients needing time and space

The Workforce Reality – Dual Practice

- Burnout and early retirement are rising
- More GPs are entering private practice
- Private work can help with retention and innovation

Workforce Benefits

- Retention
- Innovation
- Entrepreneurship

Opportunities for Collaboration

- Shared care pathways for long-term conditions
- Help relieve diagnostic backlogs
- Allow clinicians to move between NHS and Private sectors
- Private sector support in training and education

Patients First, Always

- Patients care about outcomes
- Build systems that work—together
- Focus on quality, accountability, and public good
- The future isn't one model—it's the model that works
 - Thank you

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Smart Diagnostics: Fighting Cancer with Code



Dr Muhammad Babar Aslam

Consultant Pathologist and Clinical
Lead, Digital Pathology Wales
Betsi Cadwaladr University Health
Board



Smart Diagnostics: Fighting Cancer with Code

Dr M B Aslam – Consultant Pathologist

Clinical Lead – All Wales Digital Pathology & AI



Conflict of Interest

Clinical Involvement

Clinical DI Group

Vendor Relationships

No financial relationships with AI
with AI / DP vendors or
platforms



Historical Context

1

1960s–80s

Early digital slides for
teaching and frozen sections
sections

2

1990s

Robotic telepathology
introduced

3

2000s

Mainstream adoption of
WSI

4

2020s

AI piloted within diagnostic
diagnostic workflows across
across select NHS settings
settings

National Progress Overview



UK Leadership

Wales leading in applying AI to cellular pathology



Cancer Strategy

Strong alignment with Wales Cancer Strategy



Turnaround Target

AI enabling 10-day turnaround target for surgical histology in alignment with cancer services planning.



Early Adoption

Thanks to Welsh government, SBRI, Moondance Cancer Initiative



Key Achievements in Wales

1

IBEX Implementation

Prostate and Breast AI using IBEX platform

2

Expanded Pilots

Gastric and pan-cancer AI in progress

3

Significant Scale

8000+ prostate, 3,000+ breast patient's samples double reported using AI

4

Workflow Improvements

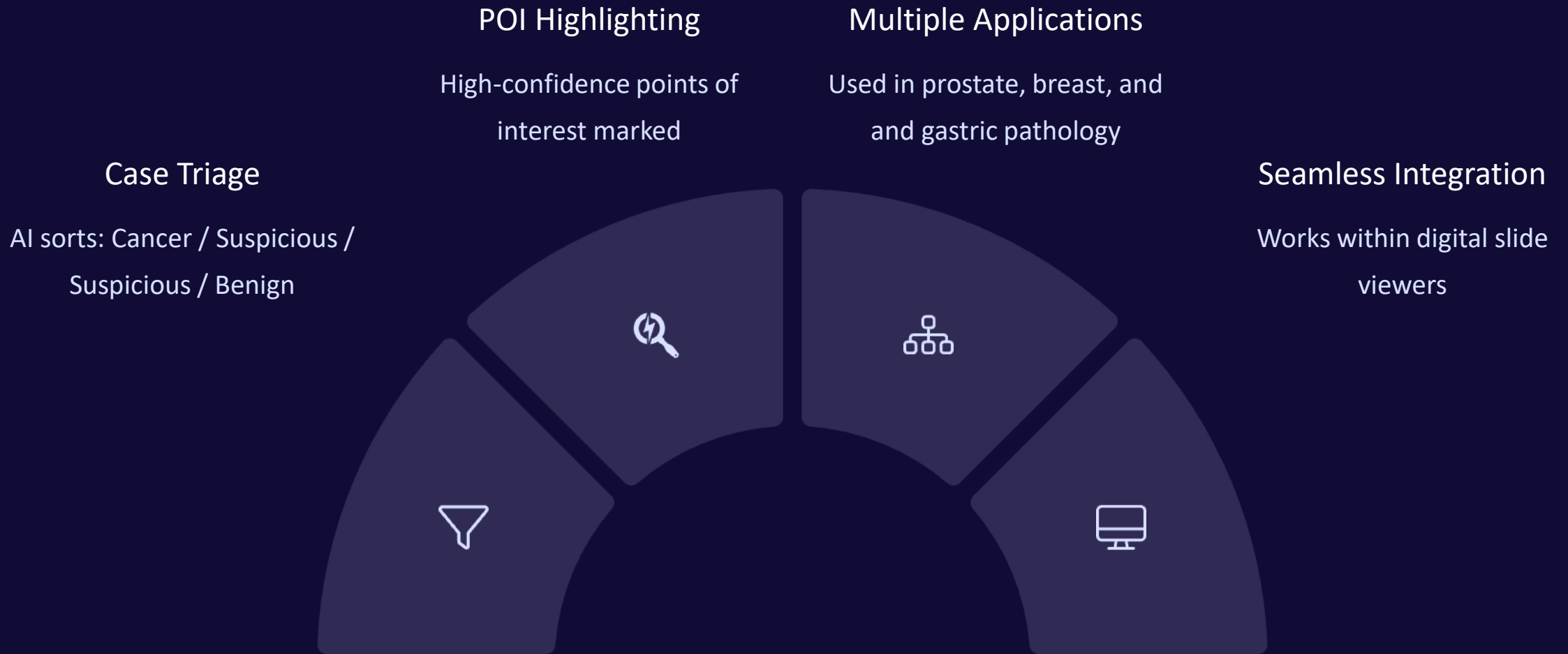
AI-driven receptor testing triggers

5

National Expansion

Phased national evaluation and future roll-out planning underway

AI in Practice



A person wearing a white lab coat and glasses is looking at a computer monitor. The monitor displays a histological image of breast tissue, showing various cellular structures and staining. The person's hand is visible, pointing at the screen. The background is dark and out of focus, suggesting a laboratory setting.

Case Study – Breast AI

Funding Source

Moondance Cancer Initiative provided support

Technology Platform

IBEX platform for image analysis

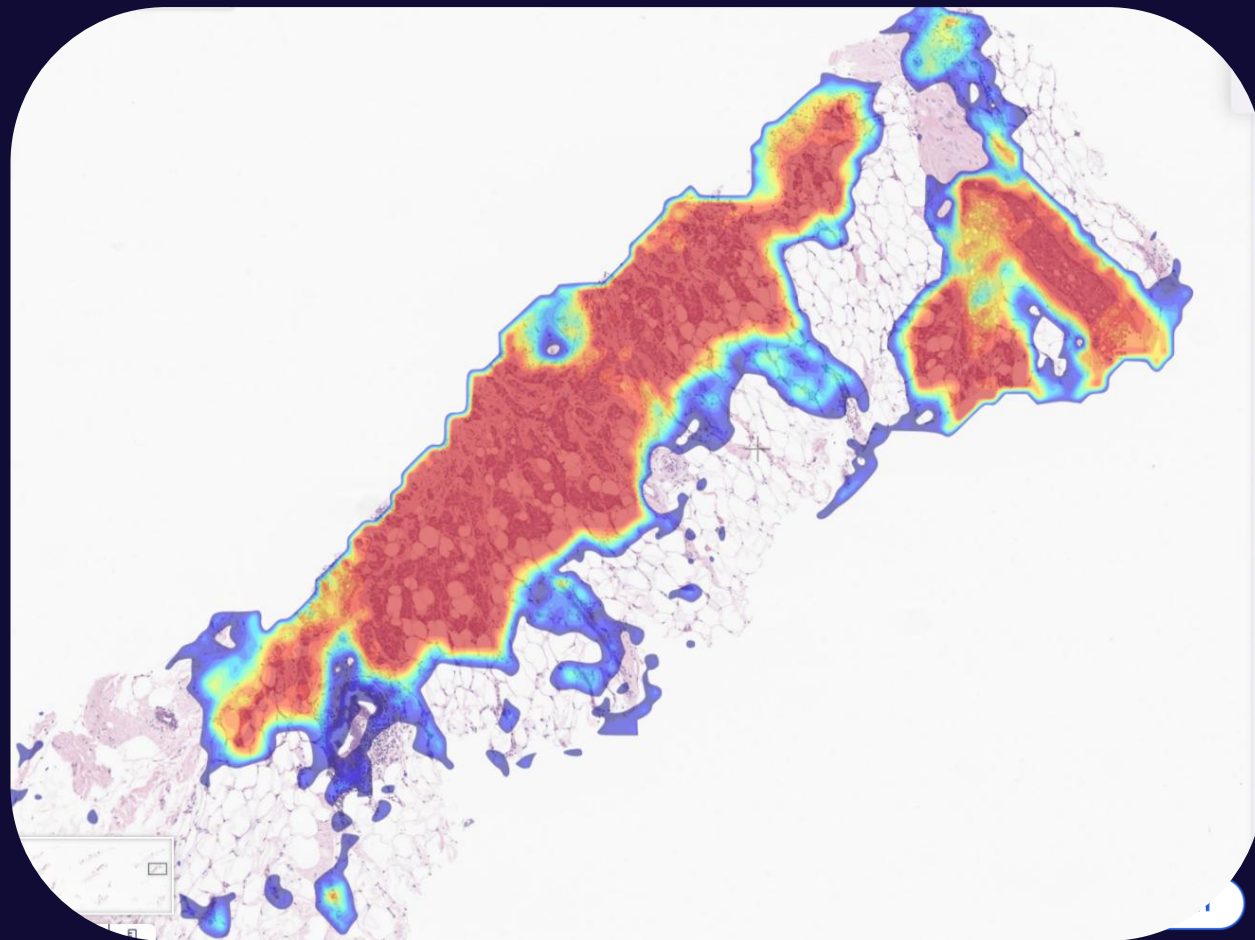
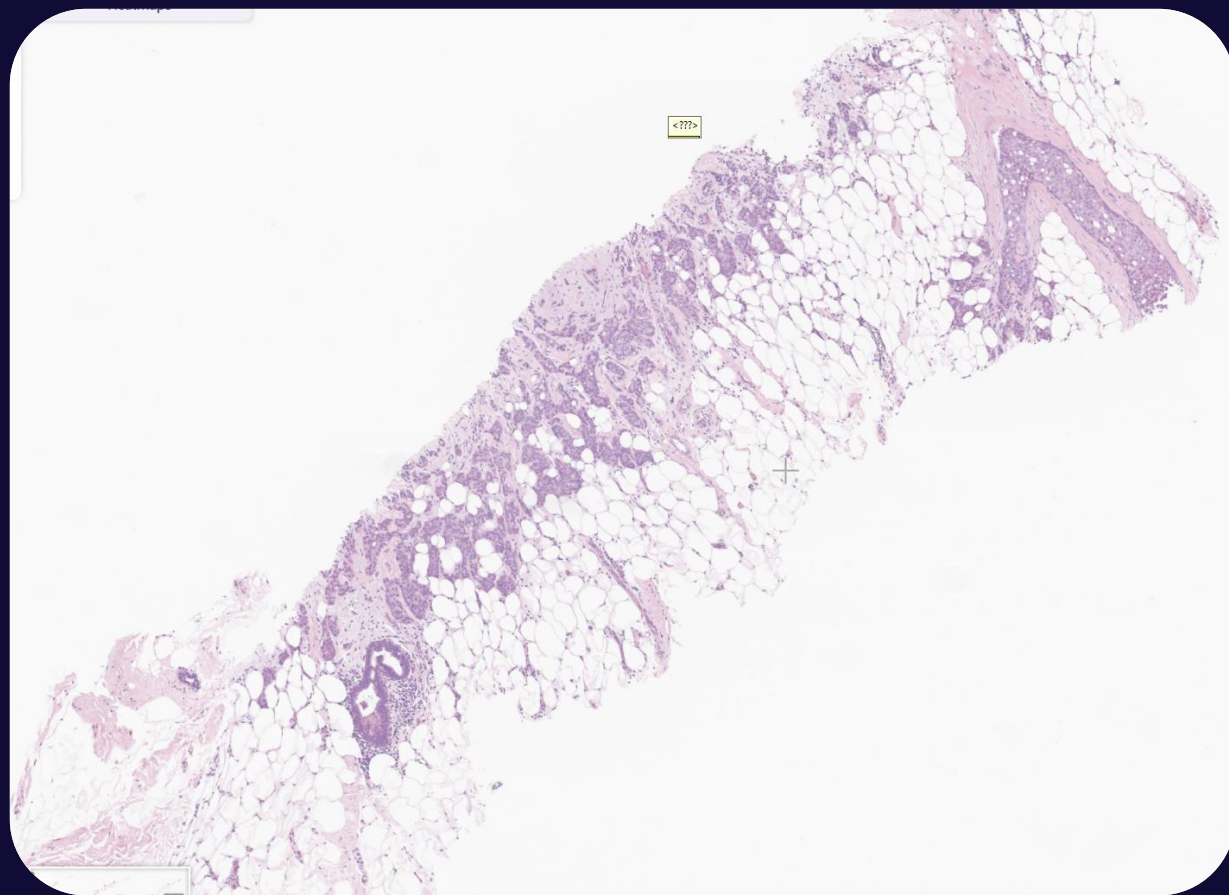
Workflow Innovation

AI flagged cases, auto-requested receptor markers

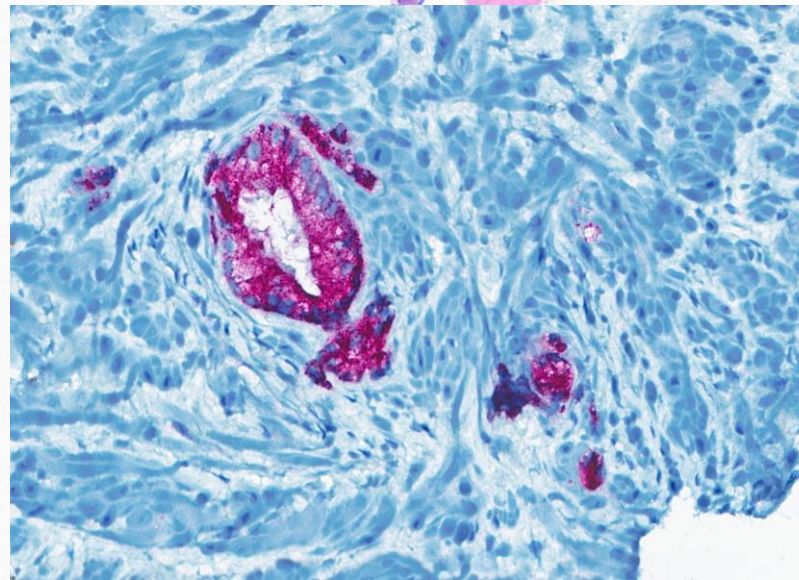
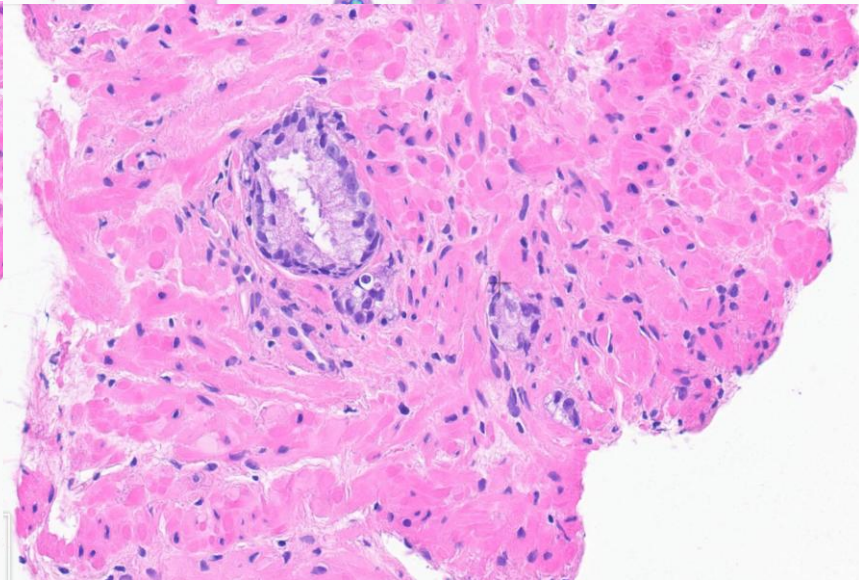
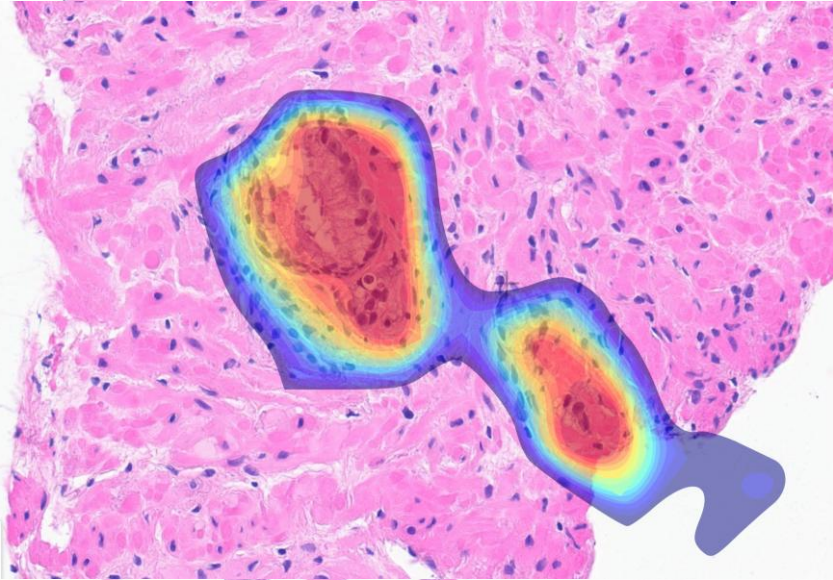
Pathologist Experience

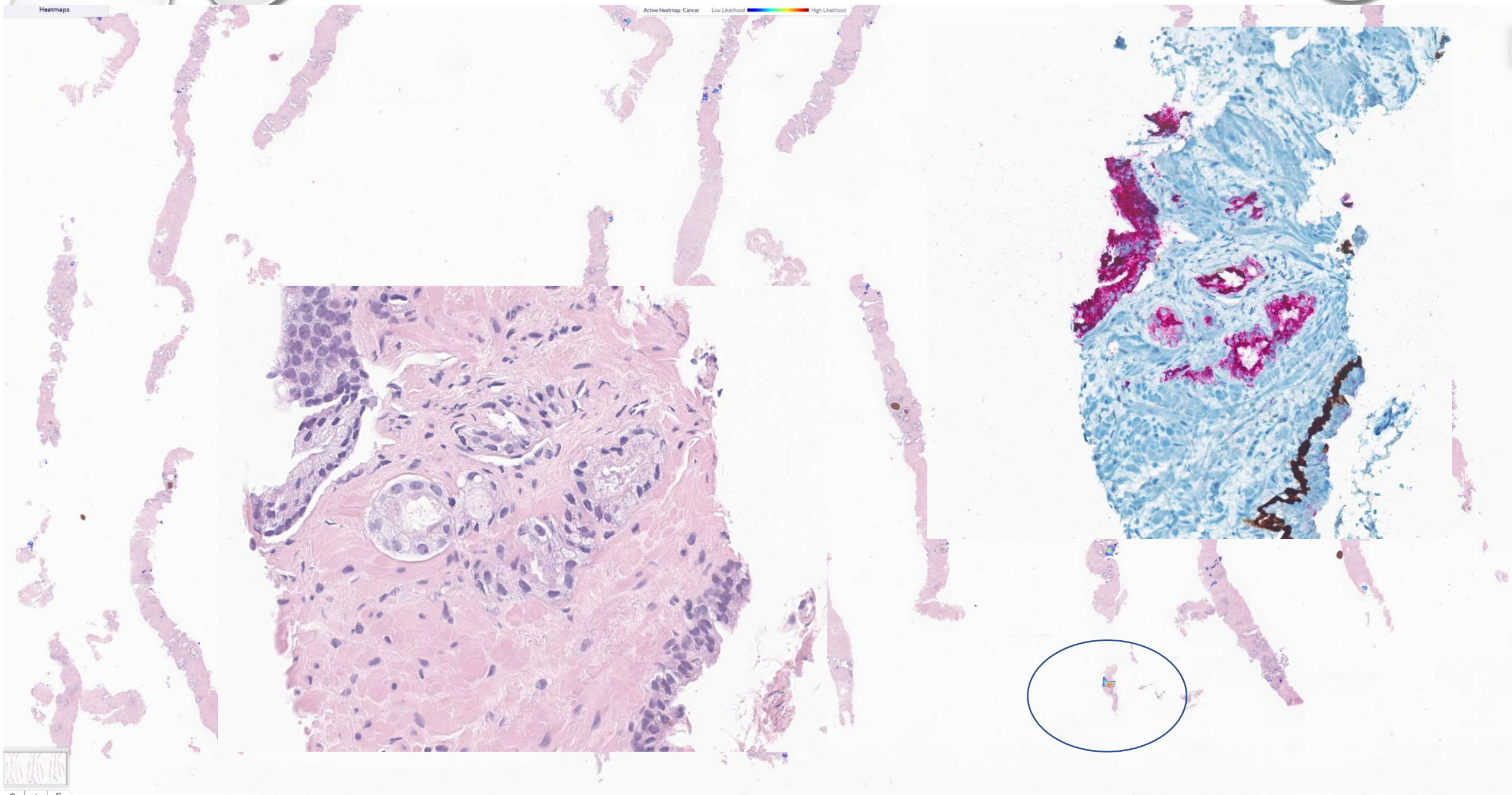
Complete case file received at first review

Breast AI

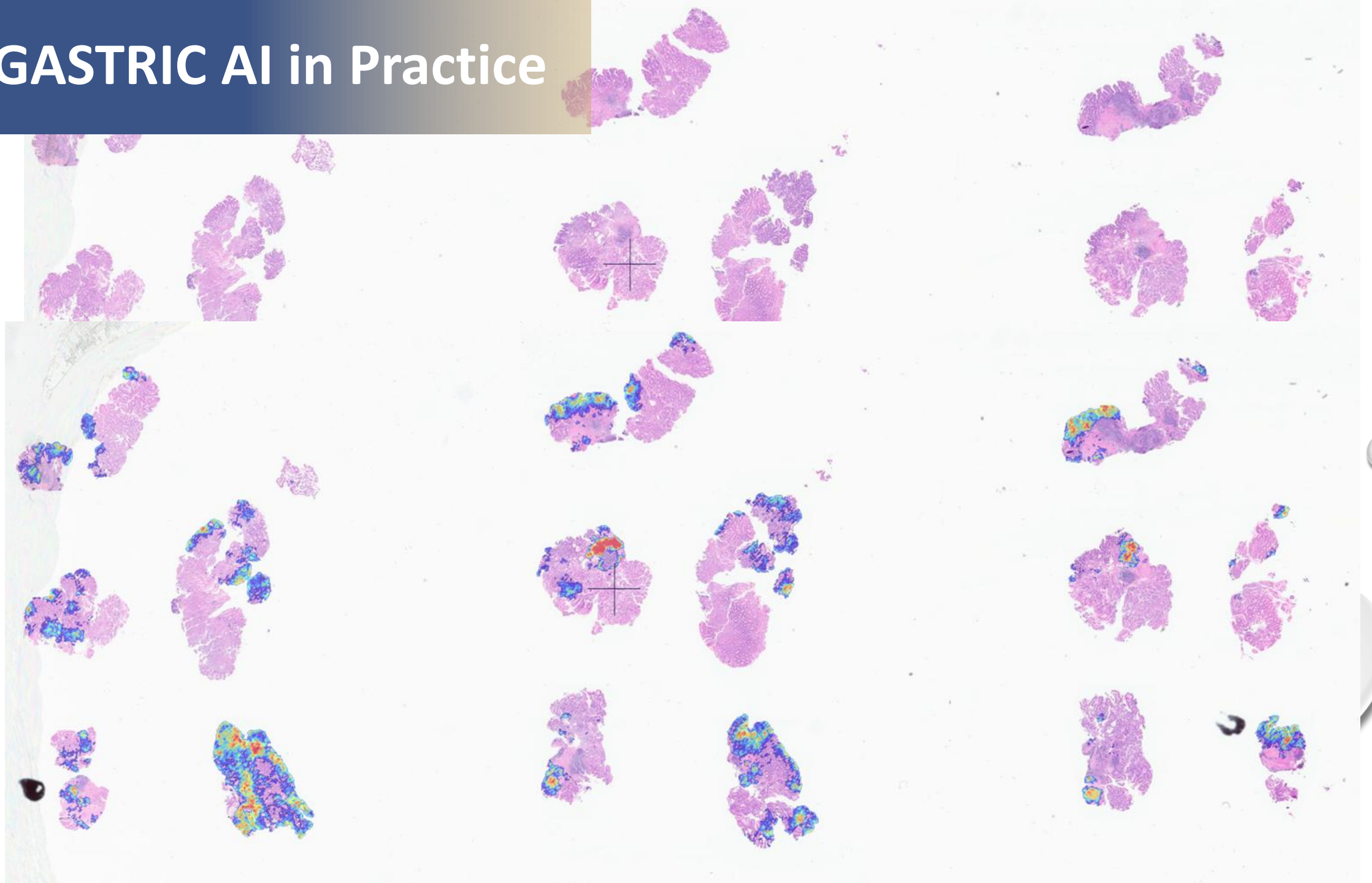


PROSTATE AI

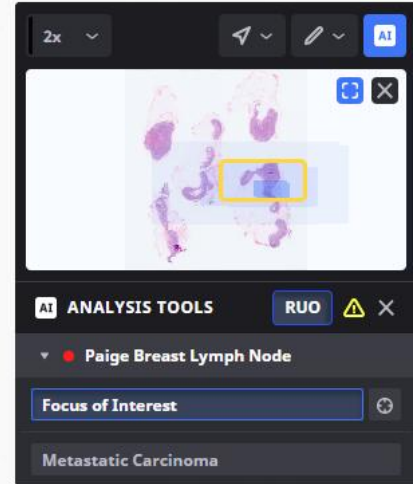
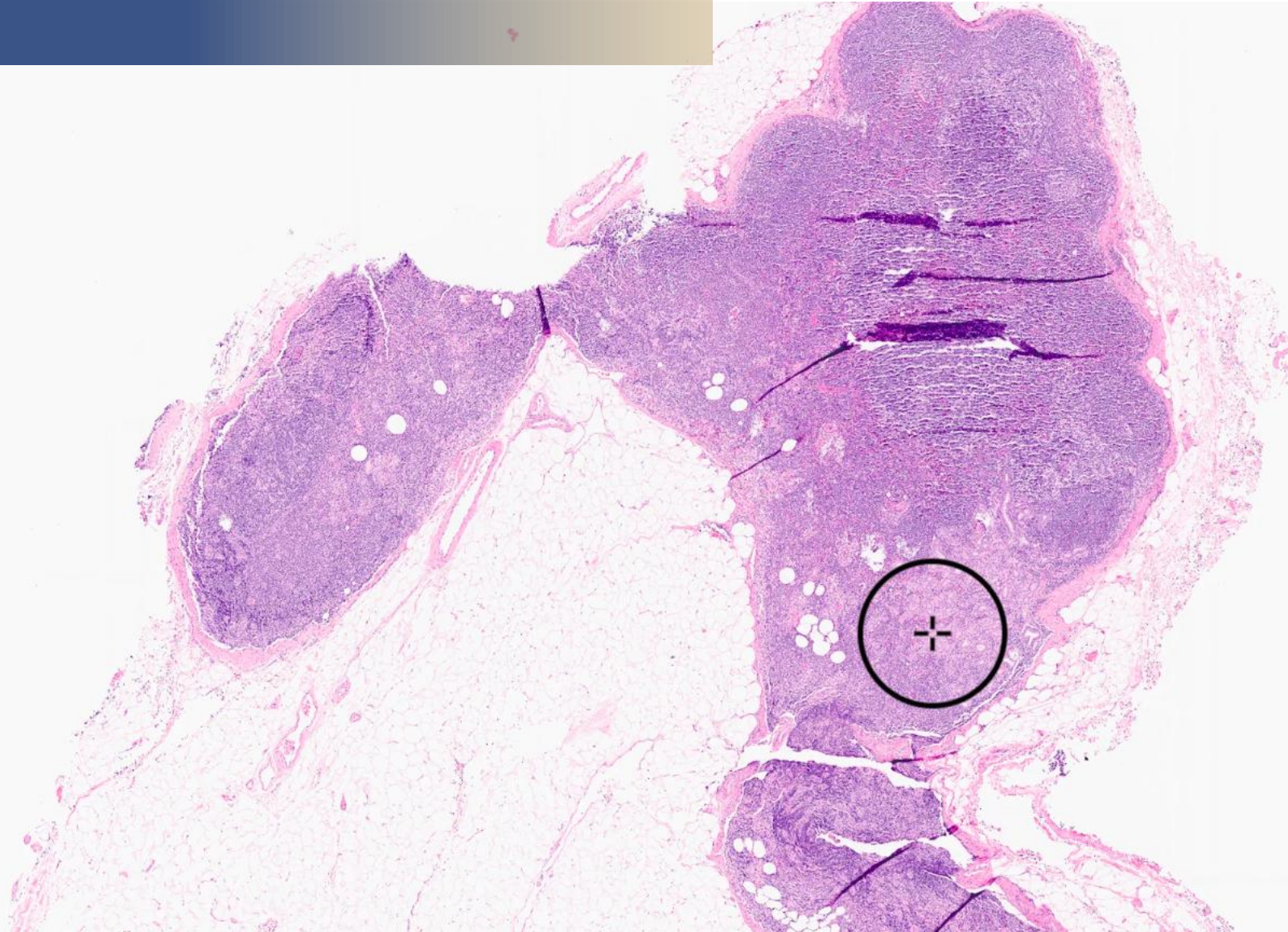


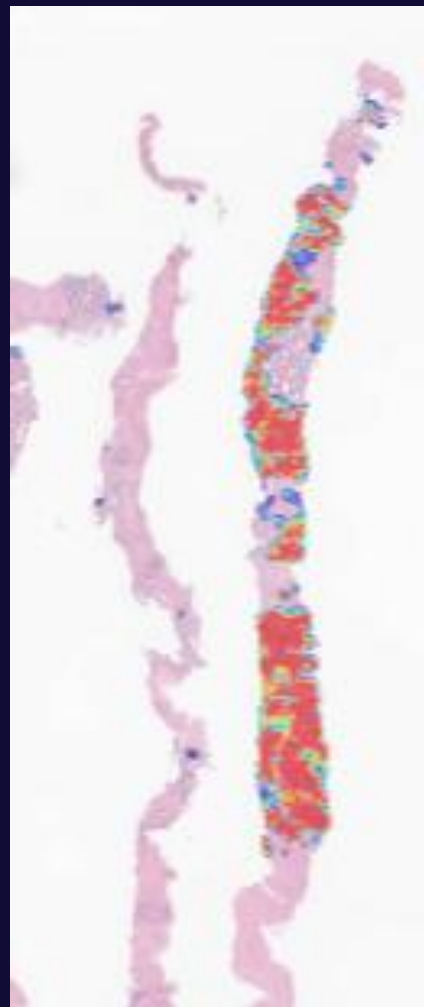


GASTRIC AI in Practice



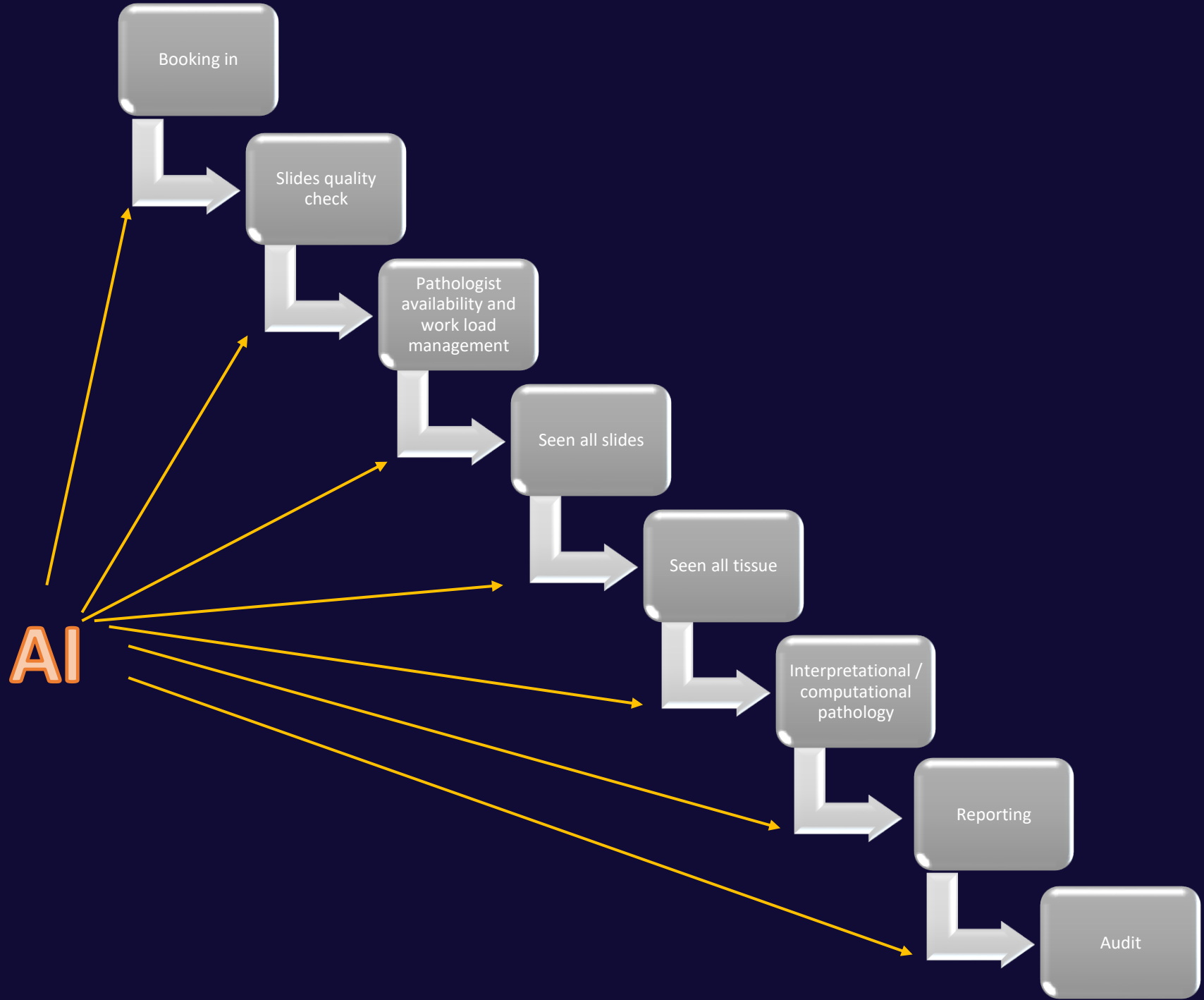
PAN CANCER AI in Practice





Challenges

- Data storage for large digital slide sets
- Workflow integration into existing IT systems
- Variation in AI performance across tissue types
- Need for regular QA and governance



Story of Dr A

Content:

- Dr A pathologist
- Married with 2 kids
- Husband radiologist

Need to move to Australia due to family ties; both are still working for NHS



Closing Message

AI doesn't replace us — it refines us. It brings precision, consistency, and speed to every patient's journey.

End of Presentation



Any Questions?

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Re-designing Dementia Healthcare: A Blueprint for Brain Health



Laurence Geller CBE

Chairman
Geller Capital Partners

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Break & Brew: Morning Refreshments



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10 Year Health Plan
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**Analogue
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**Sickness to
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5 Enabling Reforms

**New Operating
Model**

**Innovation &
Technology**

**Transparency
of Care**

**Finance &
Productivity**

**Workforce
Transformation**

New Operating Model

1. Merge NHSE +DHSC

- set strategies
- allocate funding

2. Local commissioners

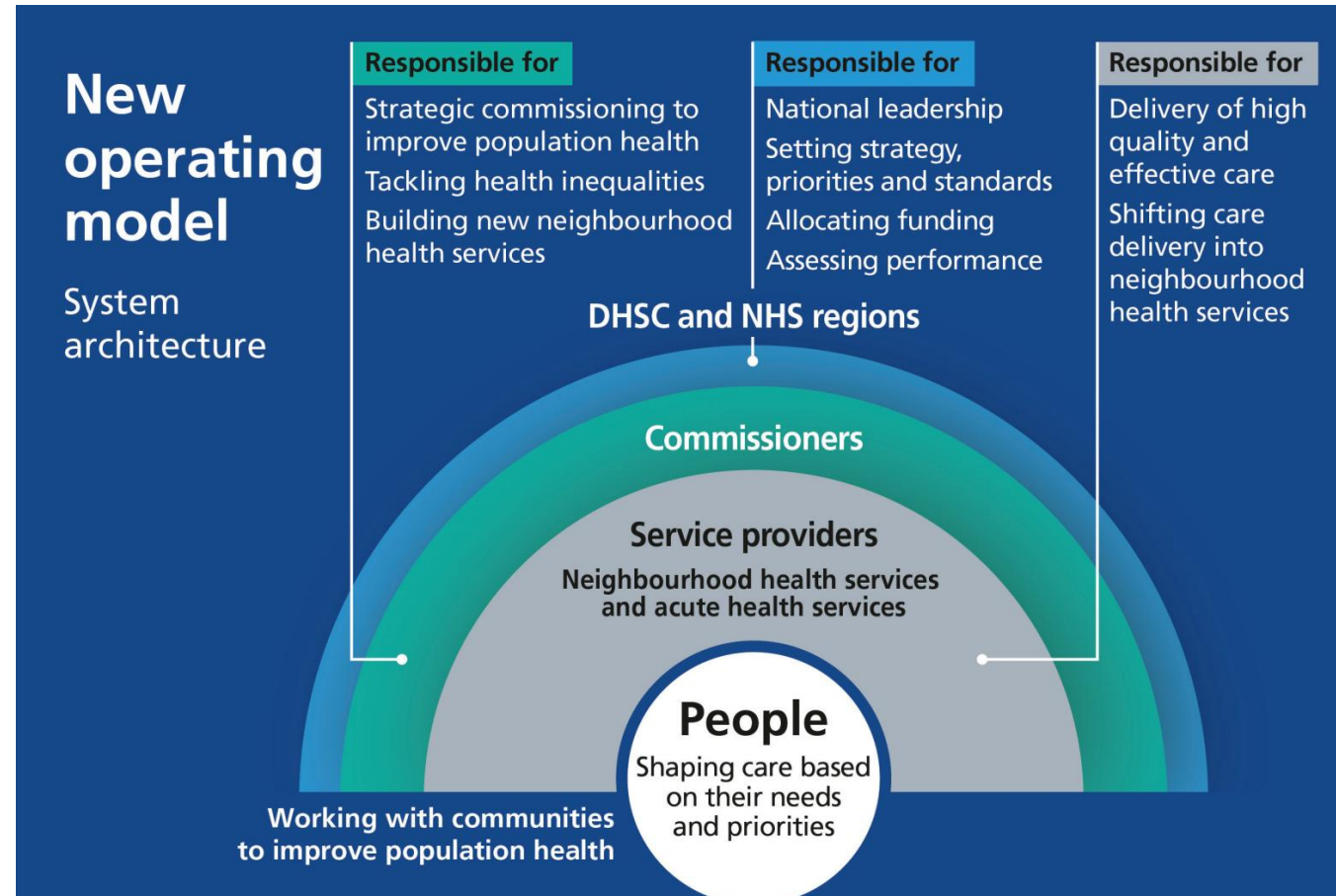
- Tackle health inequality
- Build neighbourhood services

3. Service providers

- Delivery of care

4. People

- Shaping care based on needs



New Transparency of Care

1. League tables
2. Outcome linked payments
3. Patient Feedback
4. Clearer incentives and accountability



Workforce Transformation

1. New staff standards
2. Improved clinical training
3. Leadership and management training
4. Protection from violence, racism and sexual harassment

Workforce

We will introduce a **new set of standards** to make the NHS a great place to work.



These standards will be co-produced with staff through the **Social Partnership Forum**.

New staff standards



Nutritious food and drink at work



Protection from violence, racism and sexual harassment at work



New standards of healthy work



Flexible working options

Employers will publish data on these standards **every quarter**.

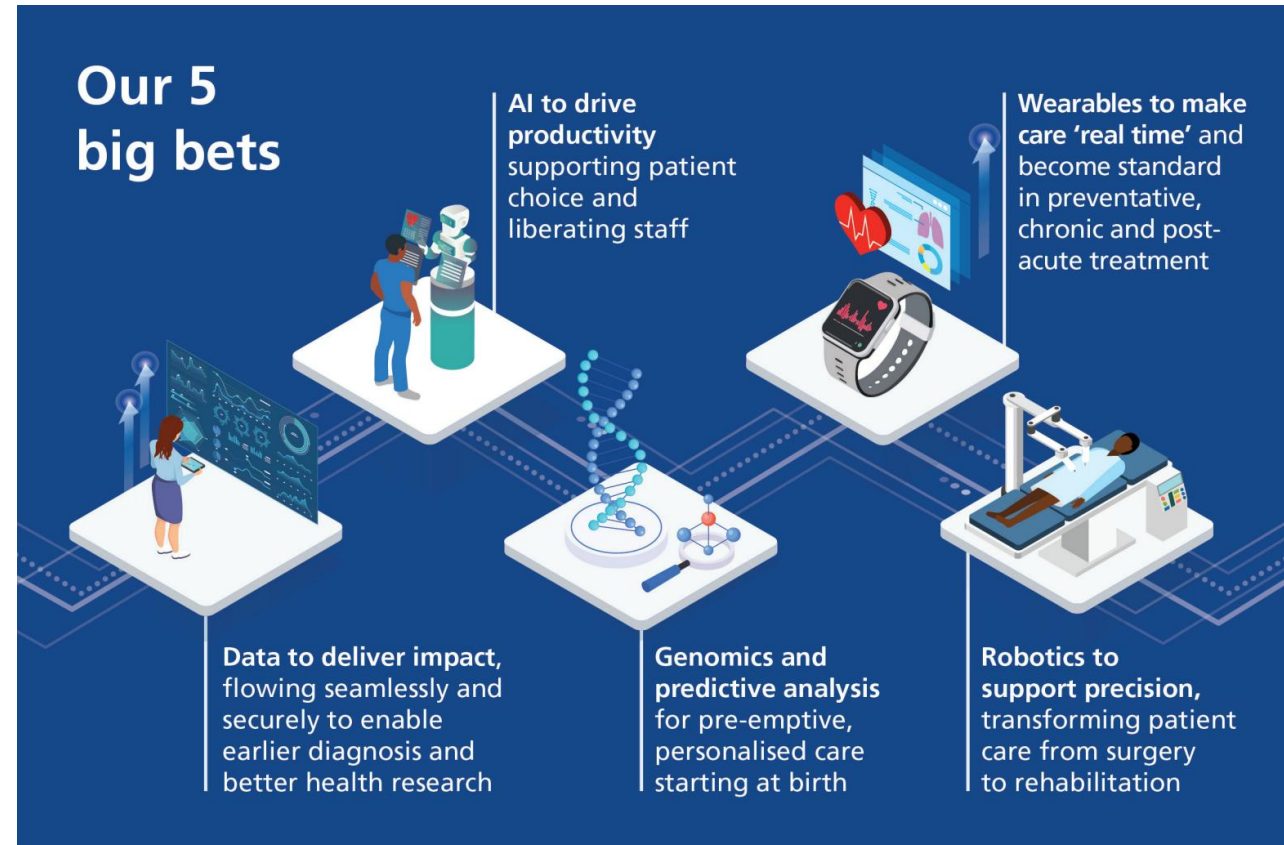


Poor performance on staff outcomes will act as an 'early warning' signal for CQC.



Innovation and Technology

1. Data
2. AI
3. Genomics
4. Wearable technology
5. Robotics



Finance and Productivity

1. 2% productivity gains
2. Sharper incentives
3. Eradicate waste and low-level spending
4. New approach to capital and financial management

Finance

A new financial foundation

Sharper incentives

Drive neighbourhood health with reallocated resources into communities
Year of Care payments

New approach to capital

Reform capital regime with multi-year budgets
Better use of the estate
Leverage private sector investment particularly neighbourhood health

New approach to NHS financial management

Multi-year financial settlements
Eradicating deficits
Increased freedom for some providers to use surpluses

Fairer geographic distribution

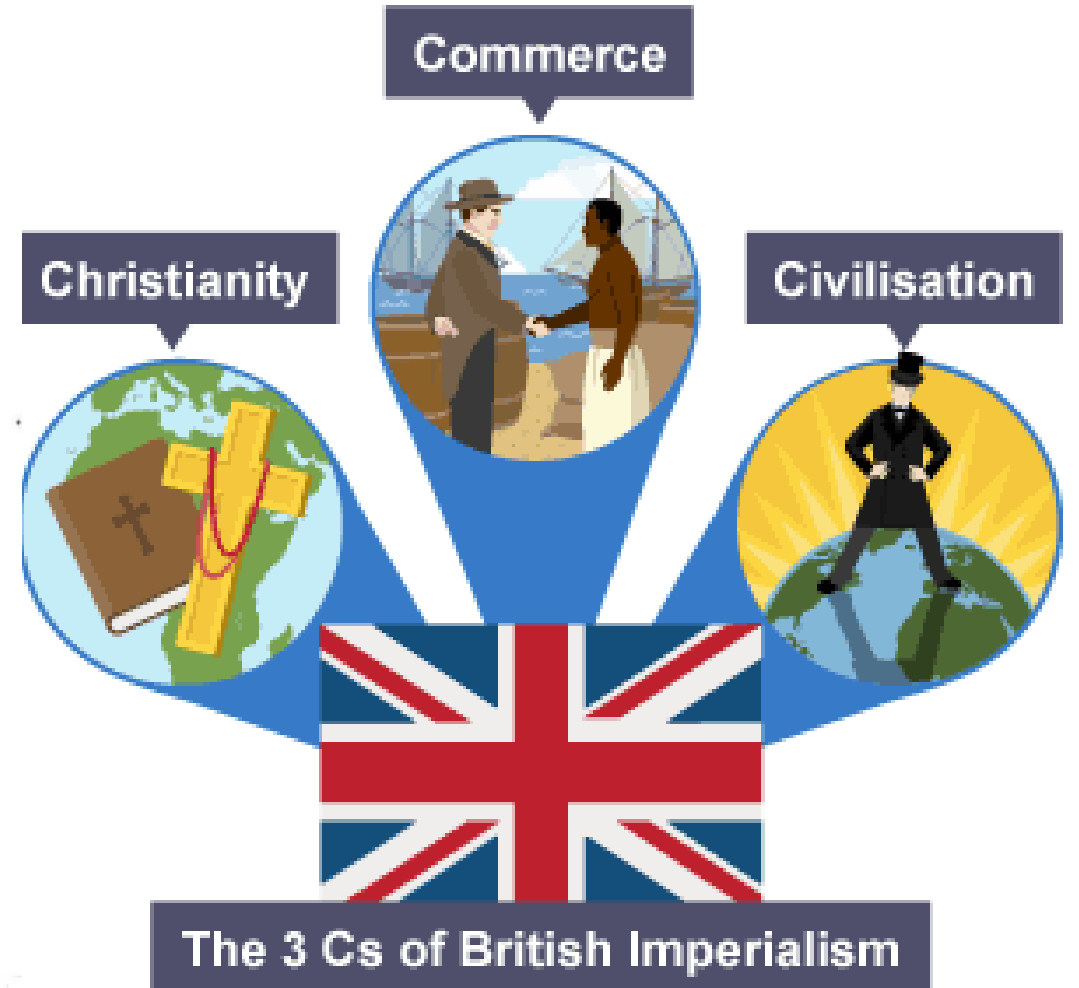
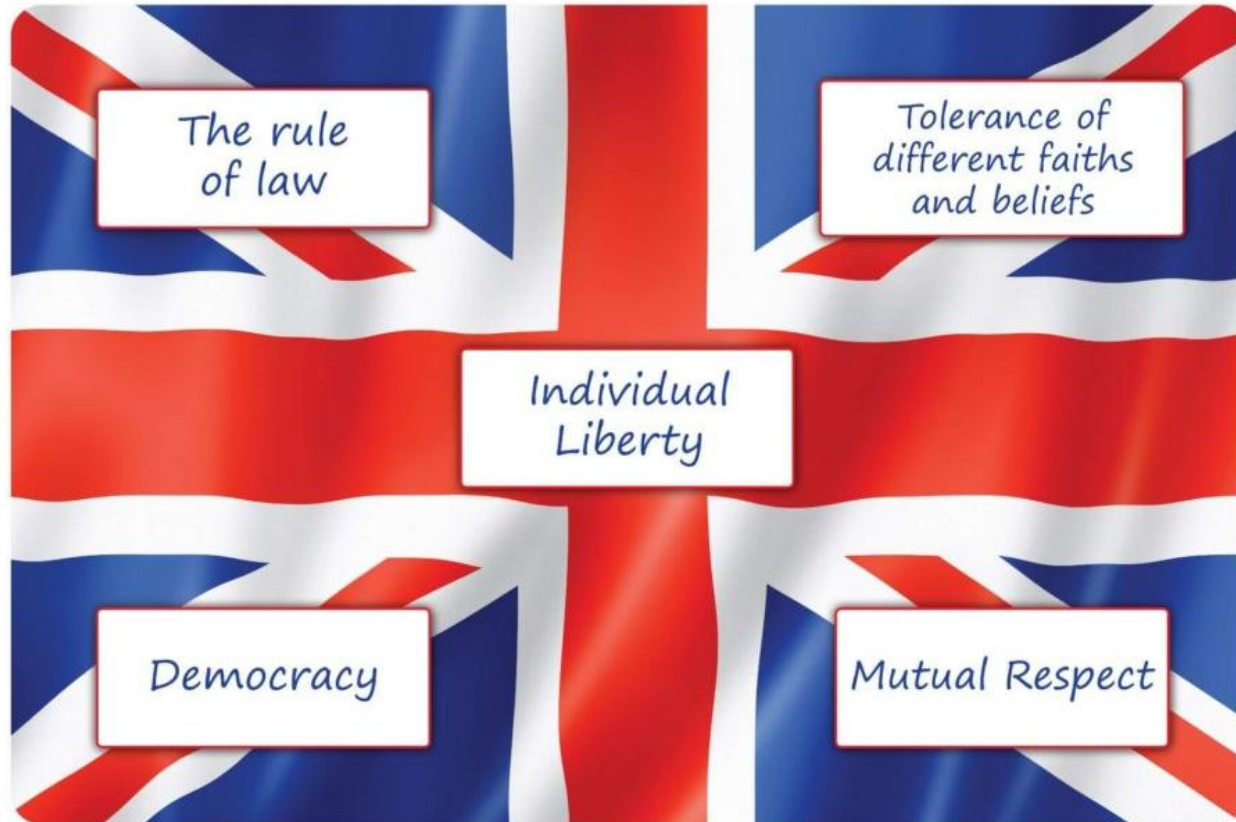
Target extra funding to areas with disproportionate economic and health challenges

Eradicating waste and low-value spending

Red tape challenge for GPs
Tariffs based on best clinical practice, not national averages



Change in British Values



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Apps, Robotics and Delivery: Prescription Management in the Digital Age



Edward Ungar

CEO & Co-founder
Pharmacierge

Edward Ungar
CEO & Co-Founder

Apps, Robotics and Delivery: Prescription Management in the Digital Age

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HealthInvestor
Awards 2025 

WINNER

**HEALTHCARE TECHNOLOGY
PROVIDER
OF THE YEAR**

Pharmacierge

Navigating NHS Challenges: Strategic Collaboration with the Private Sector



Professor Sir Steven Powis

National Medical Director of NHS
England

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The Role of Anaesthesia in Independent Practice



Professor William Harrop-Griffiths

Professor of Practice
(Anaesthesia) & Consultant
Anaesthetist
Imperial College London

Anaesthesia in independent practice

William Harrop-Griffiths

Professor of the Practice of Anaesthesia, Imperial College, London

Consultant Anaesthetist, ICHNHST, London

awhgg@mac.com

Qualifications

- NHS anaesthetist for 43 years
- Private practice anaesthetist for 34 years
- Leadership of clinical organisations
 - Association of Anaesthetists (AoA)
 - Royal College of Anaesthetists
- Involvement in independent practice politics
 - Chair, Independent Practice Committee, AoA
 - Member, Private Practice Committee, BMA
 - Board Member, Federation of Independent Practitioner Organisations

Why talk about anaesthesia?

Biggest hospital specialty in the NHS

Biggest specialty in the private sector

Surgical waiting lists tend not to get much shorter without anaesthetists

What I have been asked to talk about

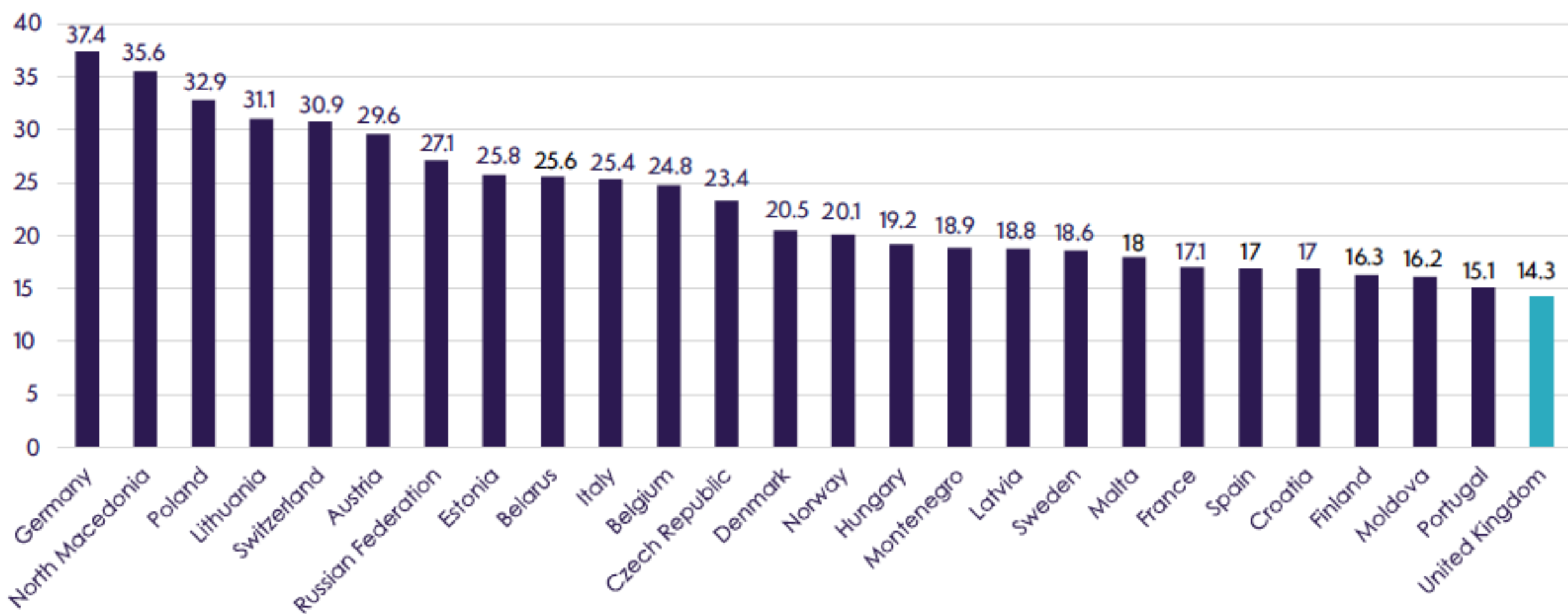
- What are the current challenges for anaesthesia?
- What are the PMI/money issues for anaesthetists?
- Could the private sector provide training for anaesthetists?
- Can the independent sector relieve pressure on anaesthesia in the NHS?

**The Anaesthetic Workforce:
UK State of the Nation Report**
November 2024

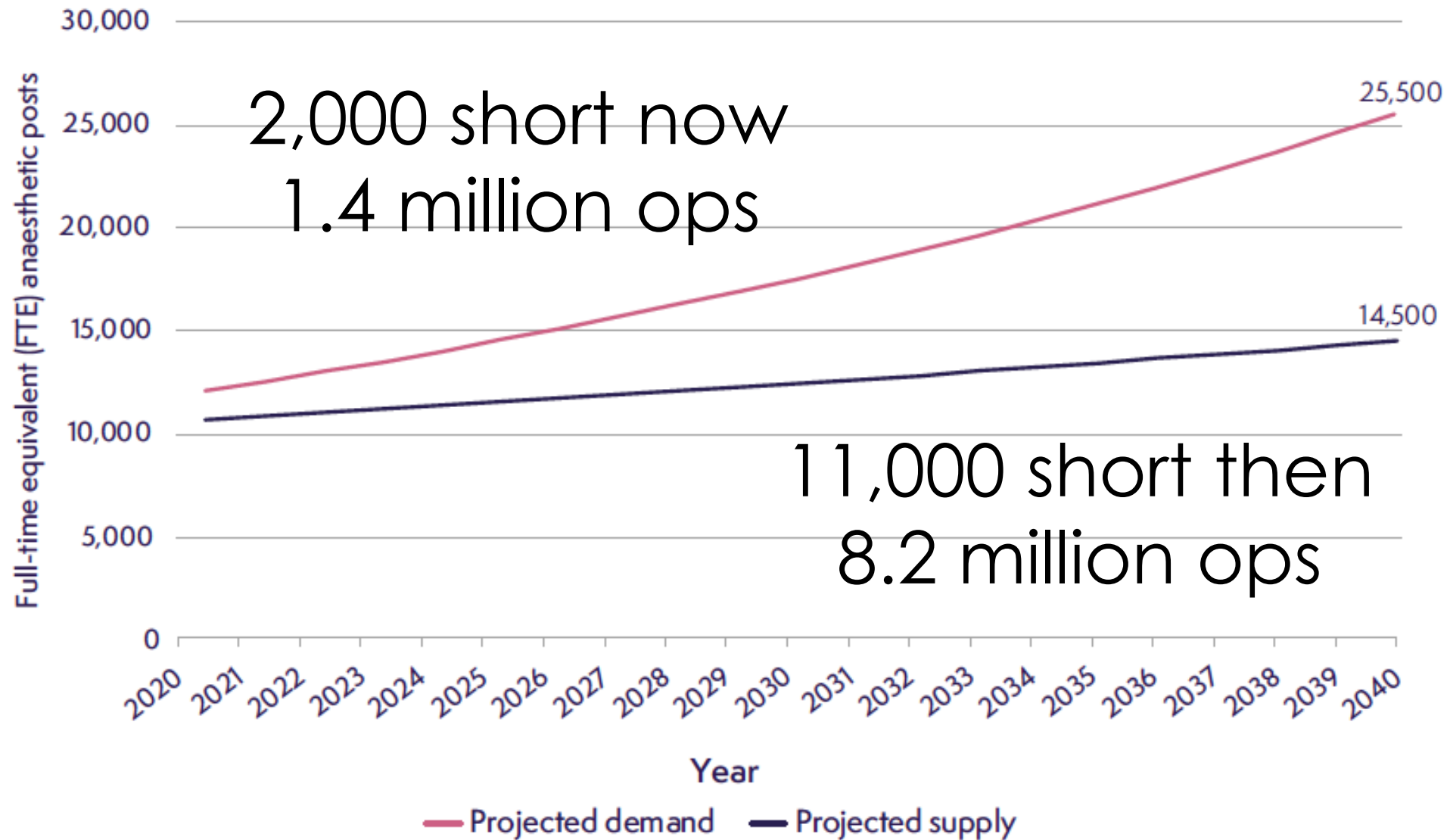


There are not
enough
anaesthetists

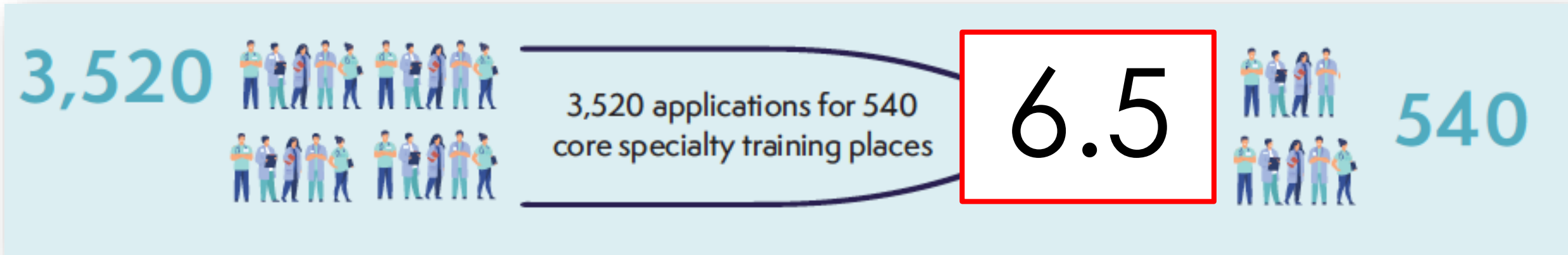
Anaesthetists per 100,000 people



Anaesthetic workforce supply and demand projections 2020–2040



Who in their right mind would want to become an anaesthetist?



More popular than: Surgery – 5.25
Medicine – 3.69
General Practice – 3.67

Entry into the specialty

- Controlled by HEE that was
- NHSE WT&E that is
- The Grand Plan was for Anaesthesia Associates to supplement the anaesthesia delivery workforce in their thousands
- But that is on hold right now

RCOA
Royal College of Anaesthetists



Anaesthesia Associates

NHS anaesthetists & private anaesthetists

- 90% of private operations done by NHS consultants
- NHS consultants will mostly be doing this NHS work in independent hospitals
- In addition to their NHS work

Will this have an impact on the NHS?

- Will NHS consultants do less NHS-related work to create time?
- Will they reduce NHS contracted hours to create time?
- Will the hours in the independent sector affect their wellbeing?
- Will there be an impact on patient safety?
- It's not just about the anaesthetists
- Surgeons have similar considerations
- And theatre staff

Let's talk money



Moan-free zone

What's an anaesthetist worth?







I am not going to moan about money

- No one forces you to become an anaesthetist
- No one forces you to do NHS “WINCH”
- No one forces you to do private practice
- If you don't like the rates...
- Don't do the work

It's a market

- Or at least it should be
- The going rate for something is that which a trained, competent worker will accept
- The market should not be distorted by any agency

Distorting agencies



BMA London Rate Card

Grade	Weekdays		Weekends and Bank Holidays	
	09:00-17:00	17:00-09:00	09:00-17:00	17:00-09:00
FY1	£67	£75	£75	£94
FY2	£77	£89	£89	£105
ST1-2 / CT1-2	£89	£99	£99	£131
ST3-5	£100	£115	£115	£157
ST6-8	£111	£146	£146	£178
Supervised SAS doctors	£136	£167	£167	£209
Consultants, GPs, autonomous SAS doctors, post-CCT fellows	£219	£272	£272	£334
Non-resident on call (NROC)	80% of the appropriate rate set out above for availability. 100% of the appropriate rate set out above for work undertaken during NROC shift.			

Independent hospital distortion

- Taking work and its associated money from the NHS
- Where all consultants are paid the same hourly rates
- Paying “private practice ratios”
- Accusations of bribing their customers
- They should participate in the market rather than distort it

The perverse incentive trope

- It pays consultants to work slowly in the NHS
- This is utter rubbish
- I have never seen surgeons happier than when they can start their NHS list bang on time and then work all the way to the scheduled list end time...
- And beyond!

Can private hospitals train?



Yes

Two ways to get on the specialist register

- Certificate of Completion of Training (CCT)
 - Under the numerical control of HEE
- Certificate of Eligibility for Specialist Training (CESR)
 - Used to be the preserve of the IMG
 - But not any longer
 - Not under anyone's control
- CESR programmes could be part provided in private hospitals

But

- It should be proper training
- Not just service delivery dressed up as training
- Training and efficiency
- The classic scenario:
 - Layers of a surgical incision
 - Closed successively by ever more inexperienced resident doctors
 - Until skin closure becomes a close race between the FY1's skin suture
 - And granulation tissue

Can the IS relieve pressure on the NHS?

- Yes but no but yes but
- The same anaesthetists will do the work in both sectors
- The solution must not involve pulling people away
- The solution should not include flogging what few anaesthetists we have
- Even those Boomers who are happy to be flogged
- We need to increase the NHS's capacity and efficiency
- Urgently



“The choice for the NHS is stark: Reform or Die”

Unspoken third choice: Reform **and** Die

The End

awhgg@mac.com

Healthcare Unplugged: Inside the System with a Policy Architect

**The Rt Hon. The Lord Lansley
CBE**

Former Secretary of State for Health
Member of the House of Lords

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Mental Health: The Private Sector's Role in Emotional Health



Dr Jon von Niekerk

Group Medical Director
Cygnet Health Care

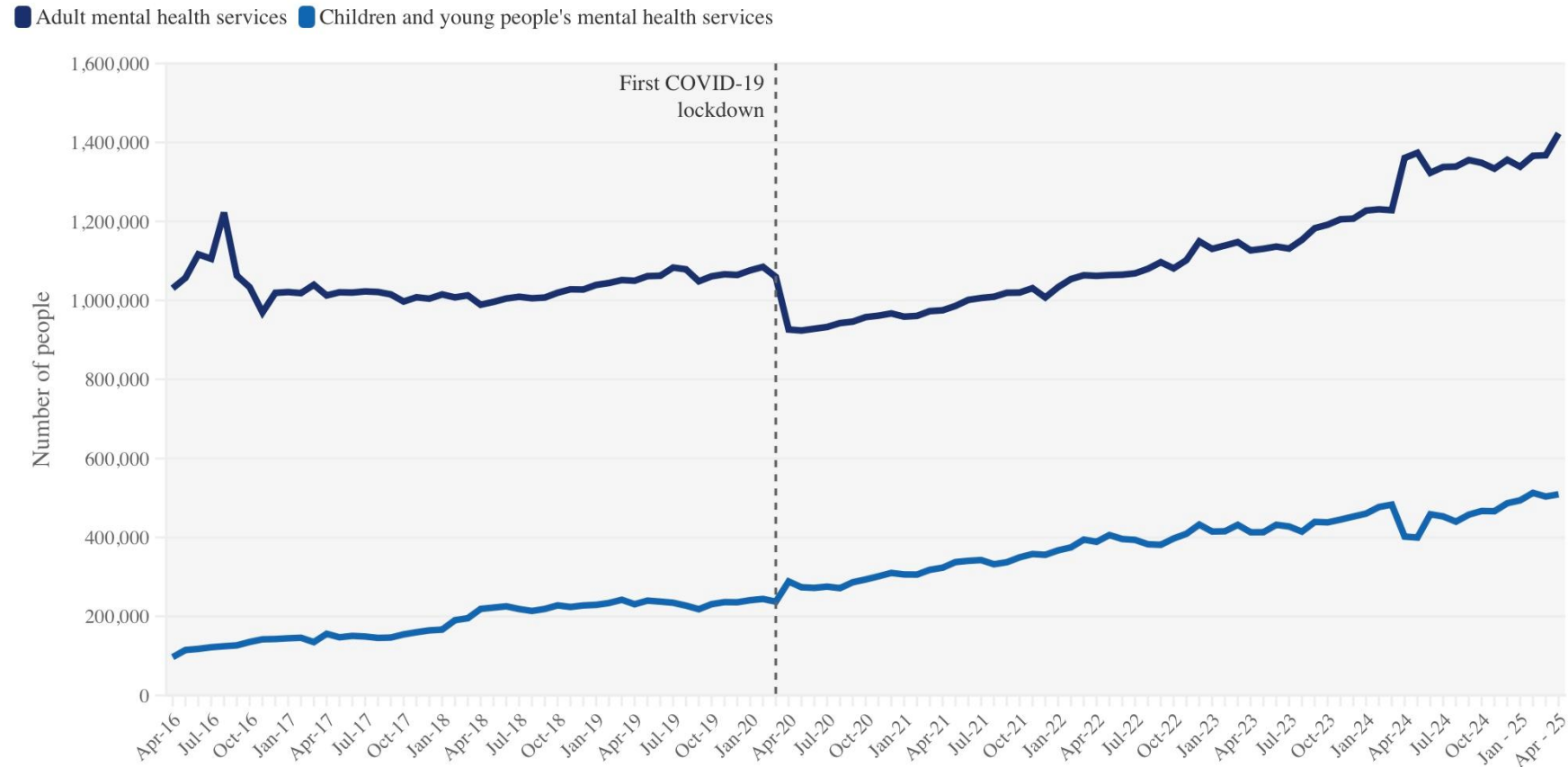


Mental Wealth: The Private Sector's Role in Emotional Health

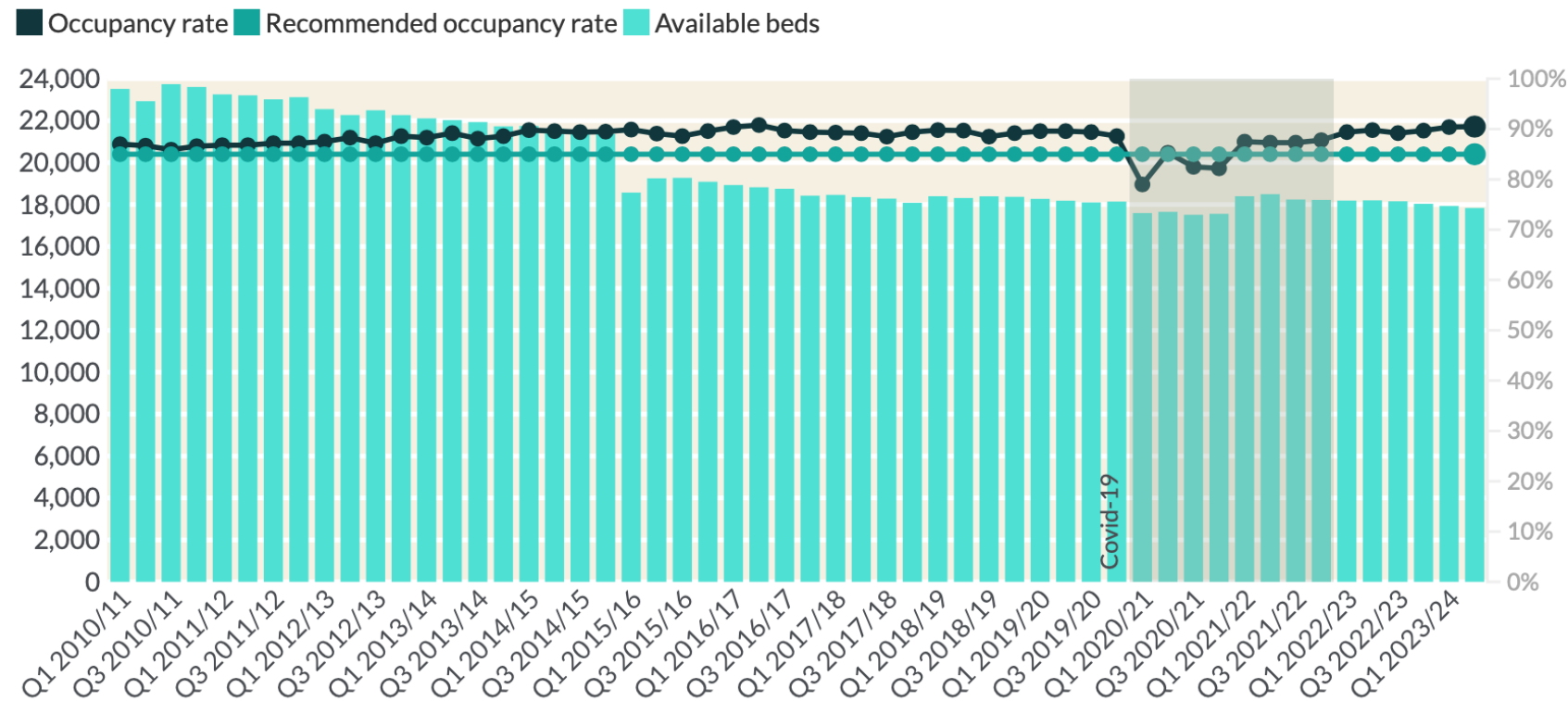
Dr Jon van Niekerk

Improving lives together

System Pressures – A Mental Health Service in Escalation Mode



The number of mental health beds has declined, despite bed occupancy remaining above recommended levels

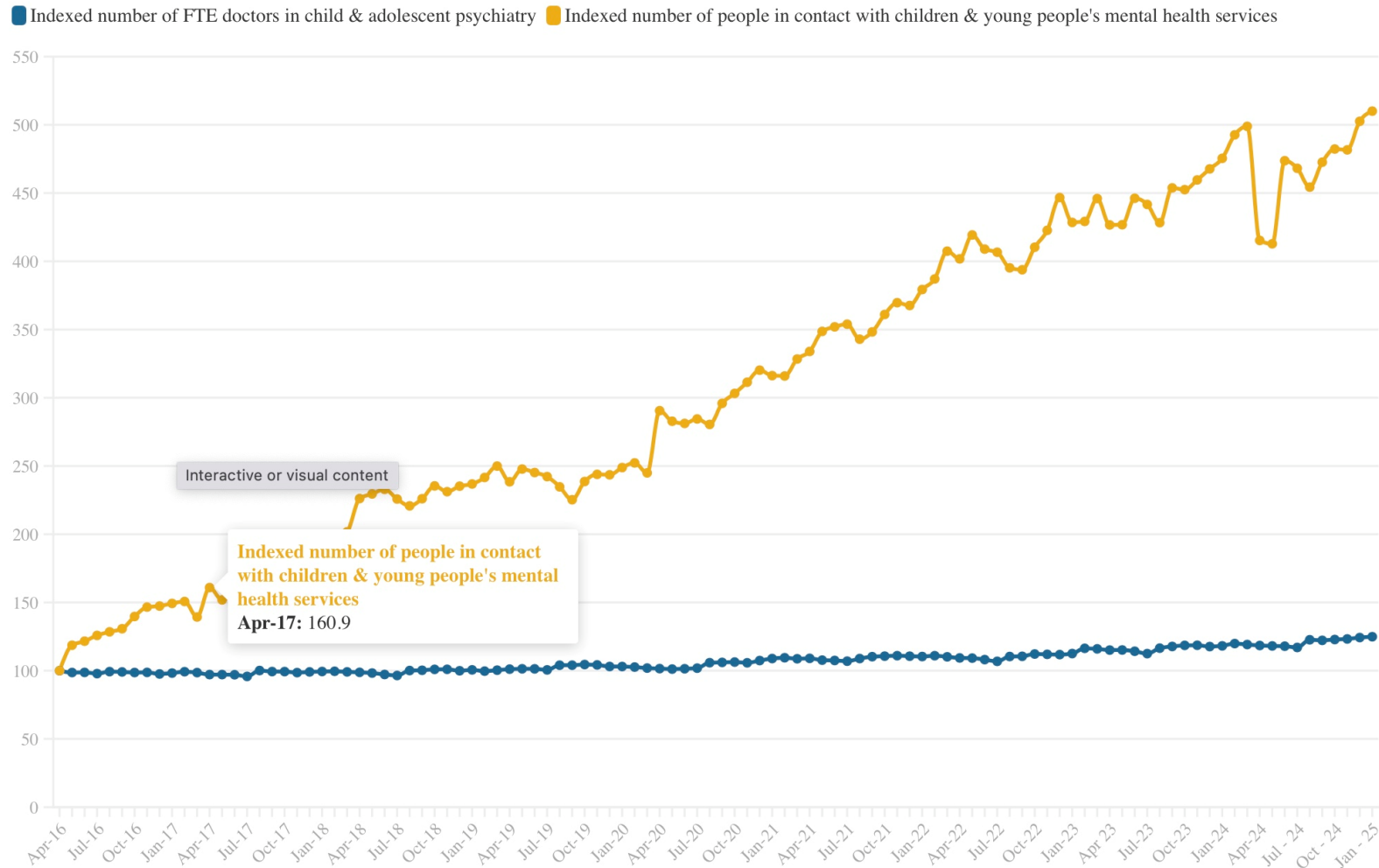


Source: [NHS England - Bed Availability and Occupancy](#).



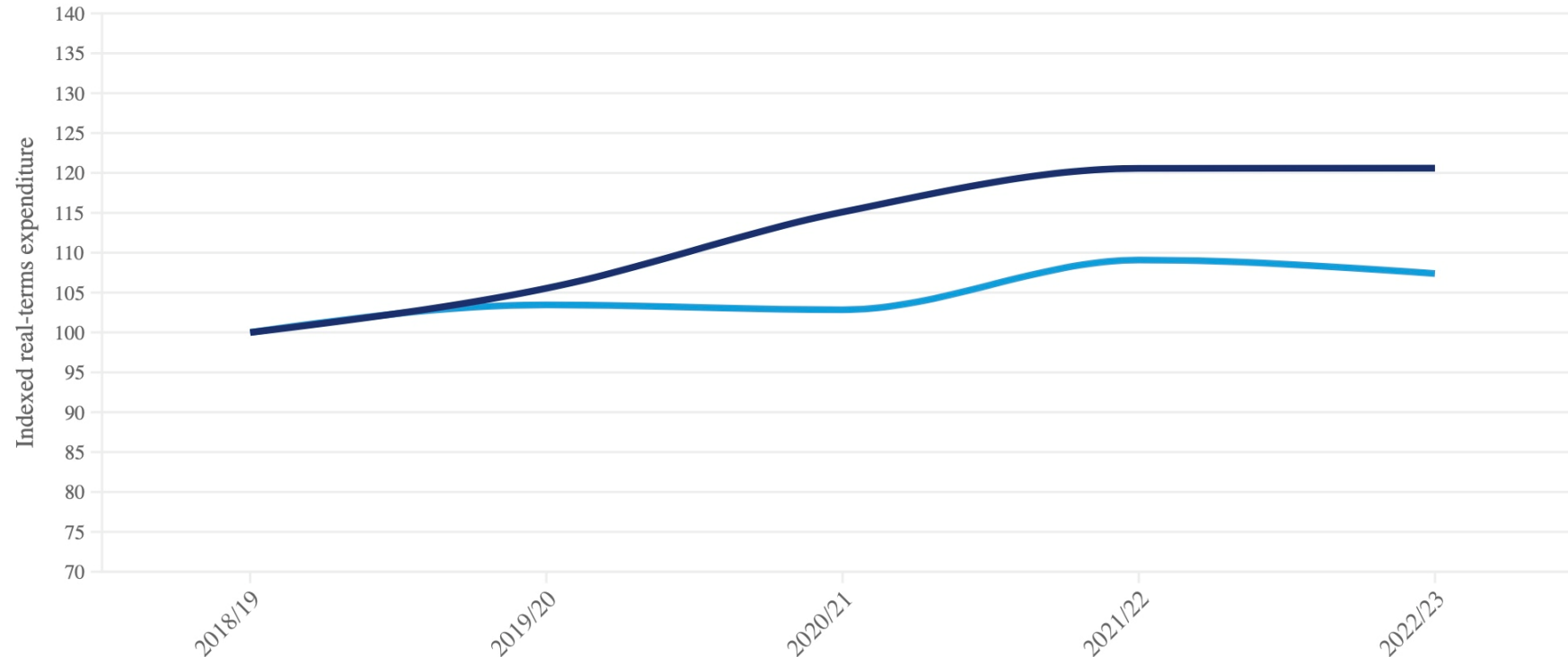
* A Flourish chart

Consultant Psychiatrist posts not keeping pace with demand



NHS Expenditure on mental health in England compared to total expenditure.

- Indexed NHS expenditure on mental health (real-terms)
- Indexed total NHS expenditure (real-terms)

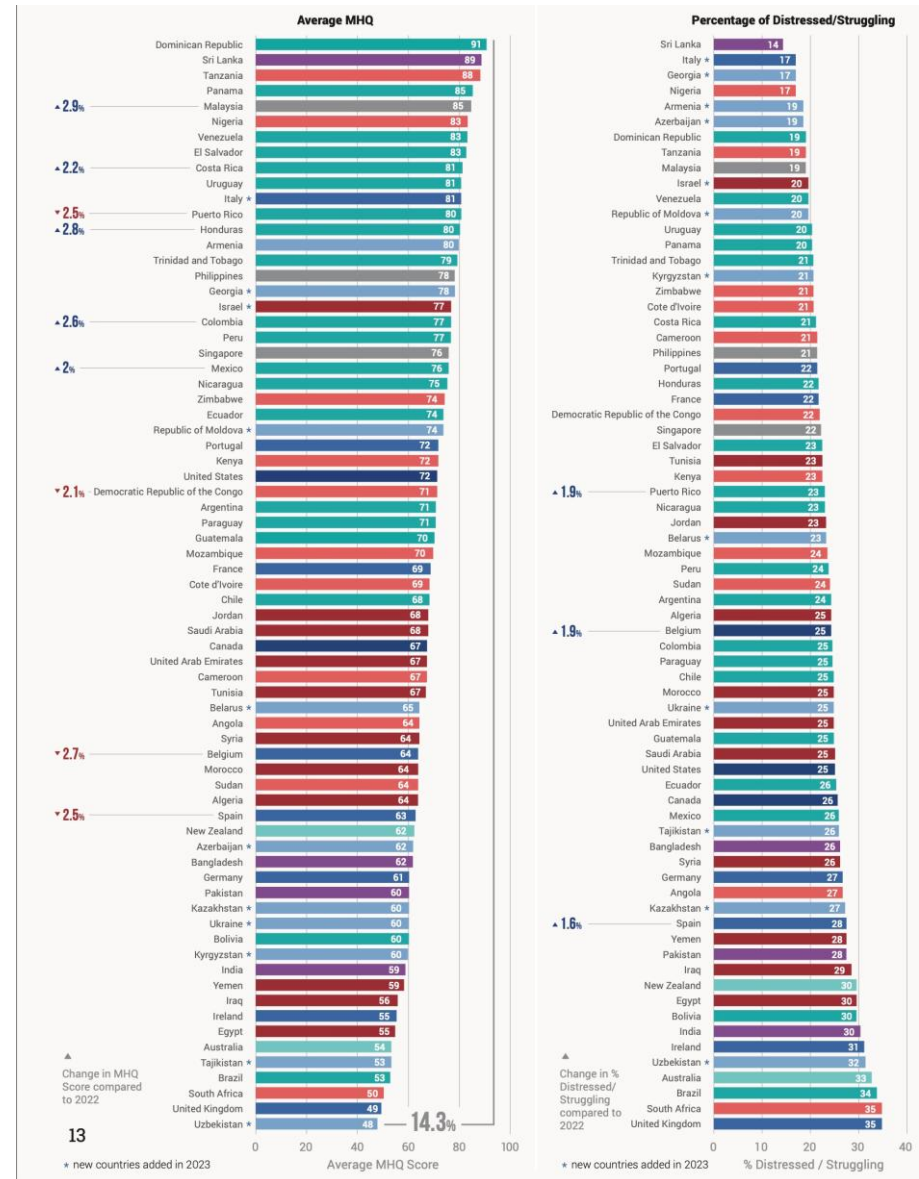


Source: BMA analysis of [NAO analysis of mental health expenditure](#), [NHS England total expenditure](#) • Real-terms analysis (2023/24 prices) based on GDP deflators at market prices June 2023 (Quarterly National Accounts)

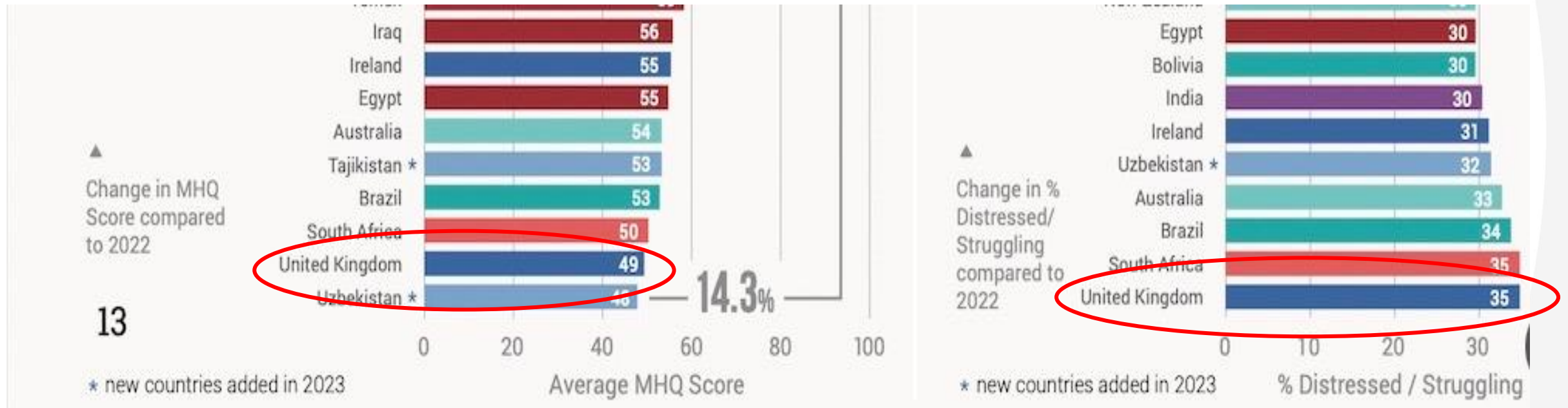
NHS funding is only available on a consistent basis back to 2018/19, hence the data is indexed to then. Mental health funding for 2022/23 is planned, not actual.



Average MHQ and Percentage of distressed

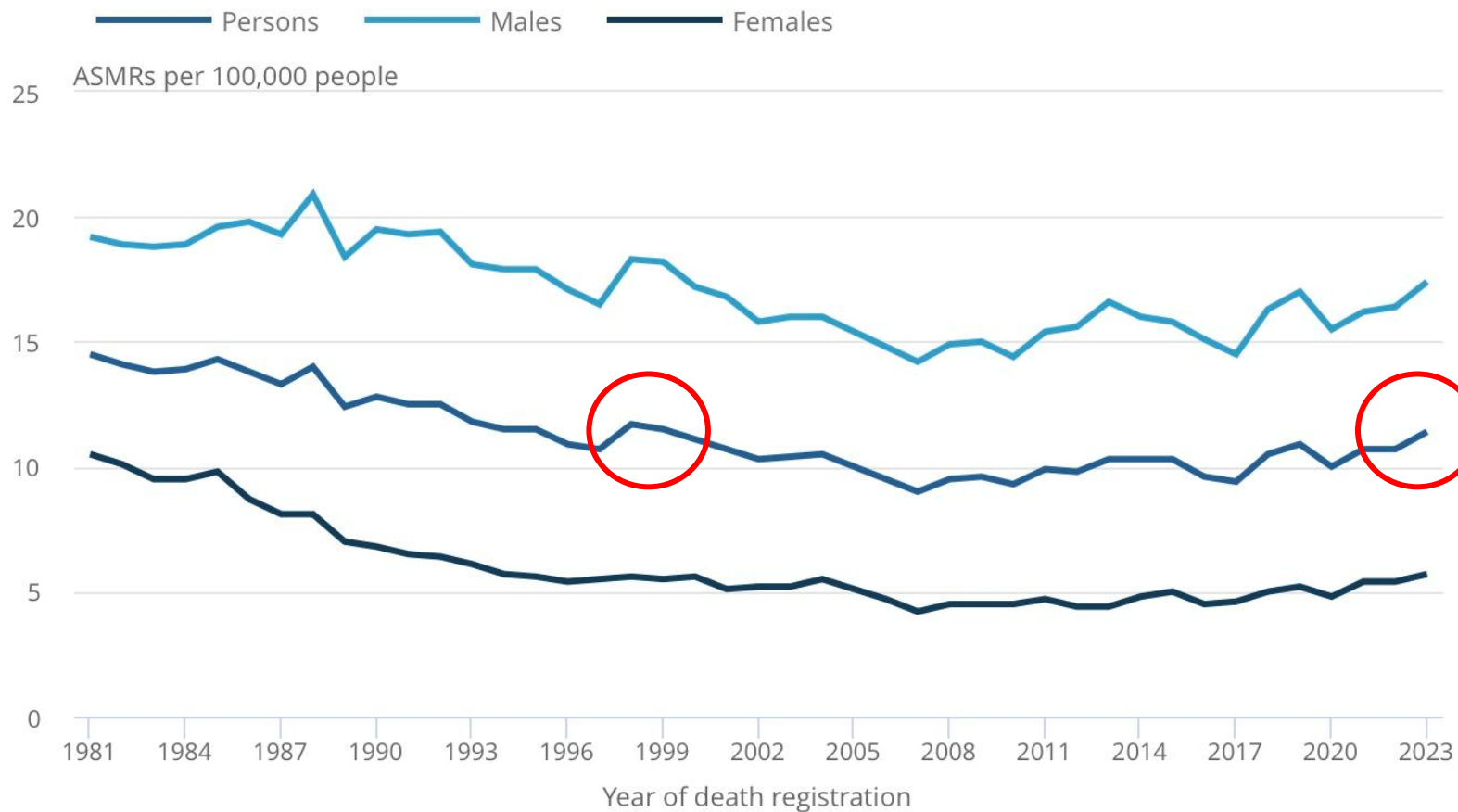


UK Ranked Second-Most Miserable Country In Global Mental Health Survey



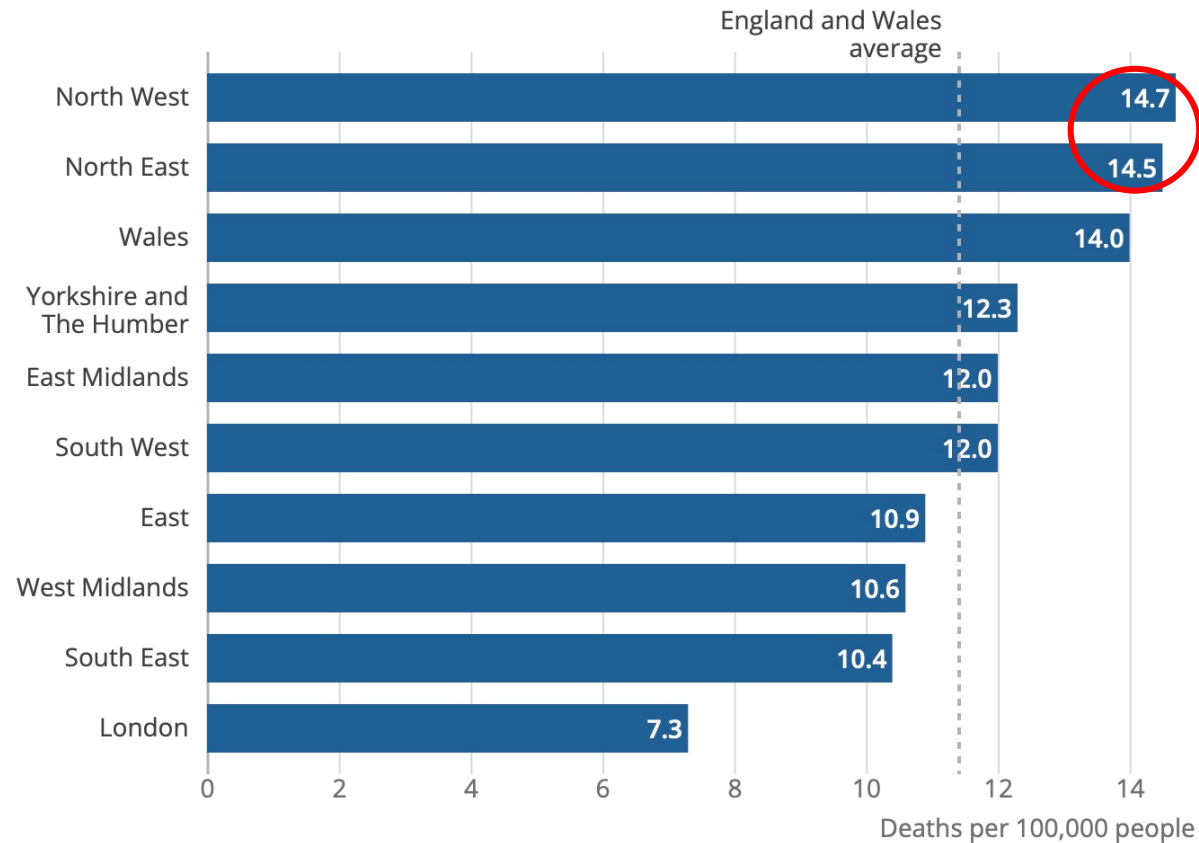
Suicide rates highest since 1999

Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2023



Suicide rates differ by region

Age-standardised suicide rates for English regions and Wales, deaths registered in 2023



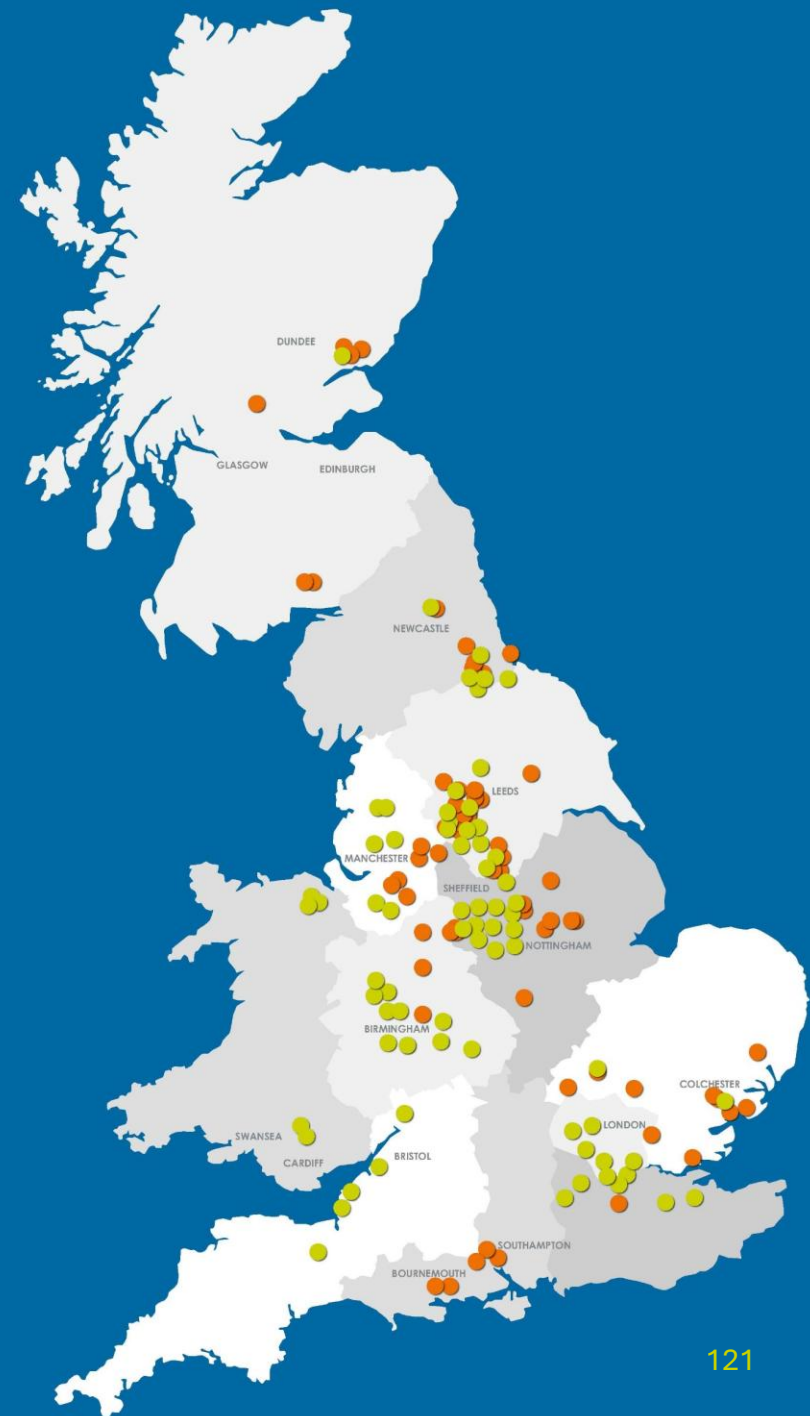
Source: Suicides in England and Wales from the Office for National Statistics

[Embed code](#)

Our Locations

A National footprint

- Health Care
- Social Care



Building for Better Mental Health

- 7 new hospitals in 2024/25
- 230 new beds
- £132million investment



Cygnet Hospital
Sherwood



Cygnet Hospital
Wolverhampton



Cygnet Hospital
Oldbury



Cygnet Kenney
House



Cygnet Hospital
Kidsgrove



Cygnet
Paddocks



Cygnet Elowen
Hospital – coming soon

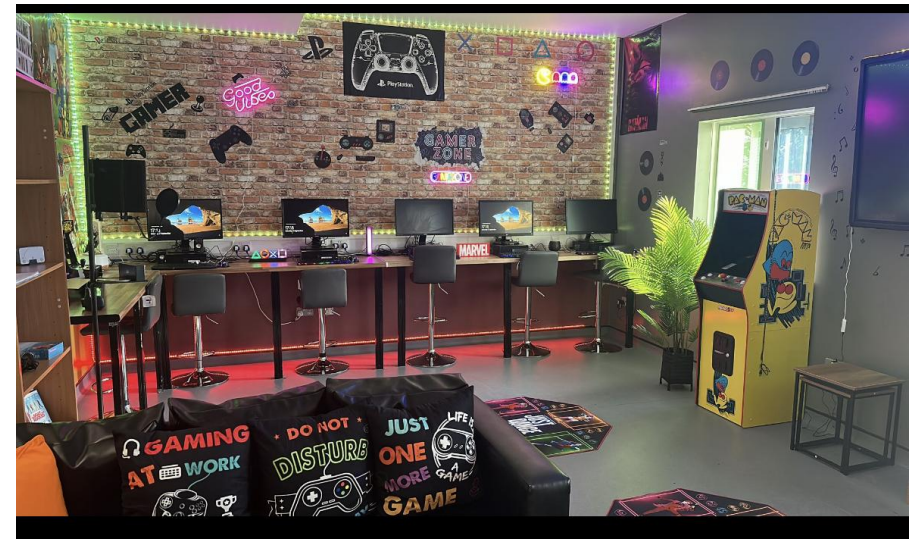


HealthInvestor
Awards 2025
WINNER

HealthInvestor
Awards 2024
WINNER

Winner of the Specialist Provider of Year 2024 and 2025, HealthInvestor Awards

Social Hubs: Innovation in Care



HealthInvestor Awards 2025
WINNER

HealthInvestor Awards 2024
WINNER

Winner of the Specialist Provider of Year 2024 and 2025, HealthInvestor Awards

Revolving doors



Barriers to Better Care : What Must Change



What the future looks like



10-year plan:



24/7 neighbourhood mental health centres



Assertive outreach teams



Joined-up digital and commissioning models

Mental Wealth is a Shared Project



Thank you

www.cygnetgroup.com

Follow us on social media:



Improving lives together



Integrity

Trust

Empower

Respect

Care

Ten-Year Vision: Partnering for a Healthier Nation



David Hare

Chief Executive
Independent Healthcare Providers
Network (IHPN) Limited



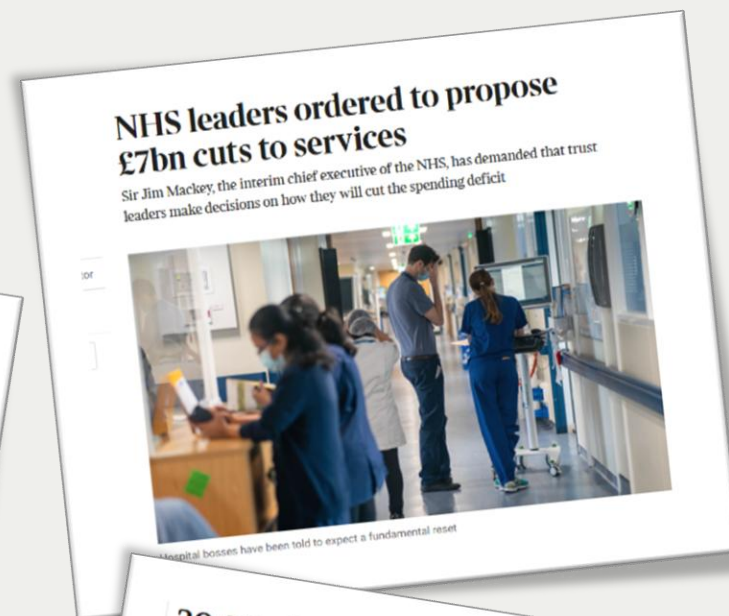
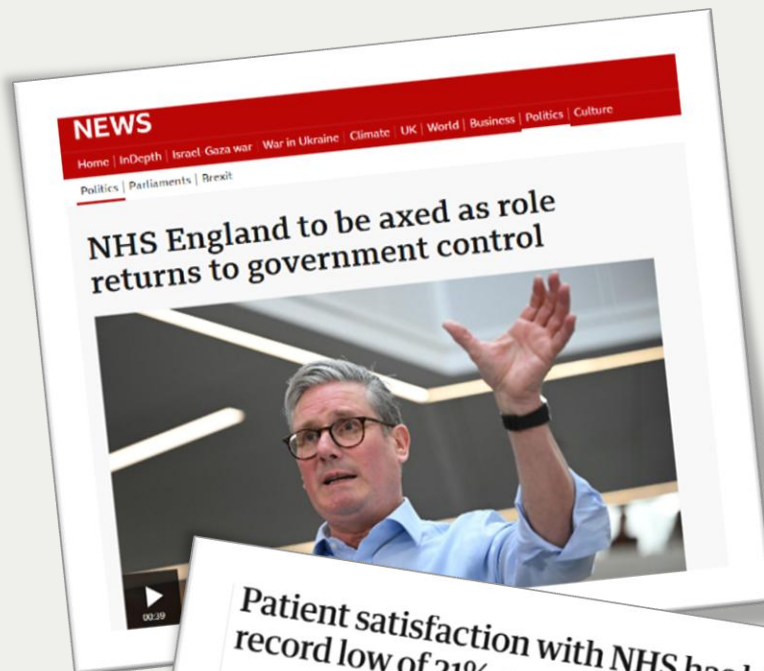
Ten year vision – partnering for a healthier nation

David Hare, CEO, Independent Healthcare
Providers Network

10 July 2025



Headline issues for government



10 Year Plan for Health

- Clear move towards a much more diverse, competitive and patient-centred health system that was a feature of the 2000s.
- *“No one part of the NHS has a monopoly on good ideas”,*
 - Greater plurality of provision incl in Neighbourhood Health Centres
 - New choice charter for patients;
 - Sharper incentives and a “new pay-for-performance culture”
- Return of purchaser/provider split
 - Provider organisations prohibited from sitting on ICBs
 - Explicit role for ICBs in ‘market making’ to “actively cultivate strong providers”, with a
 - Move away from block contracts towards “best practice tariffs”.



10 Year Plan for Health

Creation of a Neighbourhood Health Service

- Care to be delivered as local as it can
 - Digital by default,
 - In a patient's home if possible,
 - In a neighbourhood health centre (NHC) when needed
 - In a hospital if necessary.
 - The majority of outpatient care outside of hospitals by 2035
-
- The roll-out of new Neighbourhood Health Centres - open six days a week for 12 hours a day - 'one stop shop' for patient care and the place from which multidisciplinary teams operate
-
- New funding flows and payment mechanisms that connect the savings from improved quality of care with the investment in new services in the community - creating financial incentives for shifting care into the community.



Increasing role of the independent sector

Private sector's role in cutting NHS waiting lists in England to rise by 20%

Wes Streeting: I won't shrink away from opening NHS to private sector
Health Secretary says help is vital to get patients treated and to tackle 'national emergency' facing UK

Laura Donnelly
Health & Senior

Related Topics
Wes Streeting, NHS (National Health Service), NHS waiting lists, Patient Power, Cancer

15 June 2023 6:00am BST

498

Can't subscribe



“Keir Starmer launches private sector push to cut NHS waiting lists in England

NHS patients must have choice of five hospitals, says Wes Streeting
In a vow to end 'like it or lump it' culture, the health secretary wants shorter queues and dependable online booking

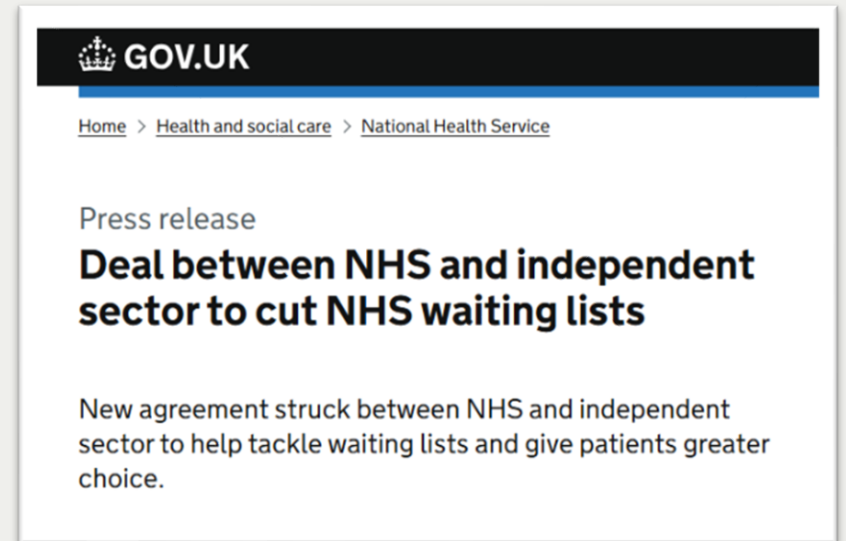


NHS & Independent Sector Partnership Agreement and the Elective Reform Plan – Jan 25

The Partnership Agreement

A platform from which providers can build and develop strong relationships within their local NHS including:

- Greater involvement of sector in local planning & commissioning
 - Improving patient choice
 - Increasing role of sector in clinical training
-
- Focused on electives but provides a foundation for providers of all other services to engage with local NHS partners.

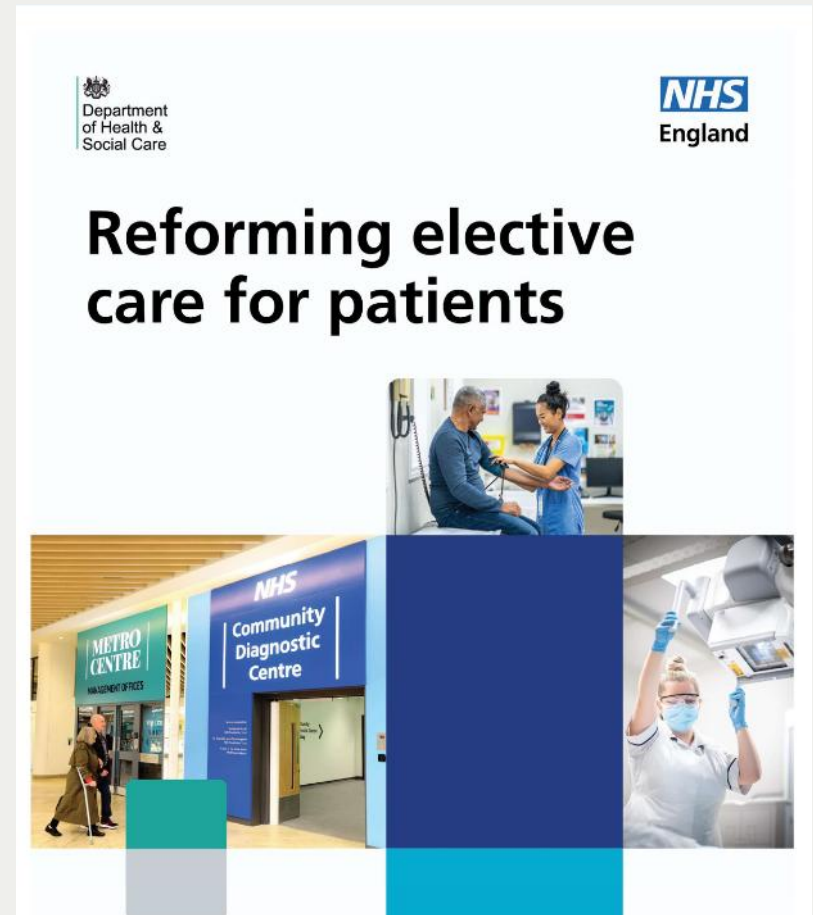


NHS & Independent Sector Partnership Agreement and the Elective Reform Plan – Jan 25

The Elective Reform Plan

- 92% of patients treated within 18 weeks by May 2029
- 65% compliance within 18 weeks by March 2026
- Requirements for ICBs to ensure that contracts with the independent sector are in place

To achieve these commitments the sector would need to deliver an additional 100,000 NHS appointments per month over the next four years.



Challenges around implementation

- NHS leadership incl Sir Jim Mackey and Dr Penny Dash supportive of sector and more rigorous management of NHS contracts/market
- BUT challenges in implementation given:
 - Significant upheaval with the merging of NHSE/DHSC
 - ICBs need to manage activity within tight financial envelopes.
 - Continuing lack of capital incl ongoing barriers to private investment

NHS patients face more delays as 'minimum waits' imposed

Hospitals have been told to reduce costs by only offering treatments like hip replacements and cataract operations to those waiting for at least three months



Changing quality and safety landscape

- Rationalising safety bodies:
 - Healthwatch England and National Freedom to Speak up Guardians Office to be scrapped
 - Healthcare Services Safety Investigations Body (HSSIB) to be integrated into Care Quality Commission (CQC)
 - Patient Safety Commissioner to be part of Medicines and Healthcare products Regulatory Agency (MHRA)
- Ongoing reform of the CQC - more data-led regulatory model ; make sure persistent poor-quality care results in the decommissioning or contract termination of services or providers (public or private)
- Reform of National Quality Board - develop new quality strategy and development of modern service frameworks.

Hundreds of NHS agencies to be scrapped



Slido

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The Private Practice Conference:
Midlife Health Innovation, Prevention and Action

independent
doctors
federation

Midday Recharge: Networking Lunch



Counting the Cost: Health Risk to Businesses – How businesses are mitigating the financial risk that midlife health issues create



Joanne Buckle

Principal & Consulting Actuary
Milliman

Counting the cost: health risks to businesses

**Independent Doctors Federation Private Practice
Conference: Midlife Health Innovation, Prevention &
Action**

Joanne Buckle, FIA, Principal & Consulting Actuary

10 July 2025



Agenda







- Intro
- The rising cost of PMI
- Business responses
- Key takeaways

The rising cost of PMI



What is happening to disease prevalence at middle ages?

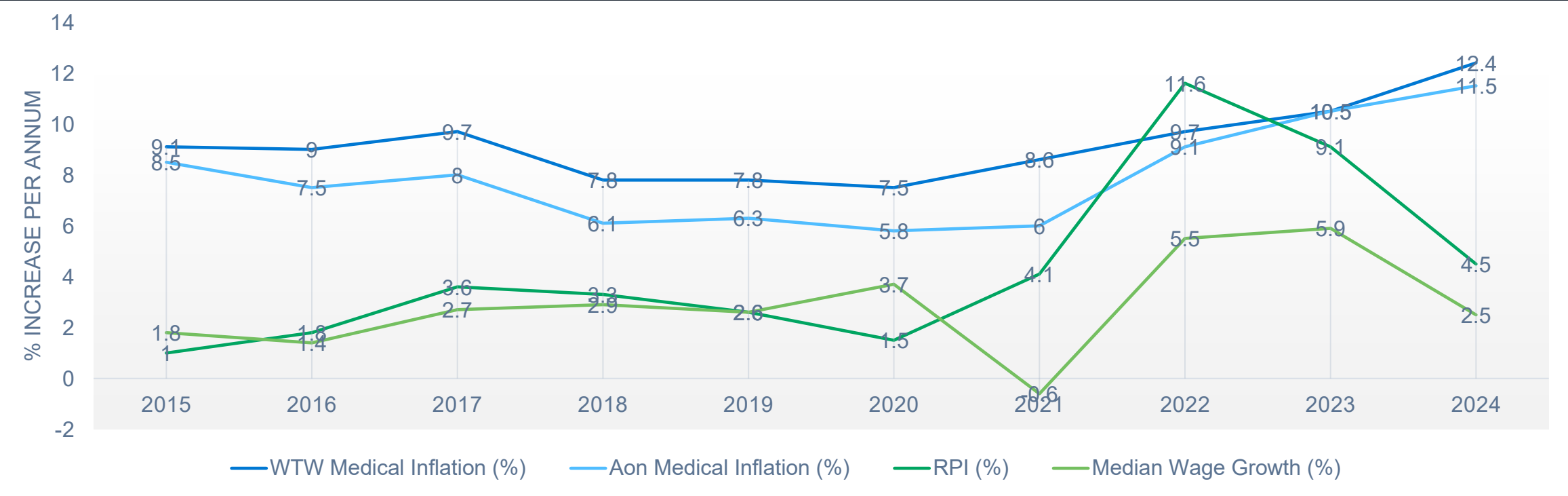
For medical insurance, most of the coverage is for higher socio economics groups and tends to exclude chronic diseases, Cancer is the main driver of increased costs, while mental health and MSK are high frequency, but typically lower severity claims for PMI insurer. However, other disease will affect sickness absence and other employer costs

Disease	General prevalence (ages 45-65)	A/B prevalence (ages 45-65)	Trend over last 10 to 20 years	Comments
CVD	6% - 8%	3% - 5%		Reduced smoking, better medical treatment, more screening
Type 2 Diabetes	8% - 10%	4% - 6%		Rising obesity, sedentary lifestyles
Cancer	circa2%	2% - 2.5%		Improved detection/screening, lifestyle factors
MSK	18%-20%	14% - 16%		Sedentary jobs, higher diagnosis rates
Mental health	circa 20%	20%		Greater awareness, stress, social changes
Chronic Respiratory	3-4%	1-2%		Falling smoking rates, better management

Prevalence rates are estimates over 2017-2021, from national survey & registry data

UK Medical inflation estimates compared with RPI and Median Wage Growth

Apart from the 2022 inflation spike, medical inflation has consistently outpaced wage growth and RPI



In the last 10 years, the average corp PMI premium has increased from circa 800 to well over 1200* per person per year. This is a material underestimate because of the mitigating factors that corporate have taken to reduce premiums.

*Laing and Buisson numbers reported in the press. AON and WTW numbers from annually published reports of UK medical inflation estimates

Claims costs increase with age, relative to younger ages

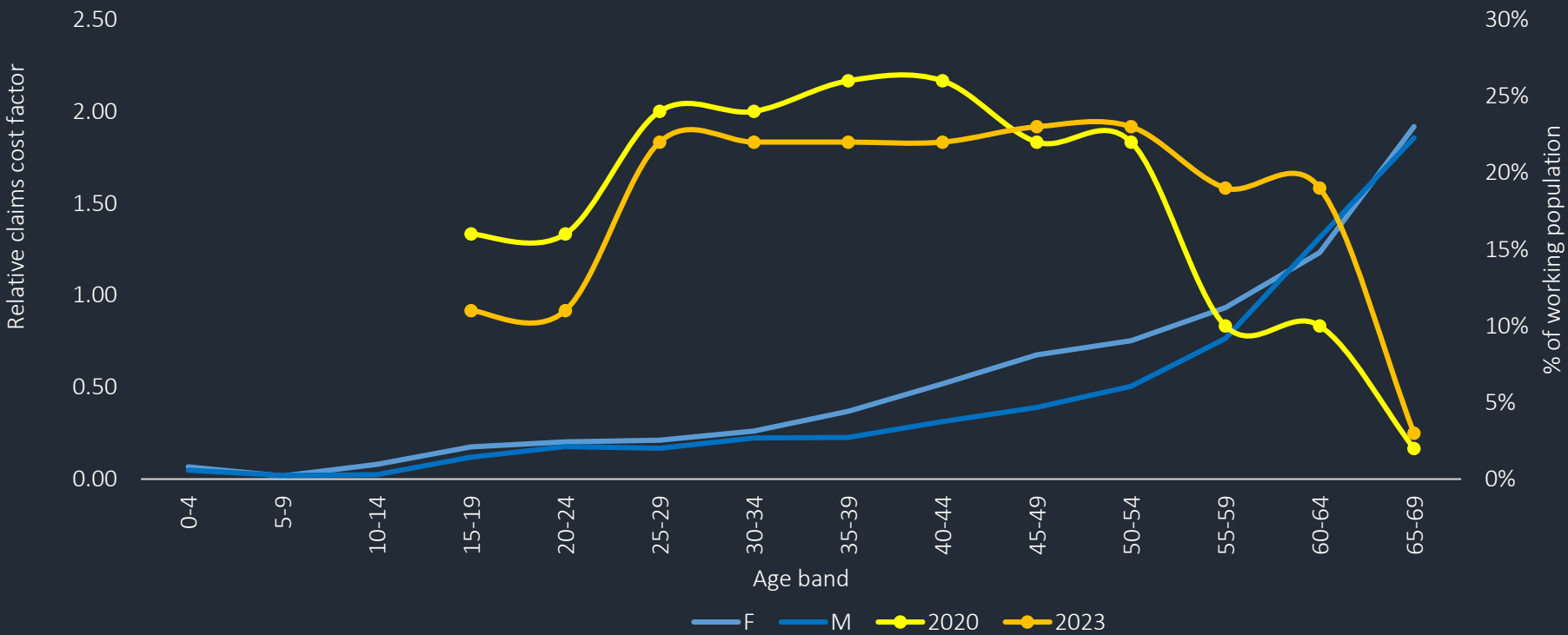
The shift in working population alongside the higher claims costs expected at older working ages exacerbate the rise in overall claims cost experience for corporate schemes

The working population is aging, as proportionally fewer younger people are working but more people continue to work into late 50's and 60's.

Also, claims costs for corporate schemes are higher for older working ages relative to younger.

Sources for working age data:
ONS: Employment in the UK
<https://ycharts.com/>

Milliman UK Age/sex factors for Corporate hospital inpatient admissions & distribution of adults working by age-band in 2020 vs 2023



What do we have?

A perfect storm of increased employee expectations, higher prevalence rates with an ageing workforce, higher treatment costs and limited affordability

1. Increasing prevalence of cancer and other diseases of middle age	2. Increasing numbers of the workforce in the older part of middle age	3. High demand from employees for comprehensive private plans covering new medicines and technologies
4. Significant cost pressures on healthcare providers	5. Limited affordability due to macroeconomic pressure for companies	6.... And now Trump's tariffs! <i>Higher uncertainty!</i>



Business responses



Immediate business responses/mitigations

Responses will differ by size and sophistication, but some general themes

Health is not accounted for as an asset, but as a P&L line item cost to be managed



Businesses will:

- Cost-shift to employees
- Reduce benefit coverage
- Switch to cheaper plans
- Cut proportion of workforce covered

Business are highly unlikely to:

- Invest in prevention
- Make meaningful changes to work environment
- Expand coverage



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Thank you

Joanne Buckle

Joanne.buckle@milliman.com



The Corporate View on Midlife Health and Private Care



Marjoleine Hulshof

People & Organisation Lead
Investec Bank plc

The Private Practice Conference:
Midlife Health Innovation, Prevention and
Action

independent
doctors
federation

Cardio Countdown: Beating Heart Disease Before It Starts

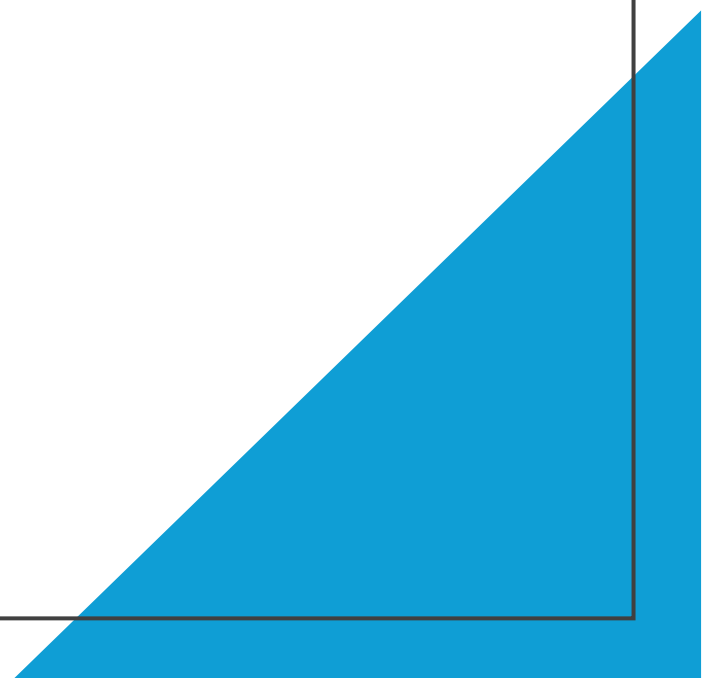


Dr Balvinder Wasan

Consultant Cardiologist
One Welbeck

Cardio Countdown: Beating Heart Disease Before It Starts

Dr Balvinder Wasan
Consultant Cardiologist
One Welbeck Heart Health





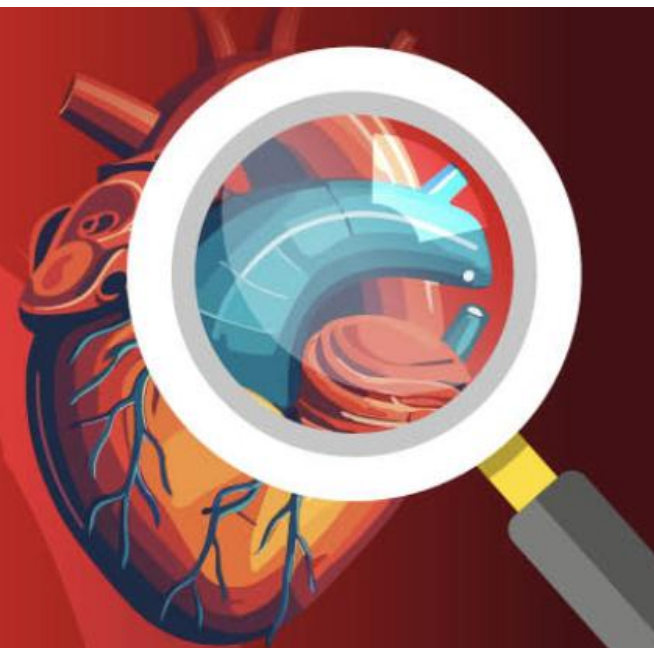
British
Cardiovascular
Society

Annual Conference, Manchester Central, UK.

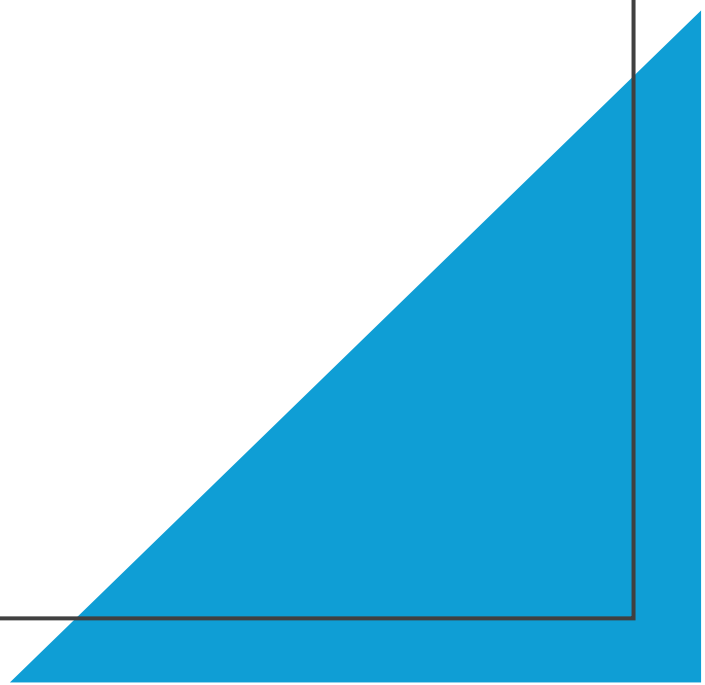
BCS **2025** 2-4 JUNE

THE **RISK** BUSINESS

www.britishcardiovascularsociety.org.uk



25 is the New 40



Aviation

“The most useless part of the runway is the runway that is behind you”

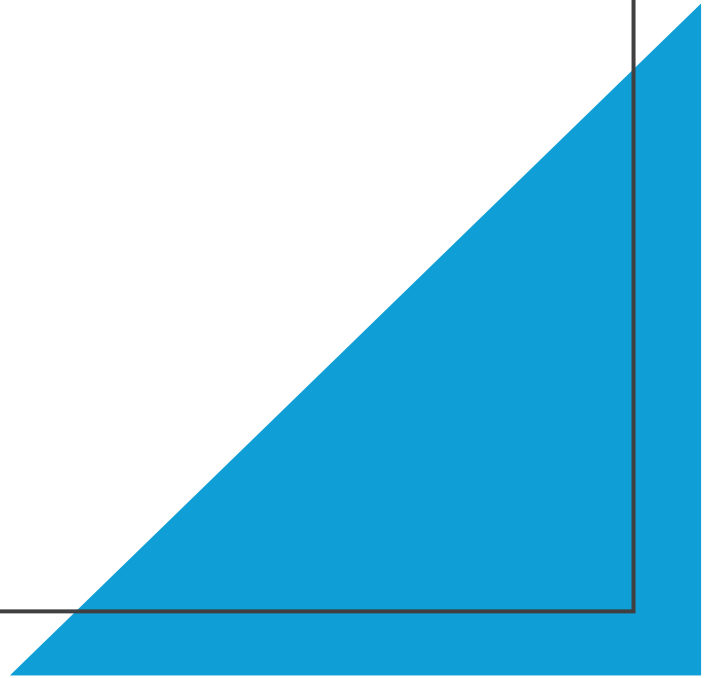


What Age?

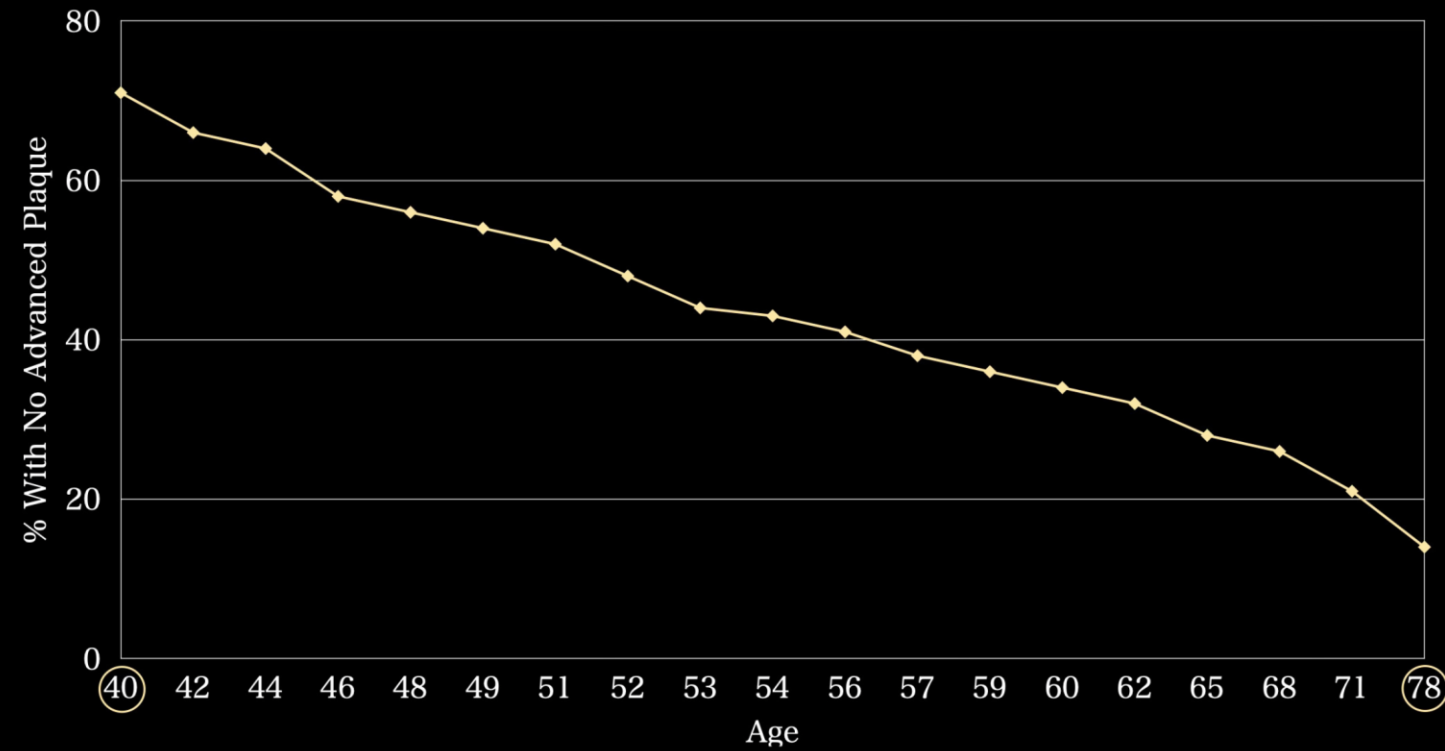
Now!

Never too early

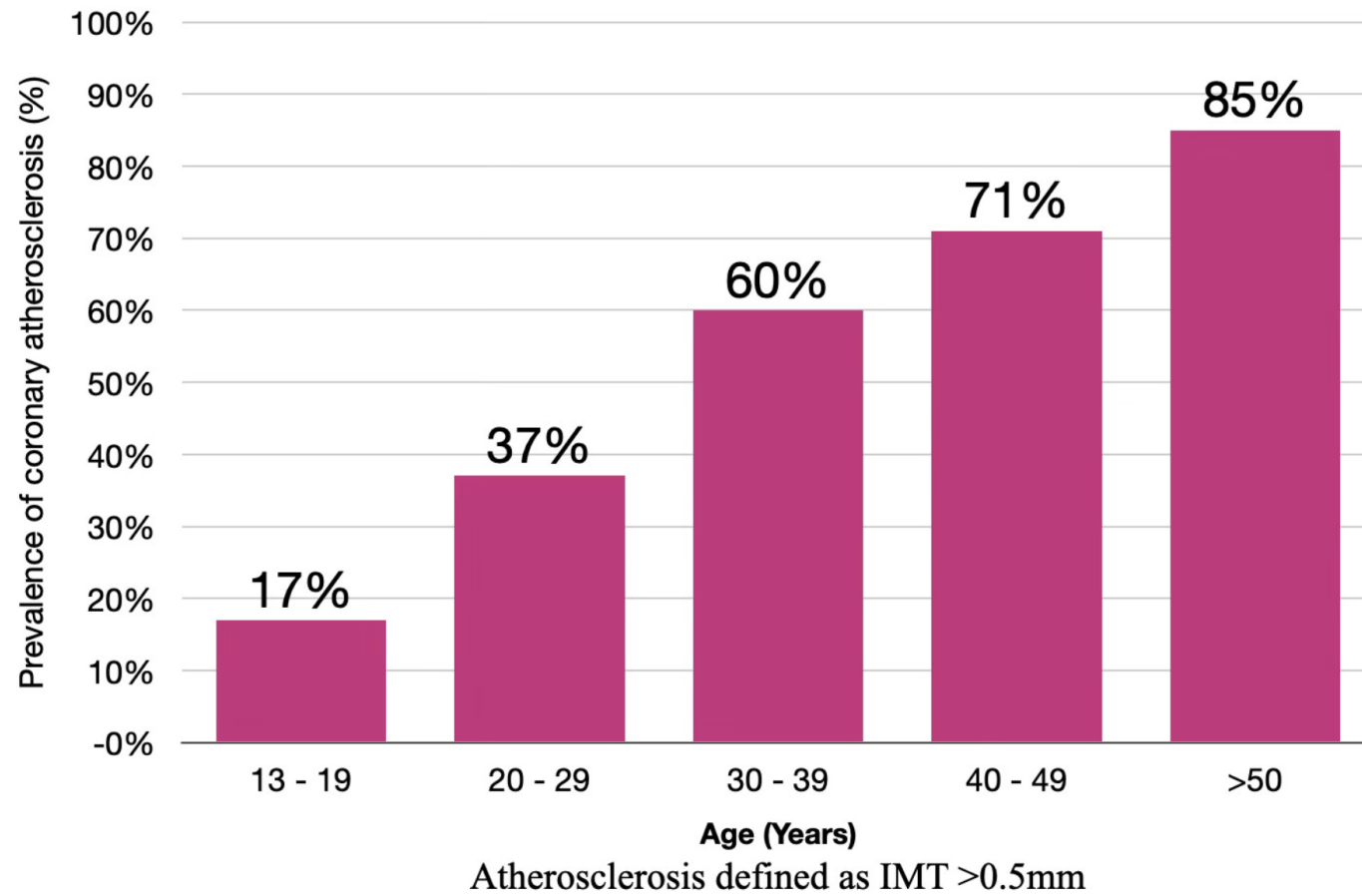
Particularly if risk factors



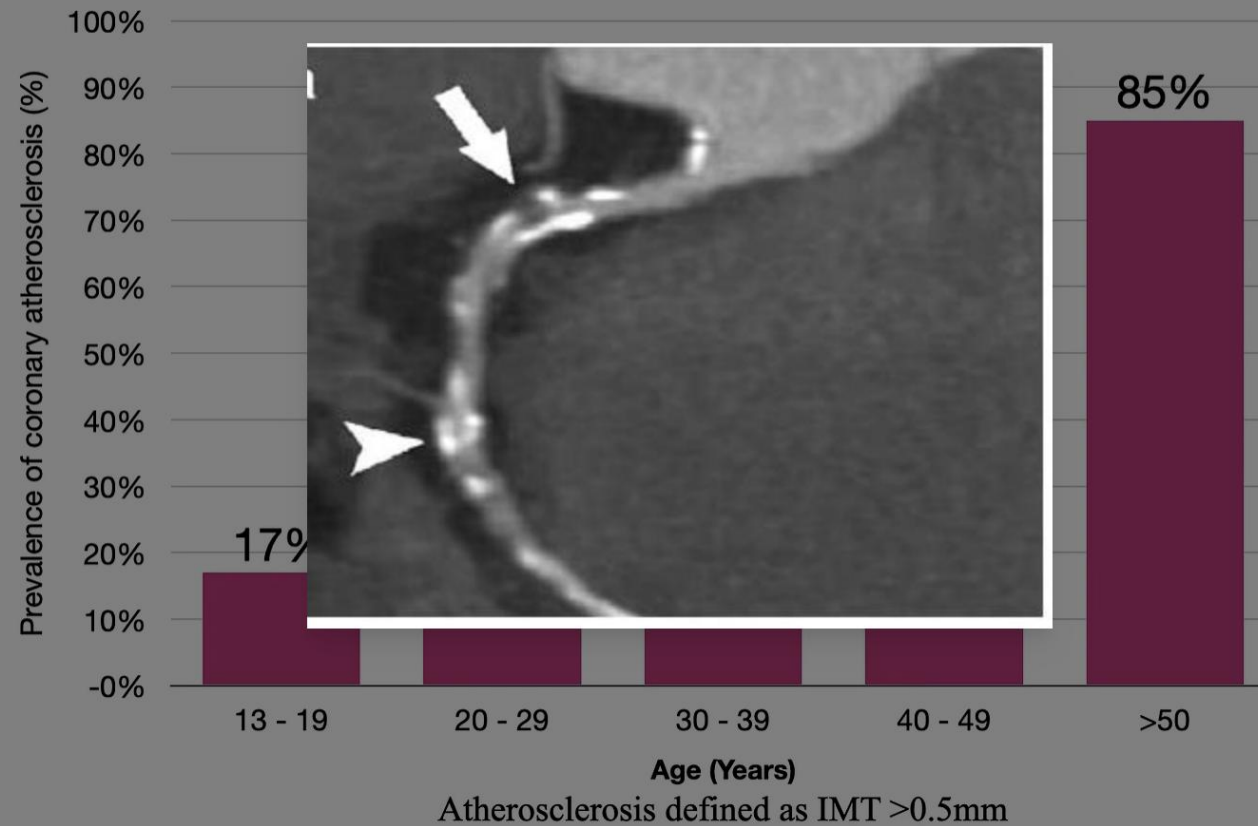
Age **No** Coronary Artery Disease



Coronary Artery Disease - Starts Young

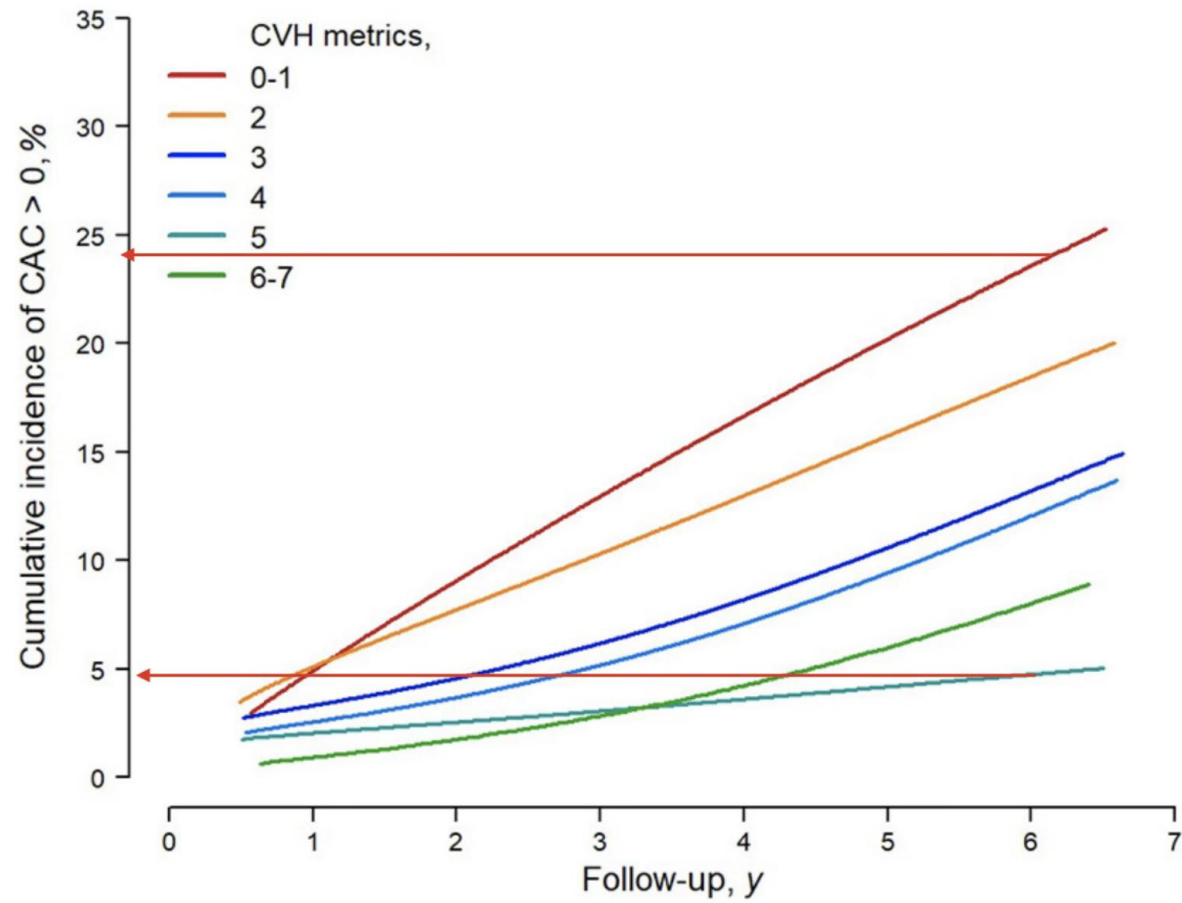


Coronary Artery Disease - Starts Young



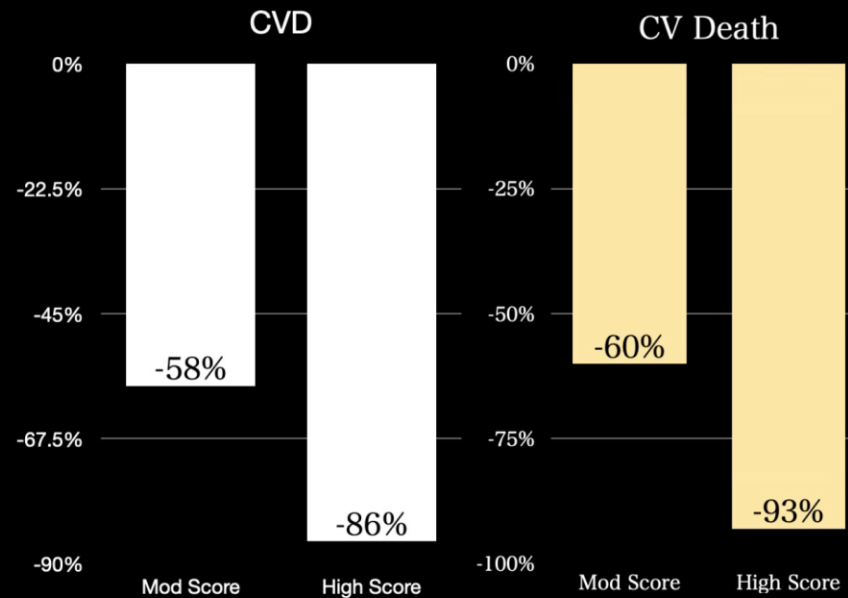
High prevalence of coronary atherosclerosis in asymptomatic teenagers and young adults: evidence from intravascular ultrasound. Circulation. 2001 Jun 5;103(22):2705-10.

Lifestyle & Probability Of Non Zero CAC



Life Simple 7 - **CVD Risk** In Young 32 Year Follow Up

1. Physical Activity
2. Smoking Status
3. Blood Pressure
4. Blood Glucose
5. Cholesterol
6. Nutrition
7. BMI

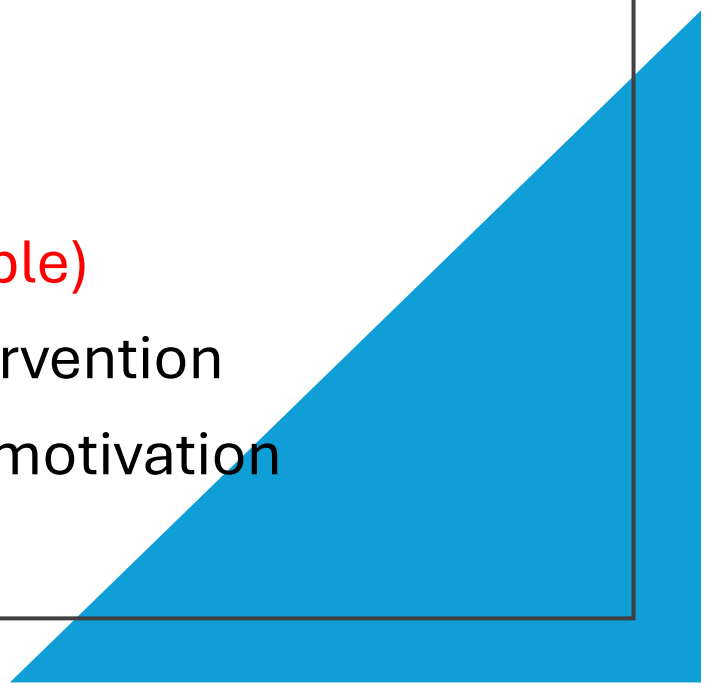


Know Your Numbers!



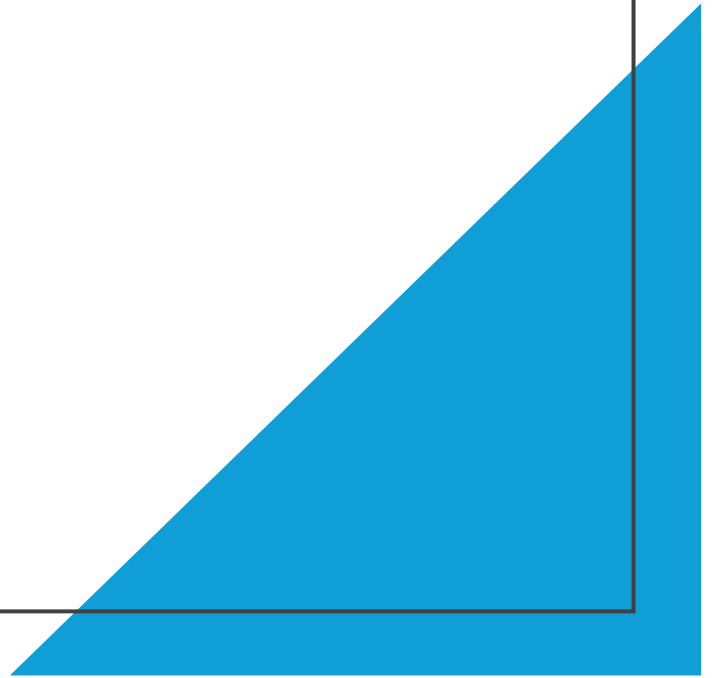
- Blood pressure
- Cholesterol
- Blood glucose
- BMI

What Happens Now?

- “Should” be invited for a well person check aged 40
 - “Numbers” should be known
 - “May” identify high(er) risk individuals
 - (QRISK scores deceptively reassuring in younger people)
 - “Should” be given lifestyle advice +/- therapeutic intervention
 - Adherence and follow up “usually” reliant on patient motivation
- 

Private Health Screens

- Regular
- Generally comprehensive
- Likely to pick up high(er) risk individuals with appropriate onward referrals to Cardiologist
 - Lp(a), Apo B, LpPLA2
 - Calcium scoring +/- CT Coronary Angiography



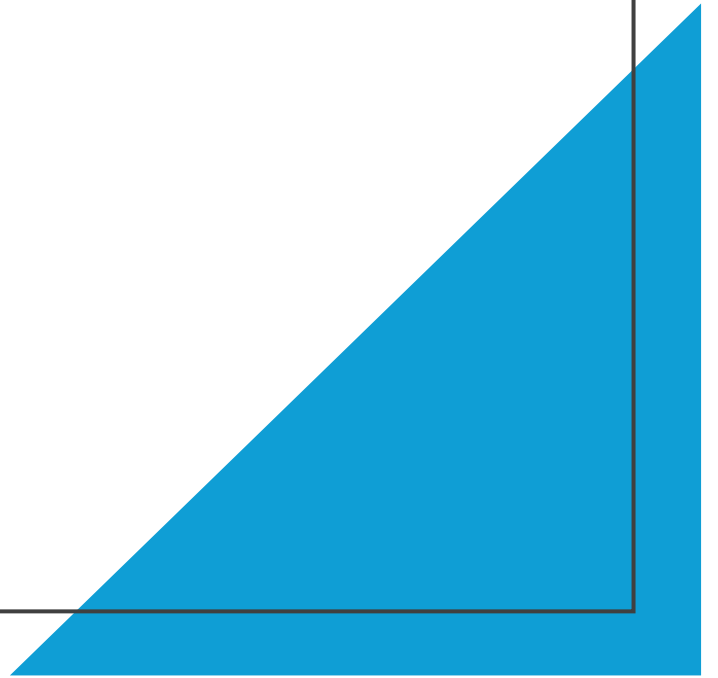
What Makes a Patient See a Dr?



- Symptoms
- Friend/ relative has a cardiac problem
- Friend/ relative dies from a cardiac problem
- Famous person has a cardiac problem, or dies from a cardiac problem

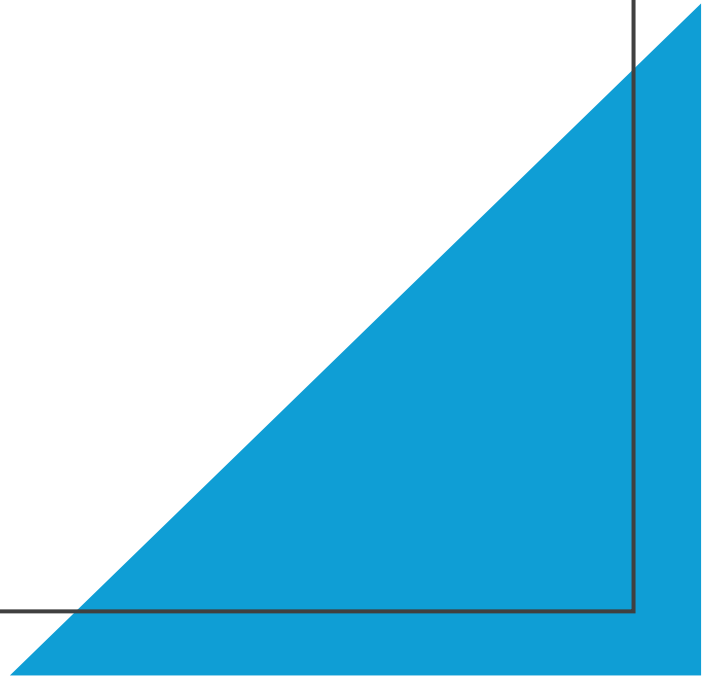
Targeting High Risk Groups

- Deprived populations
- (4x more likely to die prematurely from CVD)
- Ethnic minorities
- Patients with comorbidities (diabetes, CKD)



How Do We Encourage People to Get Checked?

- National campaigns
- “Influencers”
- Make it easy & accessible





“Bring it to the People”

- Shopping Centres/ Malls
- Supermarkets
- Sporting Events
- Concerts/ Festivals
- Places of Worship



Private Sector Contribution

- The independent sector provides over 60% of all NHS elective treatments.
- Personalised health programs are becoming more accessible.
- Collaboration with NHS enhances integrated care delivery.
- Investment in health technologies is vital for innovation.



Wider System Benefit

- Private sector prevention can reduce NHS resource burden significantly.
- Shorter waiting times improve patient satisfaction.
- Early intervention leads to better health outcomes.
- Cost savings can be reinvested in public health initiatives.

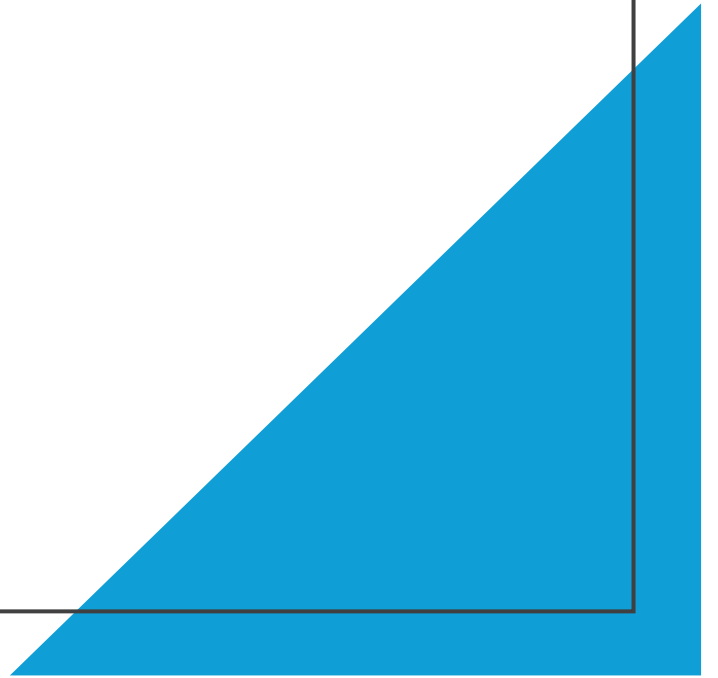


Some Other Numbers...

- around **7.6 million** people living with heart and circulatory diseases in the UK
- CVD causes **one in four deaths** in England and being a leading cause of morbidity, disability and health inequalities
- estimated that CVD costs the NHS **£7.4 billion** and costs the economy **£15.8 billion annually**
- interventions such as NHS Health Checks and medication, such as statins with anticoagulants, and supporting the detection of cardiovascular disease the most cost effective
- Implementing community pharmacies to aid in the detection of cardiovascular disease provided the quickest return, within one year
- interventions such as the reduction of sedentary time provided smaller but positive returns
- In total, each £1 invested in cardiovascular disease interventions offered a median ROI to the wider health and social care economy of **£1.40 after five years**
- PHE has estimated that the social ROI after ten years is **£2.30 for every £1 spent on cardiovascular disease**

The Future

- Personalised Medicine
- Genetic testing
- Wearable health tech +/- AI
- AI driven diagnostics



Conclusion

- Collaboration between sectors is crucial for health improvement.
- Innovation in healthcare can enhance patient outcomes.
- Prevention strategies should be prioritised.
- A healthier future relies on integrated care models.



Tackling arrhythmia in mid-life



**Professor Richard
Schilling**

Professor of Cardiology
Welbeck Health Partners and Barts
Heart Centre

Tackling arrhythmia in mid-life

Richard Schilling

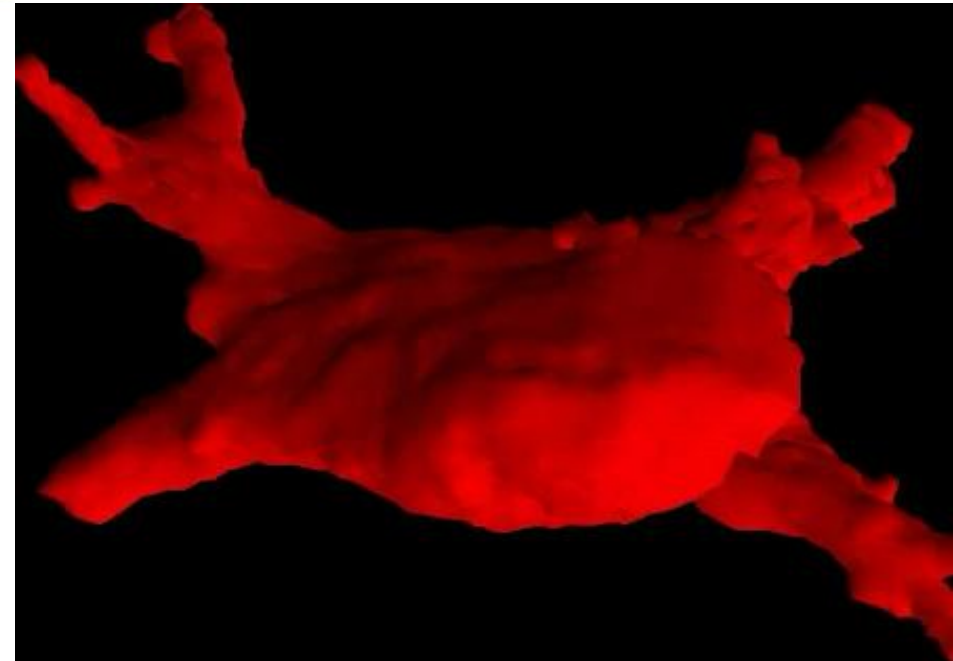
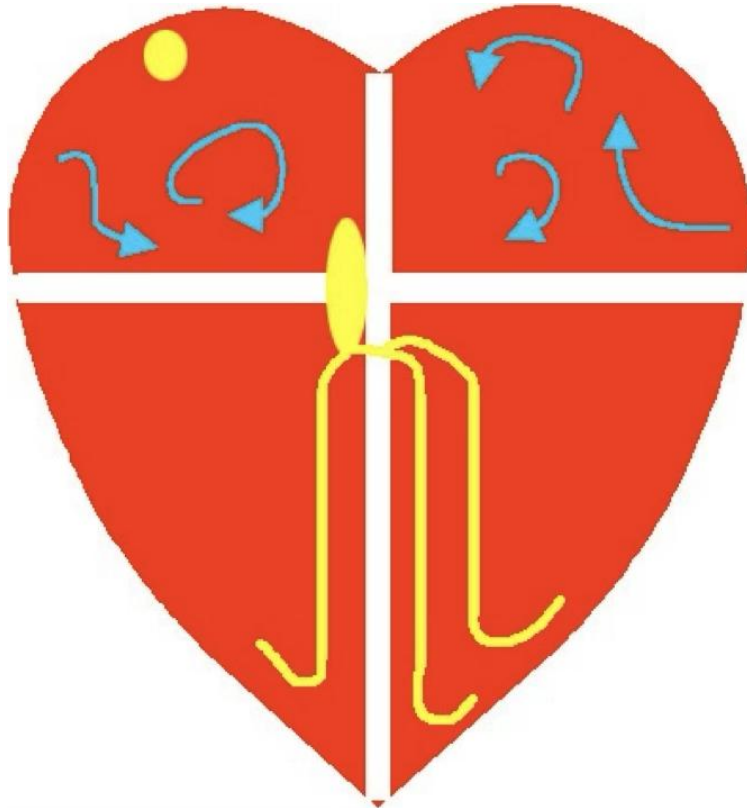
Prof of cardiology

Barts heart centre and Welbeck Heart Health

Atrial fibrillation

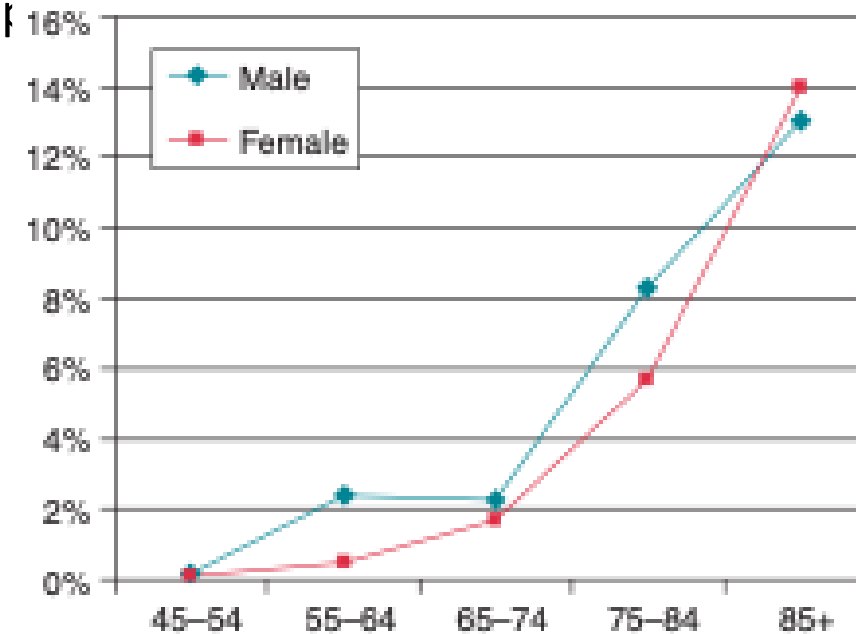
Problems:

- Symptoms – unable to work or exercise
- Heart failure
- Stroke

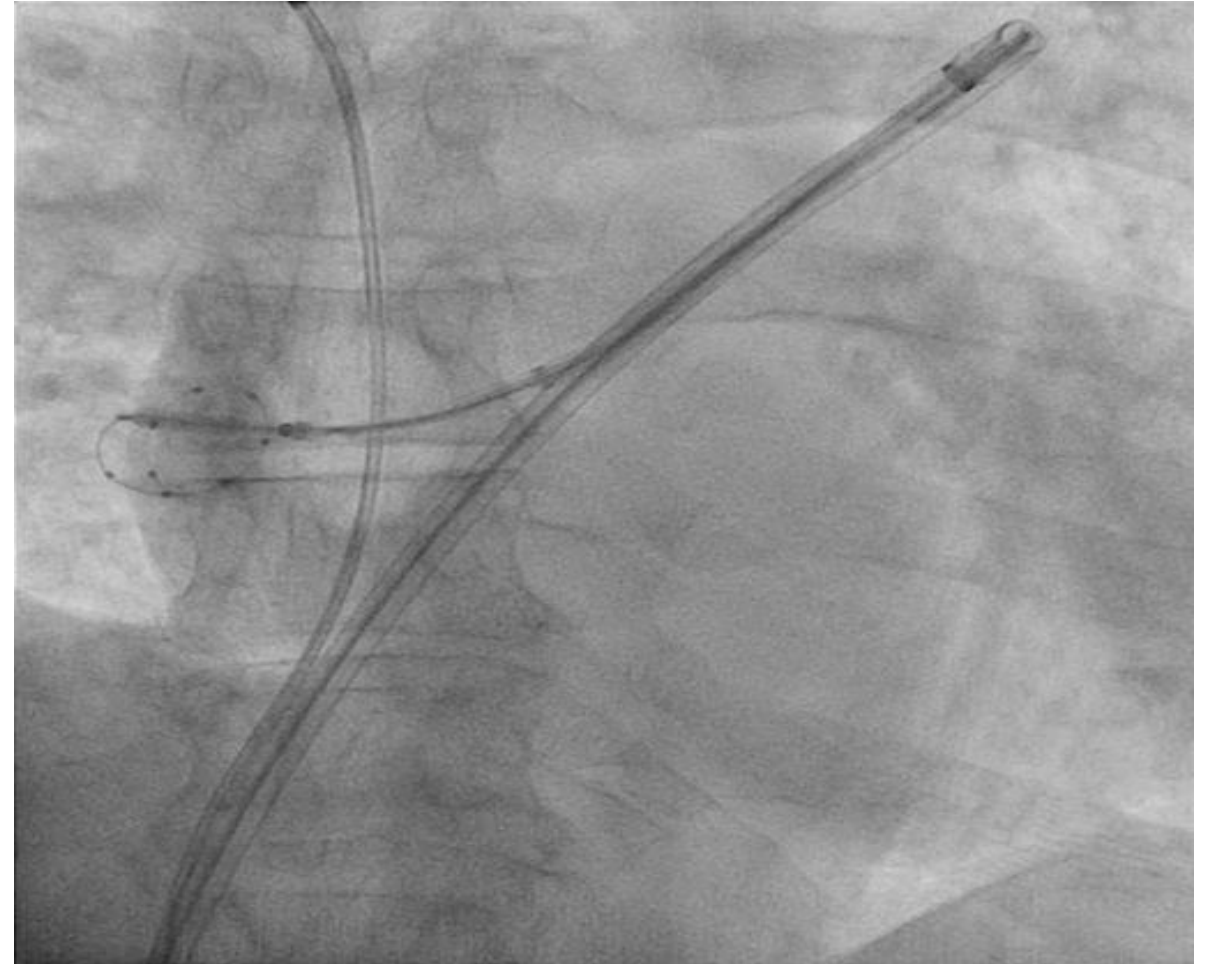
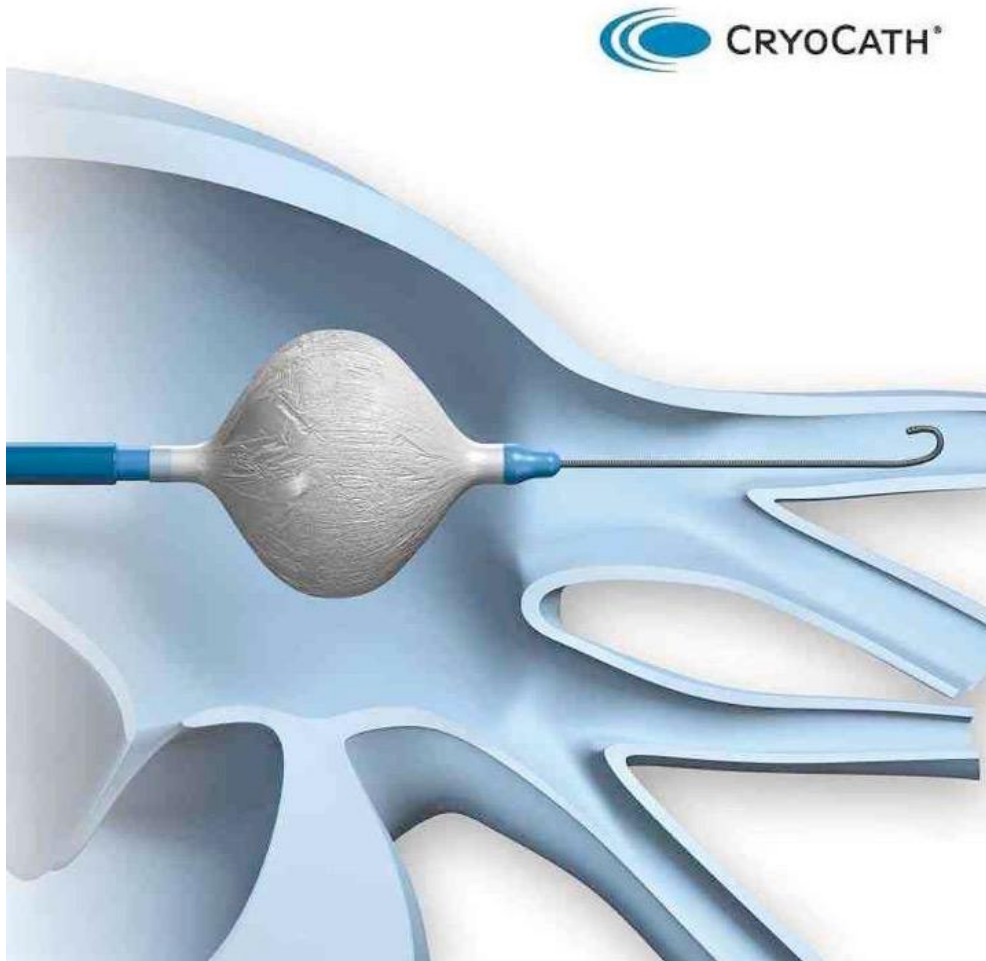


Atrial Fibrillation

- Commonest abnormal rhythm
- 1% of population overall
- AF is one of the most important public health issues and a leading cause of increasing health care expenditure in Western Europe
- AF costs the US economy >\$6.65 billion from hospitalisations



Isolation of the pulmonary veins



Can we do complex cardiac ablation in a DGH as day case?

Whipps cross hospital:

- Underused cath lab (Heart attack centres and CT coronary angio)
- Same day discharge
- No cardiac surgery on site
- No experience of cardiac electrophysiology



Setting up

- Rehearsal
- Simple preadmission
- Check lists
- Emergency handbook
- Streamlining and uniformity of process
 - Same kit
 - Same process regardless of consultant

TAMPONADE during ablation: Emergency Checklist

1) Confirm & Announce to Team: <ul style="list-style-type: none"> • Blood Pressure Falling • Echo Confirmation (if possible) 	5) Review and confirm diagnosis: <p>CONSIDER:</p> <ul style="list-style-type: none"> • Recollection of Fluid? – Recheck Echo • Is drain in the right place (could it be in RV)? • Consider Retroperitoneal Bleeding • Consider Reaction to Protamine • Adequate fluid resuscitation? • Sedation • 12-lead ECG (Emboli / MI) <p>Consider auto-transfusion if ongoing bleeding</p>
2) Treat: <ul style="list-style-type: none"> • Insert drain • Consider intercostal if xiphisternal not possible • High-flow O₂ • Reverse Anticoagulation: <ul style="list-style-type: none"> ○ Protamine 100mg ○ Octaplex (if ongoing bleeding) ○ Tranexamic Acid (if ongoing bleeding) • Fluid resuscitation if BP still low after drainage • Inform other labs 	6) Cardiology Registrar: <ul style="list-style-type: none"> • Inform Barts EP Reg on-call 07810878450 • Ensure bed availability at Barts • Inform Cardiac Surgeons • Report Back with Surgeon Name and Contact no. • FBC/G+S/clotting (delegate to SHO) • Inform Patient's Family
3) Radiographer: <ul style="list-style-type: none"> • Reviews check list • 5 minute timings (Called out) • Record Volumes of Blood Drained 	7) Blood tests: <ul style="list-style-type: none"> • 4 units Cross match (if continued bleeding)
4) Reassess patient: <ul style="list-style-type: none"> • Bleeding ongoing after 5 mins? • Severe haemodynamic compromise / unstable patient? <p>THEN:</p> <ul style="list-style-type: none"> • Call Anaesthetist (2222) <p>IF IN OUTLIER HOSPITAL:</p> <ul style="list-style-type: none"> • "999" Ambulance – prepared for patient transfer to Barts 	8) During Transfer <ul style="list-style-type: none"> • Continue draining active draining at 5 min intervals or if BP drops. • Continuous ECG, 1minute BPs

Day surgery in DGH vs traditional approach

- N=276 DGH vs cardiac centre
- No specific pt selection

	Local	Regional cardiac	p value
procedure time (mins)	63.5±1.1	101.7±2.9	<0.0001
fluoroscop y time (mins)	5.5±0.2	12.6±30.6	<0.0001
fluoroscop y dose (mGy)	17.2±2.1	97.6±14.6	<0.0001
comps (%)	15 (5.4)	17 (6.2)	ns

Complications

	Local hospital, n (% total no. of patients)	Regional cardiac centre, n (% total no. of patients)	P-value
Phrenic nerve palsy	5 (1.8)	7 (2.5)	0.80
Cardiac tamponade	2 (0.7)	1 (0.4)	1.00
Pericardial effusion	3 (1.1)	1 (0.4)	0.60
Vascular complications	4 (1.4)	3 (1.1)	1.00
Bradycardia	1 (0.4)	3 (1.1)	0.60
Pericarditis	0	1 (0.4)	1.00
Air embolus	0	1 (0.4)	1.00

Moving to day surgery centres - zero complications

Multiuse day surgery theatre:

- No overnight beds
- No cardiac surgery on site
- No experience of cardiac electrophysiology

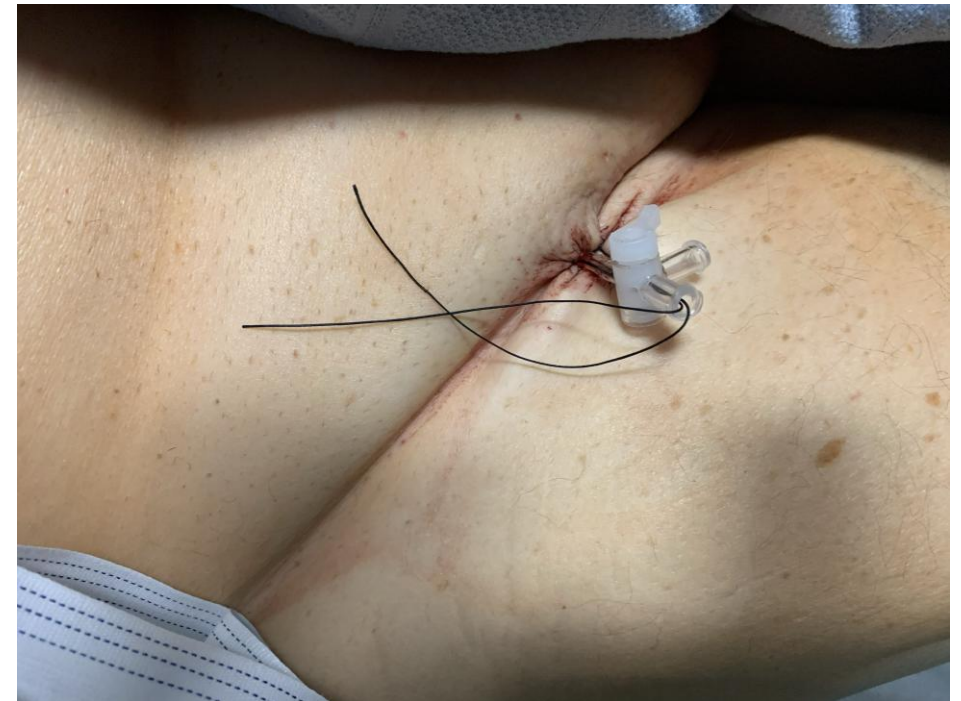
Complications:

- Stroke – uninterrupted anticoagulation with heparin
- Phrenic nerve palsy – monitoring/changing energy source
- Pain – change energy source
- Vascular– bleeding/false aneurysm
- Pericardial - effusion/tamponade

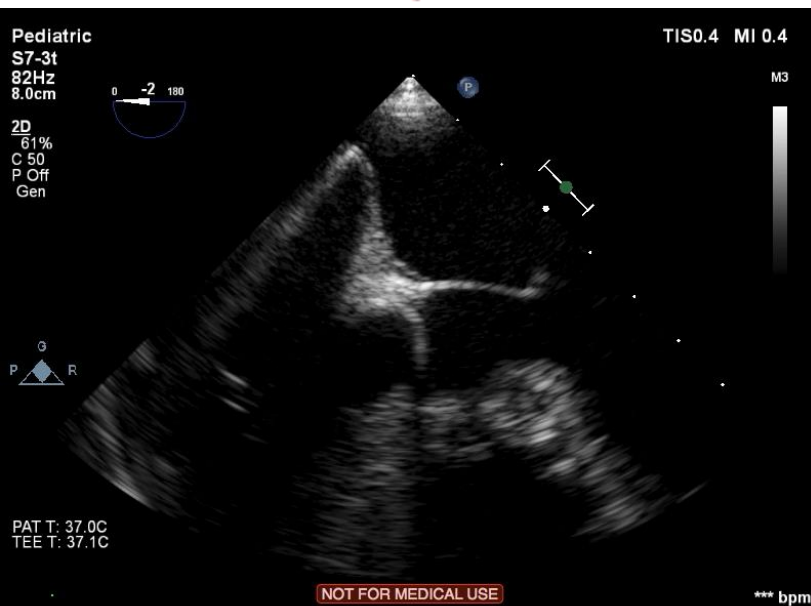
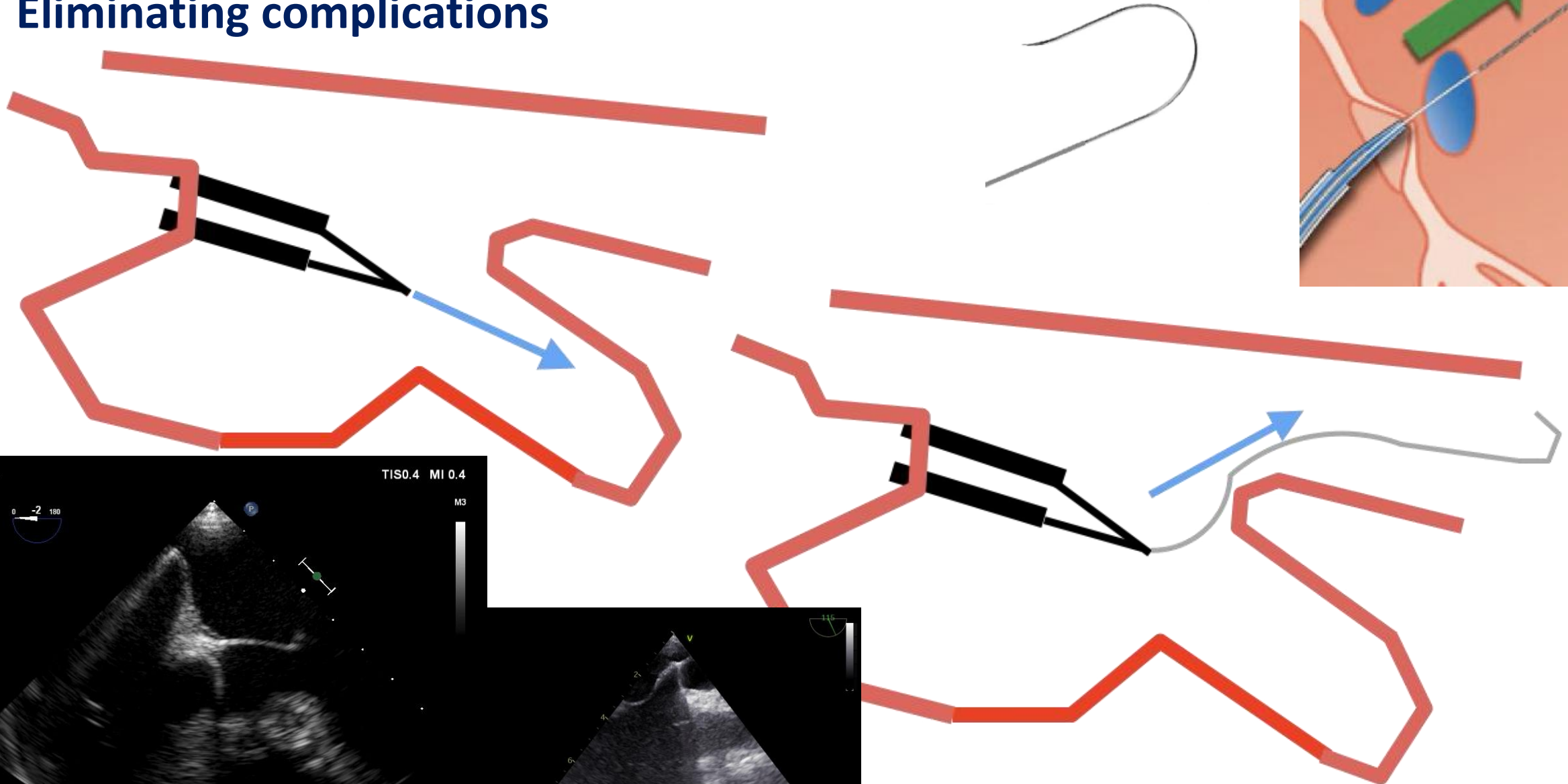
Femoral management

Uninterrupted anticoagulation with additional heparin:

- Ultrasound guided access (prevent arterial puncture and false aneurysm)
- Z suture and protamine on table post op
- 1 hour suture removed and StatSeal applied (£23)
- Patients mobilised and discharged after 2 hours



Day surgery center complex catheter ablation - Eliminating complications



Results

N=450 day surgery AF ablations:

- 3 safety events
 - Superficial femoral bleeding – Statseal
 - Retinal artery occlusion – previous DVT on anticoagulation
 - Low blood pressure – recovery without treatment

	Local	Regional cardiac
procedure time (mins)	58	101.7±2.9
fluoroscop y time (mins)	2.8	12.6±30.6
fluoroscop y dose (mGy)	6.3	97.6±14.6
comps (%)	3 (0.6)	17 (6.2)

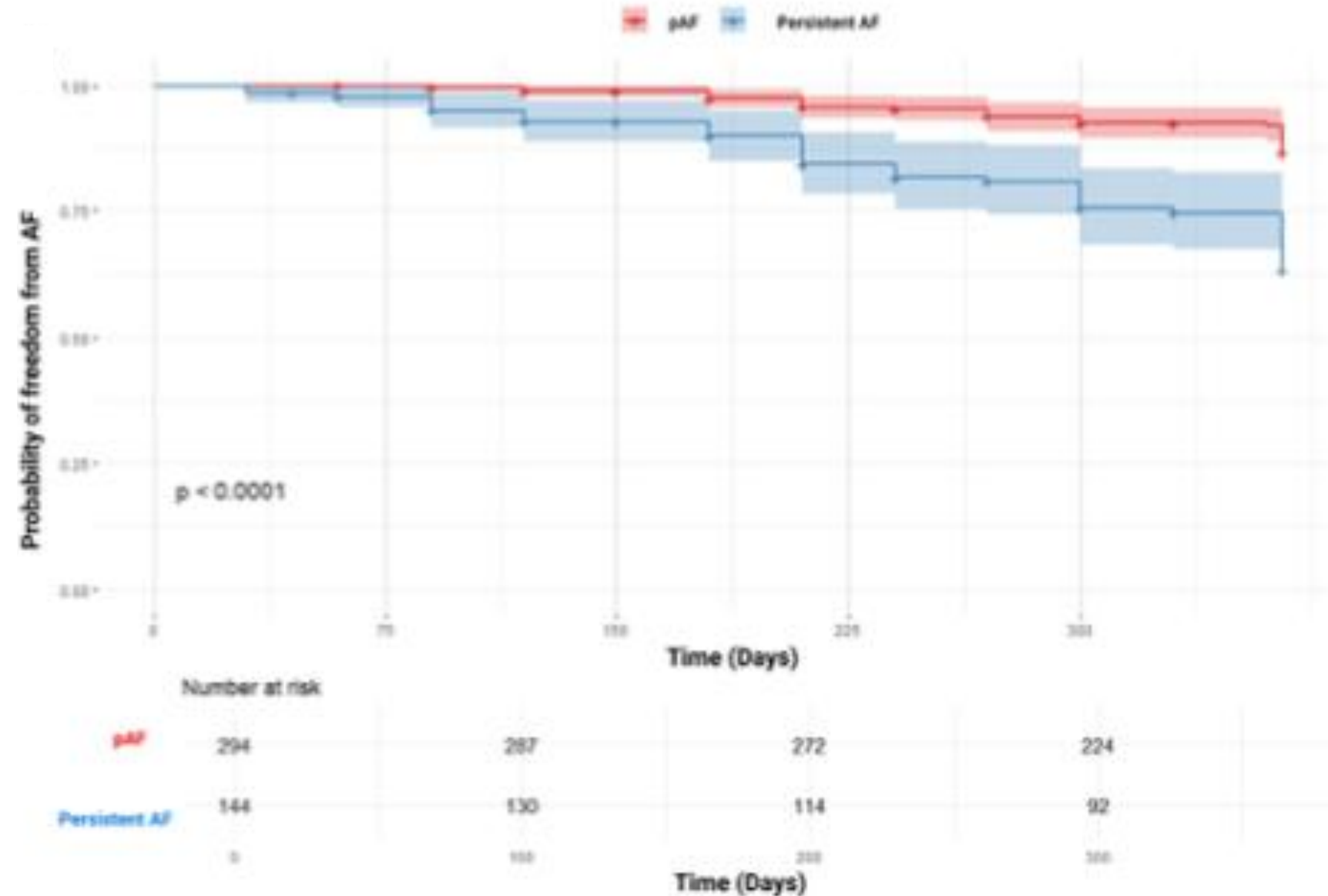
Results

Expected success:

- Paroxysmal AF – 60%
- Persistent AF – 40%

Observed success:

- Paroxysmal AF – 86%
- Persistent AF – 66%



Conclusions

- The UK health service is in crisis
- Linked epidemics of disease – AF, Obesity, Diabetes, Vascular disease, Dementia
- The culture of the NHS has always made innovation difficult but it is getting harder
- We have demonstrated how an innovative solution to a major healthcare issue can be developed in the private sector
- The challenge is that the NHS lacks decision makers able to adopt and apply these solutions



Thank you

1 Welbeck Street
Marylebone
London W1G 0AR

020 3653 2005
bookings.hearthealth@welbeckhealth.com

OneWelbeck
Heart Health

The Private Practice Conference:
Midlife Health Innovation, Prevention and
Action

independent
doctors
federation

Sponsored Session: Innovation Spotlight Ezra



An exclusive sponsored feature highlighting a breakthrough solution, service, or approach in the midlife health space.



Dr Dan Brook

Clinical Director

The Brook Surgery, London

UK Medical Director, EZRA AI



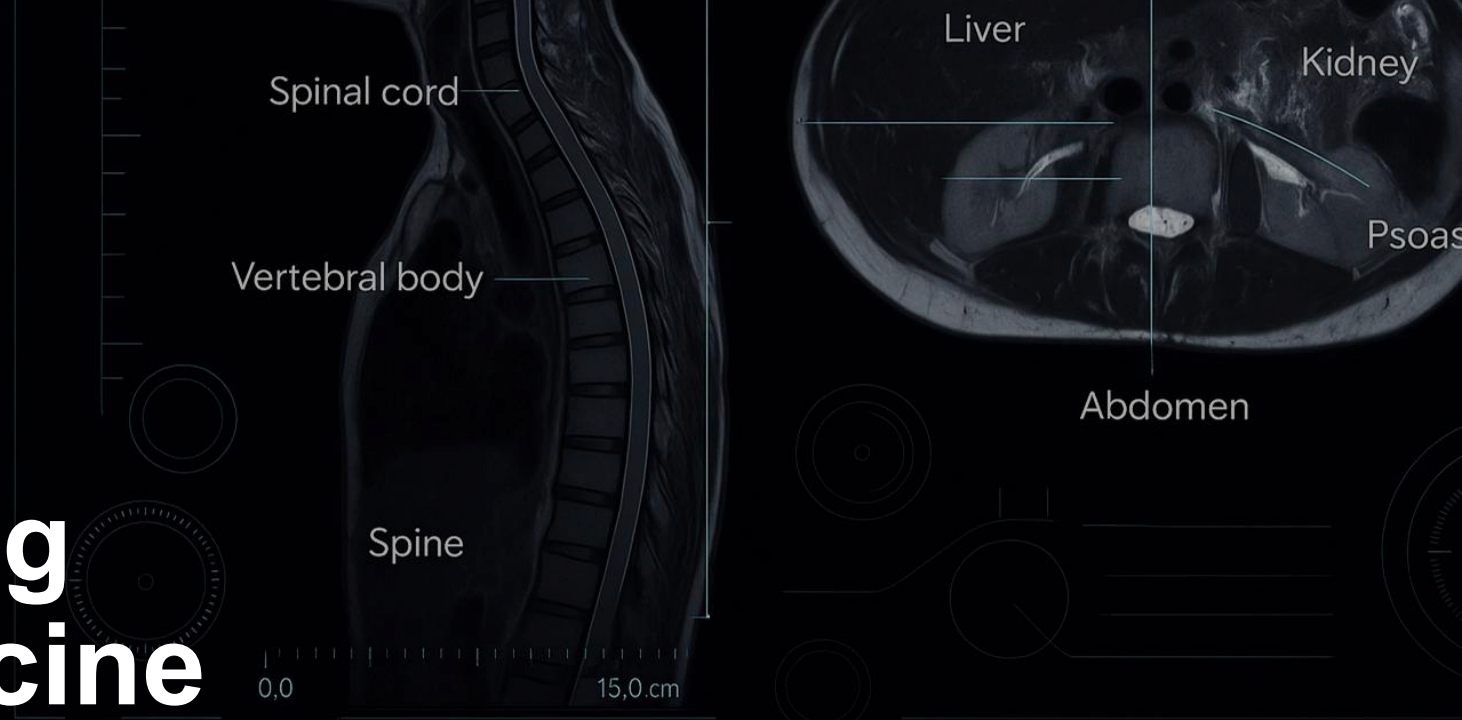
Hello.

AI-Assisted Imaging in Preventive Medicine

Dr Dan Brook

Clinical Director The Brook Surgery, London

UK Medical Director, EZRA AI



40% of the world's population will be diagnosed with cancer during their life.

50% of us will **detect cancer late**.

Only 20% of those with **late-stage cancer** will survive **5+ years**.



More than 80% of those with early-stage cancer **survive 5+ years.**



Data from the American Cancer Society

Early detection **improves outcomes** and **reduces costs**.
Why are we not finding cancer early for everyone?

Screening tests exist for
only **50%** of all cancers by
incidence.

Organ	Screening test
Breast	Mammogram
Lungs	Low Dose CT (LDCT)
Cervical	Pap Smear
Prostate	PSA
Colon	FIT/ Colonoscopy
Skin	Dermatology check



Preventative Medicine: A Paradigm Shift



Personalized imaging
schedules and risk
communication



Early disease detection using
imaging biomarkers




From reactive to
proactive care



Private practice advantage:
faster access, differentiation





Demystifying AI's Value Proposition in Radiology

Earlier detection

AI detects micro-calcifications, subtle shadows, and microscopic tissue changes before symptoms emerge—enabling earlier, more treatable diagnoses.

Efficiency at scale

Automated triage flags high-risk scans, focusing radiologist time and cutting report turnaround from days to minutes.

Consistent accuracy

AI delivers reliable second reads, minimizing false negatives and boosting diagnostic confidence.

Quantitative Insight

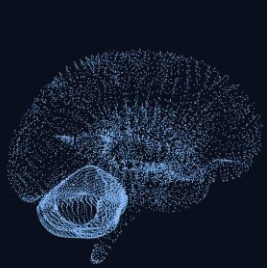
Software quantifies lesion size, growth, and composition with sub-millimeter precision, transforming impressions into personalized data.



Introducing Ezra

The **fastest**, most **accurate**, most **affordable**
way to screen for cancer everywhere in the body.

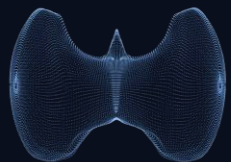
- + Whole-body MRI with AI-powered interpretation
- + Focus on early cancer detection and longevity screening
- + Detects 500+ conditions, non-invasive and radiation-free
- + Seamless integration into private practice workflows



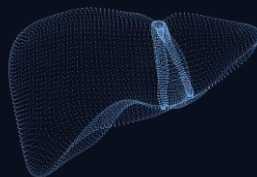
BRAIN



SPINE



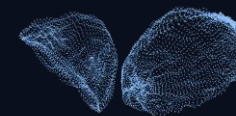
THYROID



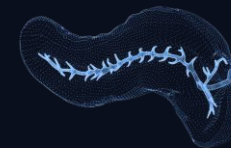
LIVER



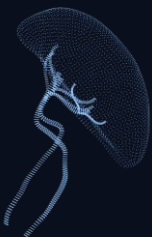
GALLBLADDER



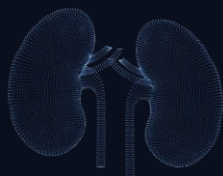
ADRENAL GLANDS



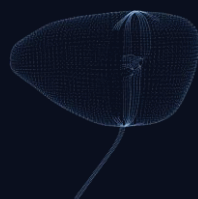
PANCREAS



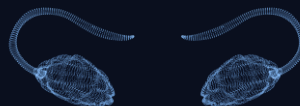
SPLEEN



KIDNEY



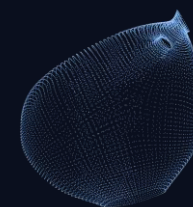
BLADDER



OVARIES



UTERUS



PROSTATE



The **Ezra MRI** screens for cancer in 13 organs.

The organs we screen account for **70%** of all cancer-related deaths.



Brain



Spine



Thyroid



Liver



Gallbladder



Adrenal Glands



Pancreas



Spleen



Kidney



Bladder



Ovaries



Uterus



Prostate

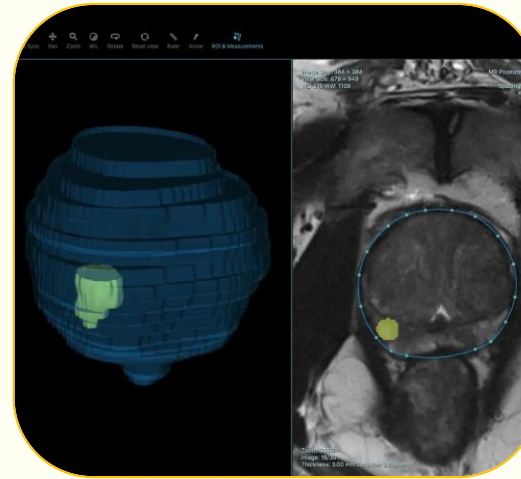


We leverage proprietary FDA cleared AI at every step of the cancer screening process, which enables us to drive down costs for our partners and members



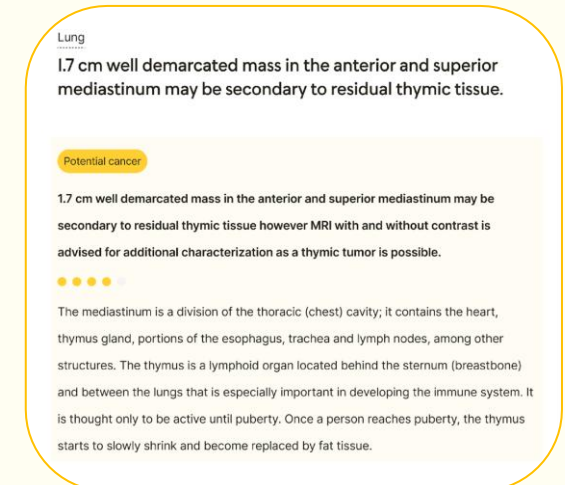
AI-enhanced MRI acquisition

FDA-cleared AI that helps **decrease scanning time by 50%**.



AI-assisted radiology read

FDA-cleared AI that helps **decrease radiology read time by 20%**.



AI-assisted report generation

AI that helps **decrease report generation time by 80%**.





Ezra Flash AI

Acquire MRI images twice as fast, without compromising on image quality.

Same image quality as our 60-minute scan, in half the time.



Low rez before AI enhancement



After Ezra Flash AI enhancement



Ezra Assist AI

Making radiologists faster and more accurate when reading MRI images
(FDA cleared for Prostate MRI)

Series

Layout

3D Viewer

Undo

Redo

Scroll Sync

Pan

Zoom

W/L

Rotate

Reset view

Ruler

Arrow

ROI & Measurements

Series 5 - EZ_DWI_CALC_BVAL_DFC_MIX



Series 6 - EZ_AX_T2



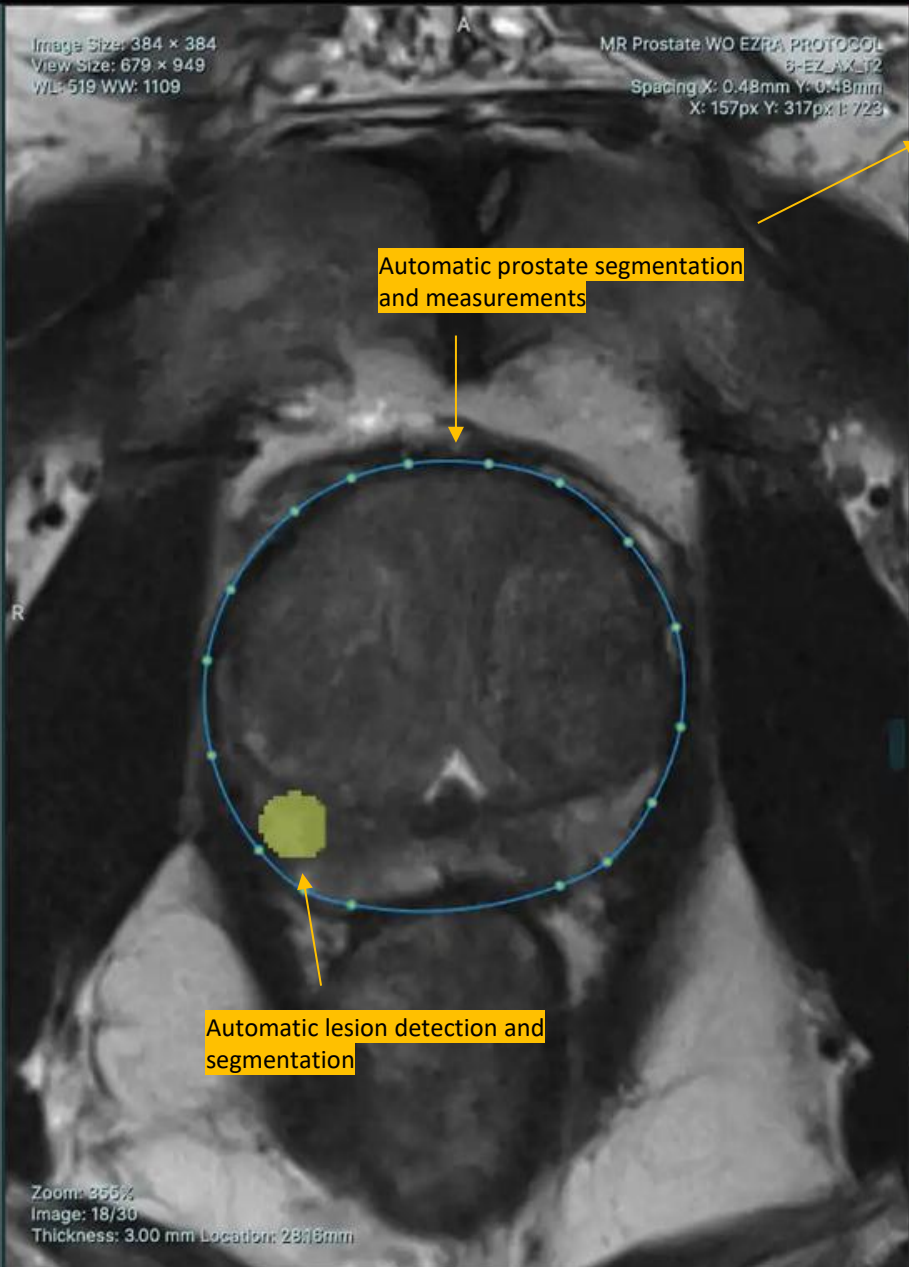
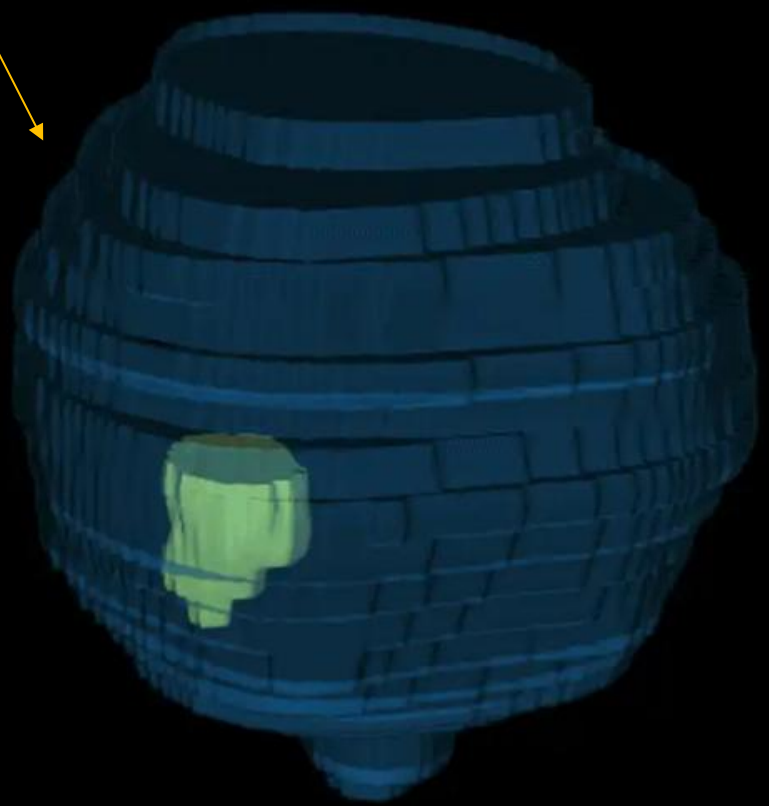
Series 4 - EZ_DWI_ADC_DFC_MIX



Series 8 - EZ_AX_T1



Automatic prostate and lesion 3D modelling for monitoring and / or biopsy preparation



Automatic prostate segmentation and measurements

Automatic lesion detection and segmentation

ROI & Measurements

PROSTATE

Volume: 68.38 cc

L1: 52.16 mm

L2: 48.13 mm

L3: 54 mm

ROI 2

Volume: 0.56 cc

L1: 11.12 mm

L2: 9.5 mm

L3: 12 mm

Edit Tools

Opacity

94 %

Save ROIs



Ezra Reporter AI

Reduces Ezra report generation time by 80%.
From 90 minutes / report to 10 minutes

Jon-Paul Kaufman ↗

Male (He/Him) • Feb 18, 1988 (47) • Scan date: June 9, 2022

Draft

Head

Abdomen

Spine

Pelvis

Lung

+



Manhattan
Brooklyn
Queens
Bronx
Long Island

Exam requested by:
Carol Dersarkissian MD
419 PARK AVE, STE 600
NEW YORK NY 10016

SITE PERFORMED: LHR GREAT NECK
SITE PHONE: (631) 277-1600

Patient:
Date of Birth
Phone:
MRN: **Acc:**
Date of Exam:

EXAM: SCREENING NEURO MRI EXAMINATION

HISTORY: Asymptomatic patient.

TECHNIQUE: Multiecho, multisequence MR imaging of the brain, soft tissues of the neck, and spine is provided for review. As this is a screening examination, intravenous contrast was not utilized.

Please note that these sequences are created for the asymptomatic patient. The purposes of this examination is not to elucidate known or suspected disease.

COMPARISON: None.

BRAIN FINDINGS:

There is no midline shift, hydrocephalus, abnormal extraaxial fluid collection, or evidence of recent infarct. Minimal chronic microvascular ischemic changes are observed.

The cerebellar tonsils are normally positioned. The visualized portions of the pituitary gland are unremarkable. There is no marrow signal abnormality. The vascular flow voids near the skull base are unremarkable. Scattered paranasal sinus opacification is observed.

SOFT TISSUE NECK FINDINGS:

A 6 mm nodule at the dorsal aspect of the right thyroid lobe is observed. No mass effect upon the tracheal air column is detected.

No asymmetric signal or abnormal contour is observed along the aerodigestive tract. Tonsillar prominence is within normal limits for age. The trachea is midline. The major salivary glands are unremarkable. None of the lymph nodes identified in either side of the neck meet the criteria for significant adenopathy.

Radiology Report



Head

Abdomen

Spine

Pelvis

Lung

+

Manhattan
Brooklyn
Queens
Bronx
Long Island

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Jon-Paul Kaufman report · last updated 2m ago

Head and Neck

A 6mm nodule at the dorsal aspect of the right thyroid lobe is observed.

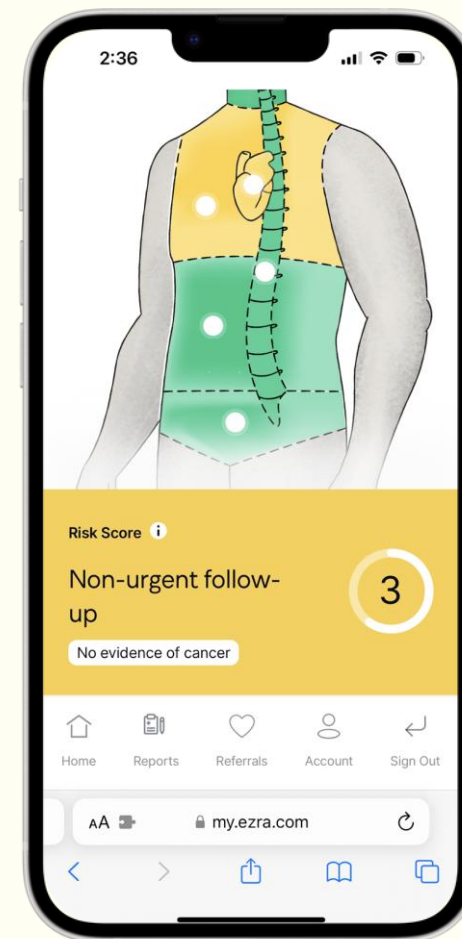
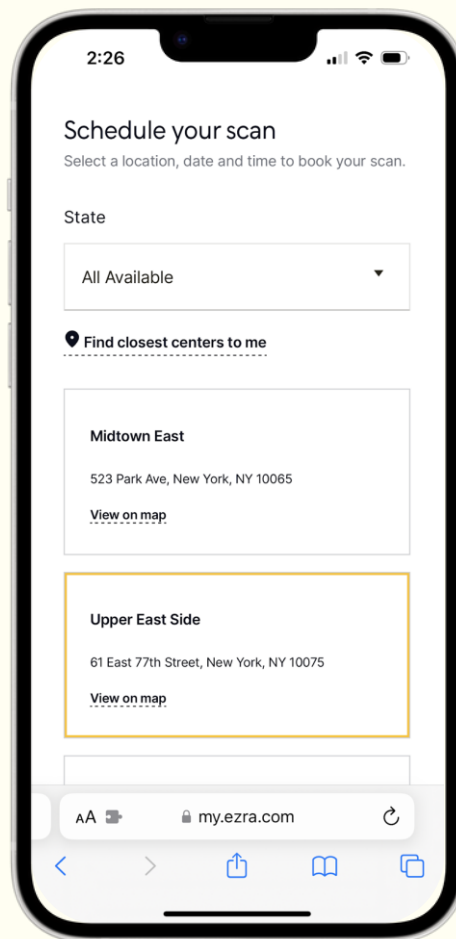
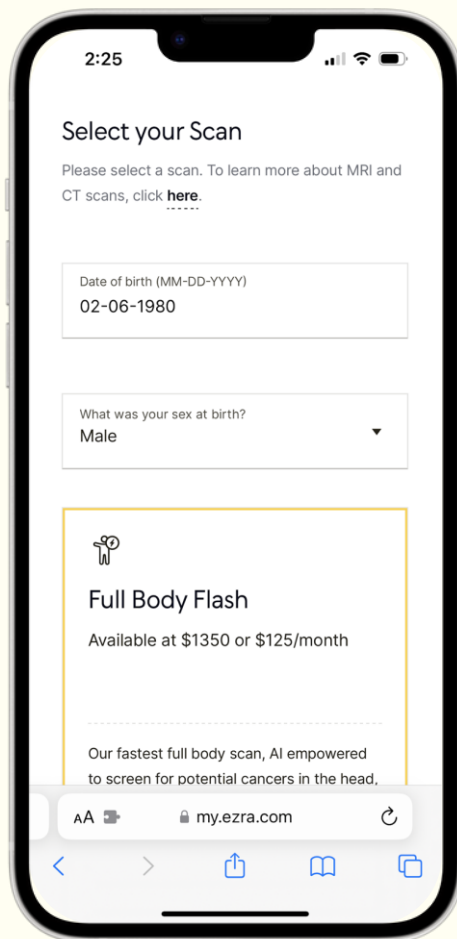
A 6mm nodule at the dorsal aspect of the right thyroid lobe is observed.



Thyroid nodules are solid or fluid-filled lumps that form within the thyroid, a small gland located at the front base of the neck. They are common and usually benign (non-cancerous), but because of the possibility of malignancy (cancerous), they do need follow-up and possible biopsy (tissue sampling).

Discuss this result with your primary care provider and/or an endocrinologist, especially if this is a new finding. MRI is not the best method for evaluating or characterizing thyroid nodules - ultrasound is the preferred imaging technique.

As easy as 1-2-3: book your scan, visit partner facility, receive your report.



Customers love Ezra: we have an NPS of 77

*"So, **Ezra saved my life**. That's the simple statement. I had surgery Sep 25th and today, Oct 1st, I got the pathology back, and am now cancer-free. I'll go into a regimen of surveillance against recurrence instead of chemotherapy or further treatment. This particular kind of cancer is usually not discovered until late, and so even though it's particularly operable, it's also particularly deadly. But here I am, because my Ezra scan served as my early warning system against problems."*

- Daniel, 56

*"My mother and my sister both died of pancreatic cancer, and they died of cancer because it was detected incredibly late and could have been prevented. So I was shocked but also thankful that Ezra was able to detect **pre-cancer of the pancreas (IPMN)**, that I have been monitoring for the past year. Thank you, thank you, thank you."*

- Christina, 43

*"**You guys saved my life**. I ended up having double bypass surgery after your calcium score allowed me to force my cardiologist to order an angiogram. It showed a 90% and 80% blockage [of heart arteries]. I had Coronary Artery Bypass Surgery right before Covid-19 hit us."*

- John, 47

*"In February, I scheduled a full-body scan with Ezra after a close friend was diagnosed with cancer. I had no reason for concern, it was just a screening, so I was very surprised to find that my scan turned up an alarmingly large **brain tumor**. I've since undergone surgery, which fortunately went well, and the pathology results were favorable. My doctors told me that had I not gotten that scan, **it could have easily been 5 to 10 years before the tumor had been discovered at the onset of symptoms**. In all likelihood, my scan bought me years of additional quality of life, and for that my family and I will always be profoundly grateful."*

- Patrick, 36

*I want to take a minute to say thank you. I had some pain in my back and after 2 doctors and a sonogram the message was that everything was fine, I decided to get an Ezra full body scan. **The scan found a growth on my kidney. Second MRI has confirmed the growth is cancer**, that is small, has not spread, and that it simple to remove and the removal is likely to be a permanent cure. Last comment urologist made to me at appointment this past week was 'good thing you caught this or we would be having a very different conversation in 2 years'. Please thank the entire Ezra team from me."*

- John, 65

*"Born with pectus excavatum, I endured chronic back pain even after chest reconstruction in 2015, with no solution from doctors who linked it to post-surgical calcification. The pain got worse after contracting COVID in 2022, causing further lung damage. However, my Ezra scan revealed the root cause: bulging discs in my back. This newfound knowledge, despite the out-of-pocket expense, was transformative, enabling me to manage my pain and reclaim my mobility. It has **literally changed my life**."*

- Raphael, 32



Ezra Scans (UK)

- ✓ Both include full report online including access to images & optional 30 minute follow up consultation (remote)
- ✓ Medical Partners get £300 discount on above prices (consultation excluded)



Full Body Plus

🕒 47-minute MRI

£2,395

What we scan:

- ✓ Head
- ✓ Neck
- ✓ Abdomen
- ✓ Pelvis
- ✓ Spine



Full Body Plus with CT

🕒 47-minute MRI

🕒 5-minute Low-dose Chest CT

🫀 Add on: Coronary Calcium Score

£2,695

What we scan:

- ✓ Head
- ✓ Neck
- ✓ Abdomen
- ✓ Pelvis
- ✓ Spine
- ✓ Lungs

Recent Ezra Developments



In US, Ezra has an AI radiologically reported “Full Body” scan at \$1495



Recent Ezra Developments



Recently bought by Function Health
& now offering that scan at ~~\$1495~~ \$499



Pros and Cons

Pros

- ✓ Preventive Power: Detects disease before symptoms arise.
- ✓ No Radiation/Contrast: Safer than CT for repeated use.
- ✓ Comprehensive: One scan, multiple organ systems.

Cons

- ✗ Incidentalomas: Risk of overdiagnosis and unnecessary anxiety.
- ✗ Cost: Not yet widely covered by insurance.
- ✗ Clinical Uncertainty: Lack of consensus on what to do with some findings.
- ✗ Workflow Burden: Requires radiologist time and follow-up infrastructure.

Recent Ezra Developments



AI scientists already working on AI's for multi-modality information (MRI, bloods & more)



Countering incidental findings

Longitudinal scanning

We recommend Ezra members to get an annual Ezra MRI scan, especially those for whom we have identified an indeterminate finding.

AI-based reports

We use Artificial Intelligence to convert radiology reports into Ezra reports using “snippets” – a database of thousands of types of MRI findings.

E-SCORE system

We’ve created an internal scoring system modelled on the American College of Radiology’s “RADS” system. Only E-SCOREs of 4 & 5 are actively followed up on.

Diagnostic scans

To minimize unnecessary invasive follow-up procedures such as a biopsy, we always recommend a follow-up diagnostic scan whenever we discover possible cancer for a member.

Ezra takes care of the patient experience **end-to-end**.

1. Patient signs up at ezra.com

2. Ezra medical provider (PCPs & NPs) writes medical order

3. Ezra care team books patient (either via API-to-API connection or via RIS)

4. Paperwork is pre-uploaded to facility prior to patient arrival

5. Scan is performed at the facility

6. Report is read by 2 radiologists and delivered to Ezra together with DICOM images

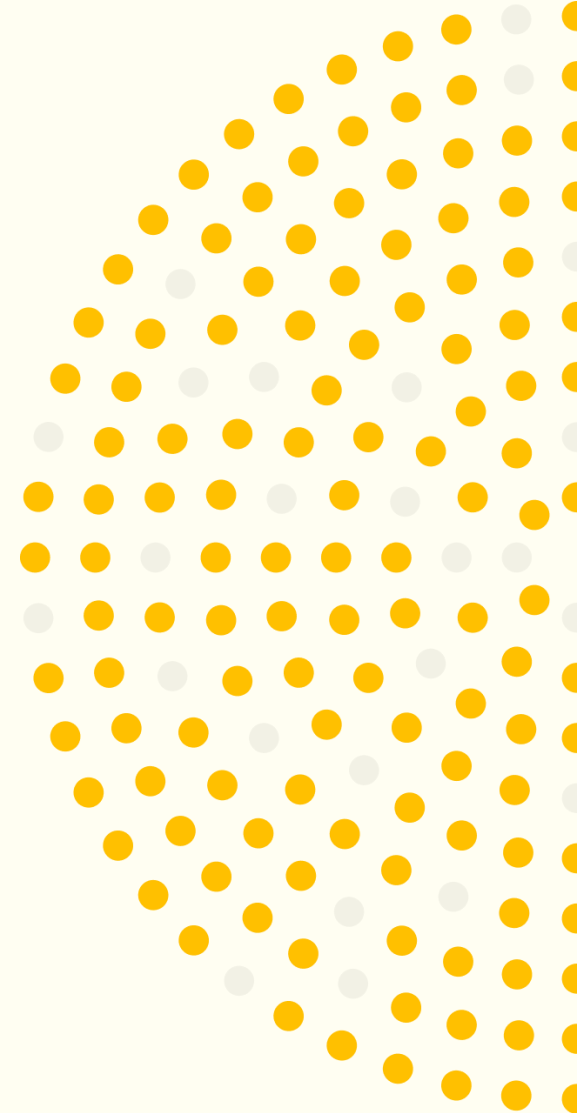
7. Ezra medical team creates Ezra report and delivers to patient in their patient portal

8. Patient books a video call to discuss results with an Ezra medical team



Ezra

Our mission is to detect
cancer early for everyone.





Thank you.

Dr Dan Brook

dan.brook@ezra.com

Want to become a physician partner? Scan the QR code



The Private Practice Conference:
Midlife Health Innovation, Prevention and Action

independent
doctors
federation

Comfort Break: Time to Recharge



The Private Practice Conference:
Midlife Health Innovation, Prevention and
Action

independent
doctors
federation

Mobilising Care: MSK Service Delivery & Training Pathways in the Private Sector

Mr Mark Bowditch

President of the British
Orthopaedic Association

The Menopause Movement: Mainstreaming the Change



Dr Clair Crocket

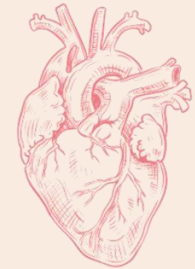
GP and Menopause Specialist
Newson Health



The menopause movement: mainstreaming the Change

Dr Clair Crockett
clair.crockett@newsonhealth.co.uk
10th July 2025

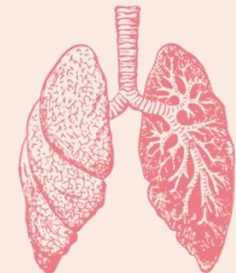
Female hormones



The effect of female hormones on future health

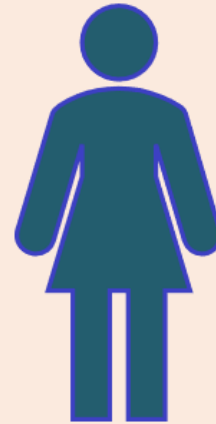


The impact of not considering female hormones



47 million

women reach the
menopause every year



Although **25%** suffer severe
menopause symptoms

77% do not realise their
symptoms are due to the
menopause

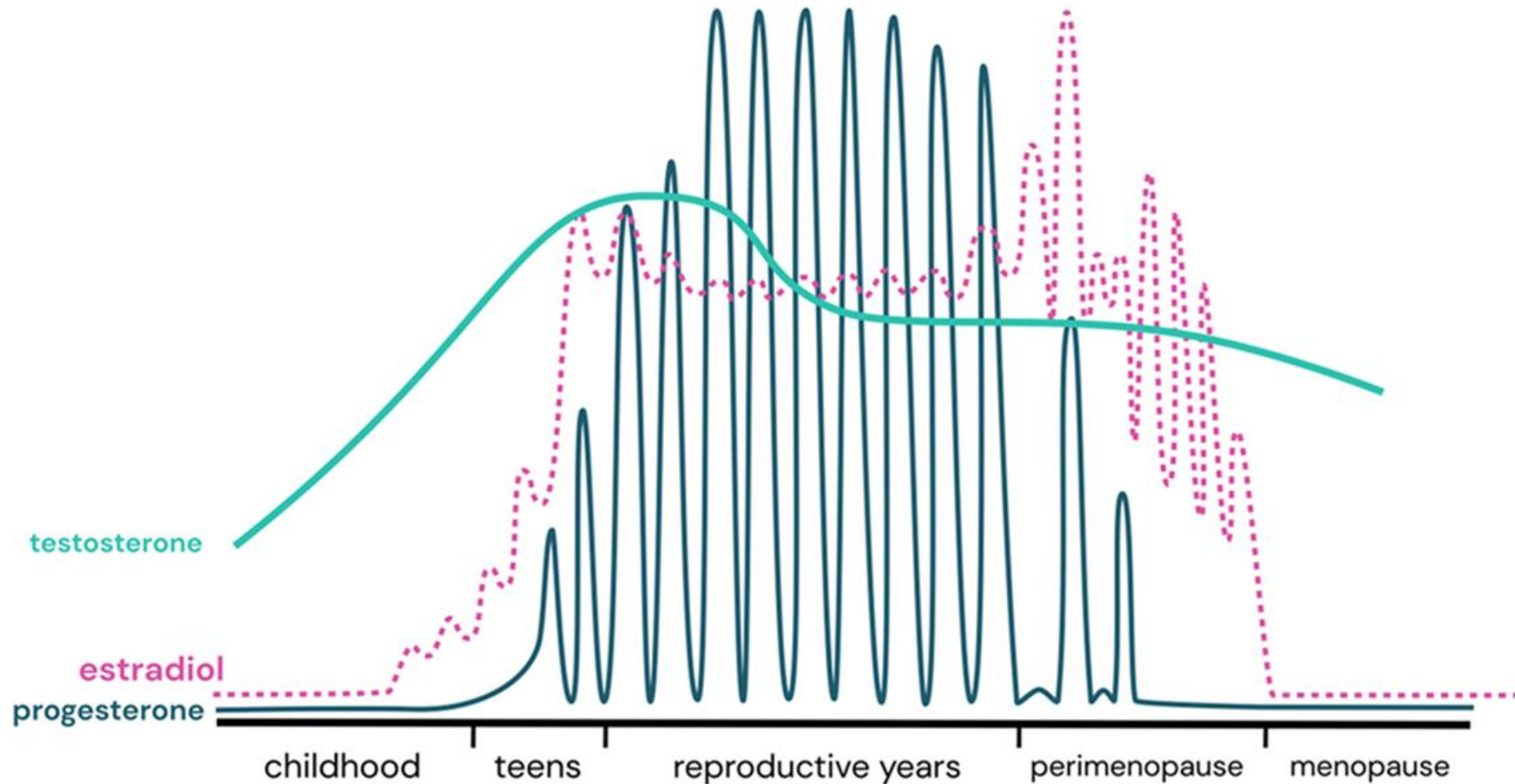
79% had visited their GP about their symptoms

Of which, **7%** had to visit their GP more than

10 times before receiving adequate help or advice

44% of women who eventually received
treatment had to wait for a year or more

12% had to wait more than 5 years





The influence of oestradiol

Brain

- Anti-inflammatory
- Improves blood flow in brain
- Improves mood and reduces anxiety
- Improves elasticity
- Helps with learning
- Body temperature control
- Improves memory and focus
- Increases levels of other neurotransmitters including dopamine, serotonin, acetylcholine, noradrenaline, melatonin
- Improves sleep
- Increases connections between brain cells
- Improves energy

Heart

- Controls heart rate
- Keeps endothelium (cells lining interior surface of blood vessels) healthy
- Lowers blood pressure

Liver

- Improves cholesterol regulation
- Improves glucose metabolism
- Increases breakdown of fat
- Improves liver function

Skin

- Increases collagen production
- Reduces moisture loss
- Increases blood supply to skin



Bones

- Increases bone mineral density
- Reduces inflammation in joints
- Increases muscle strength
- Improves flexibility
- Lubricates joints

Joints and muscles

- Anti-inflammatory
- Muscle strength and flexibility
- Joint lubrication

Bowel

- Maintains function
- Maintains balance of friendly bacteria
- Reduces heartburn

Nerves

- Improves nerve transmission

Bladder

- Reduces risk of infection
- Improves bladder function

Vagina/vulva

- Increases lubrication
- Maintains balance of friendly bacteria in vagina
- Keeps tissues healthy



The influence of progesterone

Brain

- Helps brain cells to communicate better, which helps improve mood, memory and brain health
- Helps nerve functioning

Psychological wellbeing

- Promotes sleep
- Relieves anxiety
- Helps use fat for energy

Breasts

- Tempers the effect of oestrogen and reduces
- breast cysts

Muscles

- Stimulates growth of new muscle
- Reduces muscle spasm

Bones

- Builds bone

Metabolism

- Regulates blood sugar levels

Reproductive/sexual function

- Regulates menstruation
- Supports pregnancy
- Reduces bleeding

Immune system

- Reduces inflammation
- Lowers risk of autoimmune disease





The influence of testosterone

Eye health

- Improves meibomian gland function and lubrication
- Reduces dry eyes

Cardiovascular health

- Lowers triglyceride and cholesterol
- Improves cardiac capacity and output – makes your heart stronger and more efficient
- Improves endothelial function – helps the lining of your blood vessels work better, increasing blood flow

Reproductive and sexual function

- Libido, arousal and orgasm
- Urogenital health
- Improves urinary symptoms including urgency and incontinence
- Reduces symptoms related to vaginal dryness and soreness

Vagina/vulva

- Increases lubrication
- Keeps tissues healthy



Brain function

- Improves concentration
- Improves memory, verbal learning and spatial abilities
- Sleep quality improves

Mood

- Psychological wellbeing
- Improves energy

Muscle

- Improves muscle mass and strength

Metabolism

- Maintains normal metabolic function (blood pressure, lipids, glucose metabolism)

Bone health

- Increased bone mineral density


Bladder

- Reduces risk of infection
- Improves bladder function

Circulation

- Red blood cell production

- Loss of bone density
- Increased risk of cardiovascular disease
- Increased risk of type 2 diabetes
- Memory and cognitive decline
- Genitourinary symptoms
- Arthralgia and joint disorders
- Mood and psychological wellbeing



High quality
menopause
care is vital



- Nutrition
- Exercise
- Supplements
- Self care
- Social interaction
- CBT
- Alternative therapies

The right
menopause
care will look
different for
everyone

- HRT

Improved quality of life
Protection from

- osteoporosis
- cardiovascular disease
- type II diabetes
- colon cancer

- **59%** taken time off work due to symptoms
- **18%** were off for more than 8 weeks
- **21%** did not go for a promotion they would otherwise have considered
- **12%** resigned
- Lack of menopause awareness and support is costing UK economy £10 billion
- Women face up to a £30,000 pension shortfall

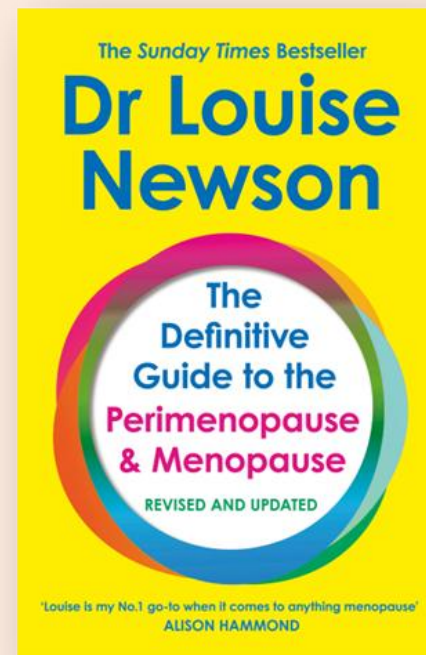




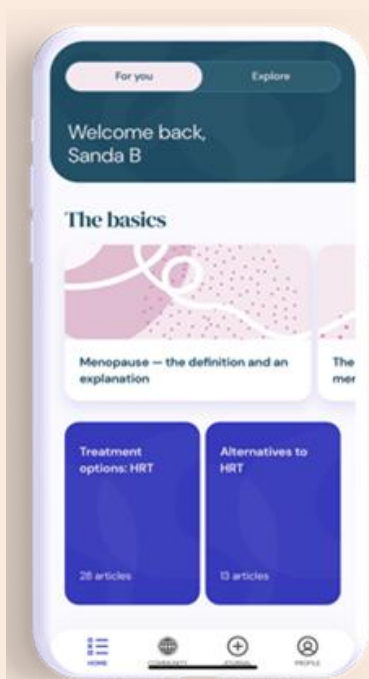
Menopause Masterclass online programme



The Definitive Guide to the Perimenopause and Menopause



The Balance app



Newson Clinic



The background is a solid pink color with several large, overlapping, curved lines in a slightly lighter shade of pink. These lines create a sense of movement and depth, resembling stylized waves or abstract shapes.

Thank
you

The Private Practice Conference:
Midlife Health Innovation, Prevention and
Action

independent
doctors
federation

Check Yourself: A Testicular Cancer Wake-Up Call



Philip Morris MBE

Founder
Testicular Cancer UK

FOUNDER OF TESTICULARCANCERUK.COM



PHILIP MORRIS MBE

Former soldier and stage 2 in 2004 and stage 3 testicular cancer germ cell in 2015.

WHO ARE WE?

TESTICULARCANCERUK.COM

EST 2003 and run by dedicated survivors.

The little charity that does most of the work outside the oncology centres.

24 hour support network

Awareness in schools, the armed forces and work places

FRIENDSHIP FOR LIFE



AS HEALTH PROFESSIONALS ,YOU ALL KNOW THE SYMPTOMS OF TESTICULAR CANCER.

LUMP OR SWELLING IN THE
TESTICLE,
PAIN IN THE LOWER BACK,
HEAVINESS IN THE SCROTUM,

Average age is 28, More common in ages 15 to 45.



THANKFULLY TESTICULAR CANCER HAS A

95 PERCENT SURVIVAL RATE



With about 50 percent not needing chemotherapy after orchidectomy .

PHIL MORRIS MBE - FOUNDER OF TESTICULAR CANCER UK

MIDDLE AGED BEFORE THEY SHOULD BE.....



Testicular cancer survivors and their ignored hormones...

HERE'S THE THING.

HYPOGONADISM.....



It's estimated that 40 percent of men who've had testicular cancer will develop Hypogonadism after Testicular cancer.

In adult males, hypogonadism can alter certain masculine physical characteristics and impair normal reproductive function. Early signs and symptoms might include:

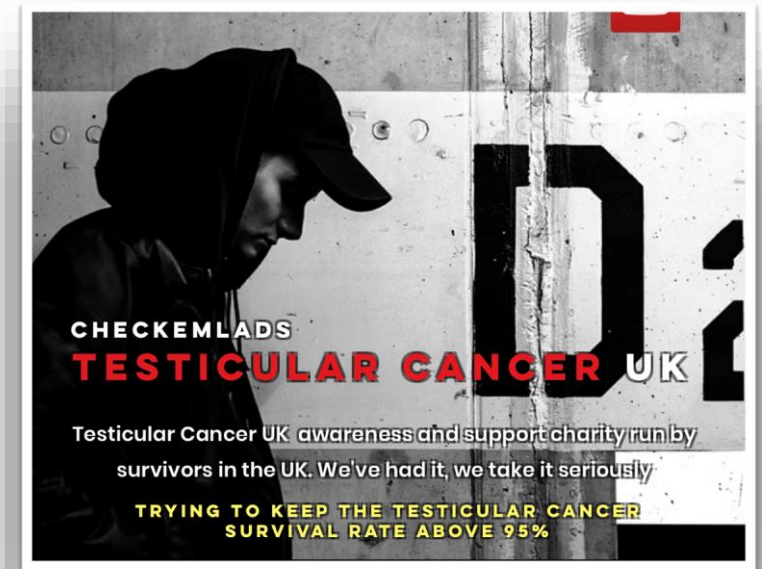
- Decreased sex drive
- Decreased energy
- Depression

Over time, men with hypogonadism can develop:

- Erectile dysfunction
- Infertility
- Decrease in hair growth on the face and body
- Decrease in muscle mass
- Development of breast tissue (gynecomastia)
- Loss of bone mass (osteoporosis)

Severe hypogonadism can also cause mental and emotional changes. As testosterone decreases, some men have symptoms similar to those of menopause in women. These can include:

- Difficulty concentrating
- Hot flashes



SO ABOUT 40 PERCENT OF YOUNG AND MIDDLE-AGED SURVIVORS HAVE THIS..

SO HOW MANY OF THEM GET MONITORED AND TREATED WITH TRT?

ABOUT 5 PERCENT.

- They don't check a man's hormone levels BEFORE he loses a testicle or testicles, so they don't have a record of where a man's levels are for his age and natural production
- Most importantly, the test should look at Testosterone, FSH and LH
- Let's not forget, a large number of these men are under the age of 30.
- Three out of five men complain of symptoms within 2 years of remission. (Currently, around 2500 men a year have testicular cancer in the UK)
- Almost all men who develop the symptoms are told it's depression or "just in their head".
- While NHS guidelines do exist for hormone monitoring, most oncologists ignore them as they are only interested in cancer recurrence, which we understand as patients but would not referring all patients to endocrinology help?

HOW YOU CAN HELP US...

Low testosterone currently, NHS guidelines say 0-8

Normal testosterone is 8-35

SO, if a man presents himself to you with ALL THE SYMPTOMS of low testosterone (hypogonadism) and has a score of 9, YOU CAN'T HELP.

The BSSM worked with us to get independent guidelines recently that say if a man who's had testicular cancer has the symptoms of low testosterone, and without records of his hormone levels before he lost his testicle and had chemotherapy, then a TRAIL of TRT should be considered, especially if hes below 35 yars old.

CONTACT

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Mental Health in Midlife: Tackling Inequalities and Improving Lives



Andy Bell

Chief Executive
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MENTAL HEALTH IN MIDLIFE

TACKLING INEQUALITIES & IMPROVING LIVES

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10 July 2025

WHO WE ARE

Centre for Mental Health is an independent charity.

We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health.

By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

MENTAL HEALTH IS A UNIVERSAL HUMAN RIGHT...

- ⦿ The right to have good mental health
- ⦿ The right to good mental health support
- ⦿ The right to an equal chance in life
- ⦿ The right to an equitable life expectancy

MENTAL HEALTH INEQUALITIES

- ◎ Social and economic inequality and injustice drive poor mental health
- ◎ Access, experience and outcome inequalities in mental health support
- ◎ People living with mental health difficulties face discrimination and disempowerment daily

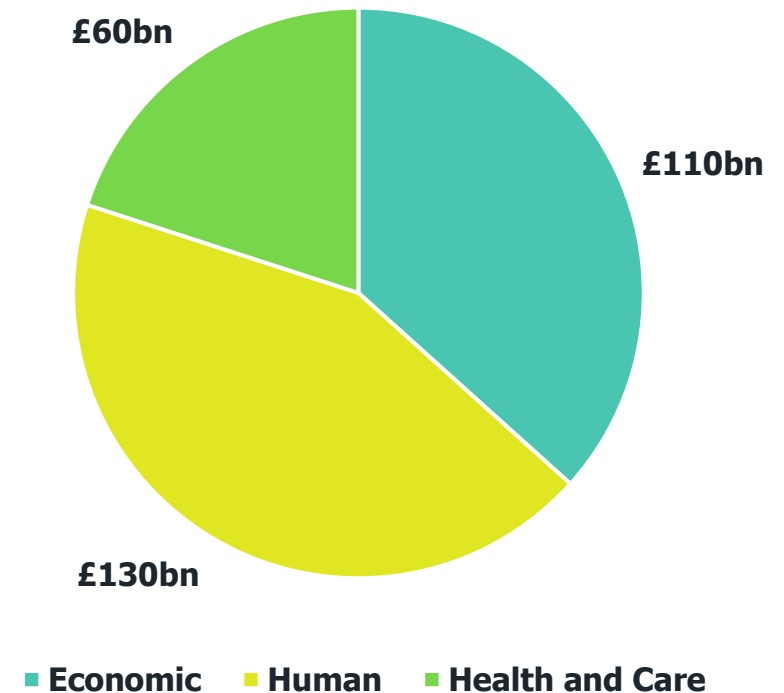


Cost of mental ill health

The total economic and social cost of mental ill health in England in 2022 was **£300 billion** (£300,350,633,424)

This comprised of three major elements:

- ⊙ **Economic costs:** Losses to the economy due to mental ill health.
- ⊙ **Human costs:** The value, expressed in monetary terms, of reduced quality of life among people living with mental health difficulties.
- ⊙ **Health and care costs:** The costs of providing health and care services for people with mental health difficulties.

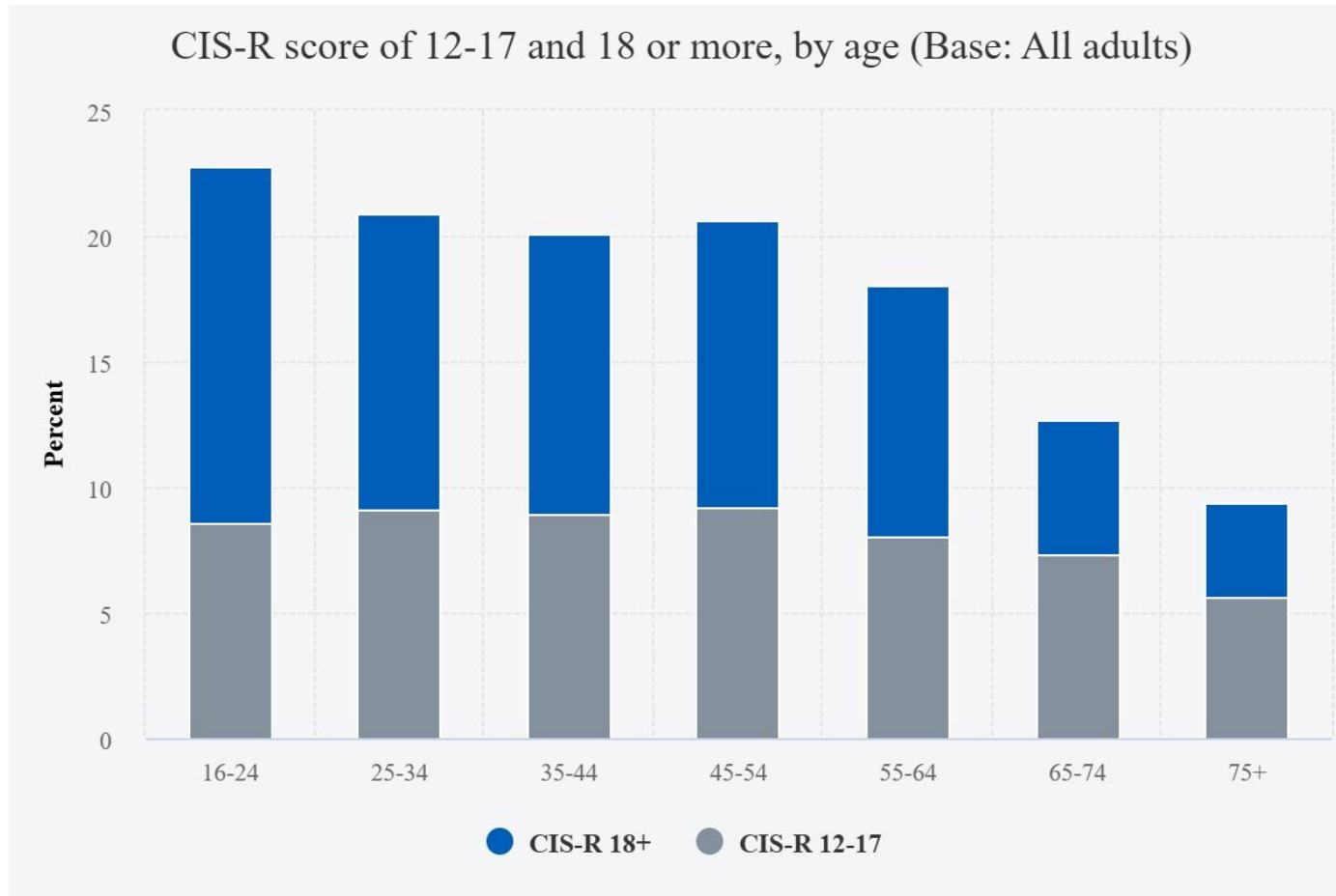


‘WE ALL HAVE MENTAL HEALTH, BUT...’

MENTAL HEALTH SPECTRUM



NEW MENTAL HEALTH SURVEY RESULTS



PROTECTIVE FACTORS

Secure attachment in infancy
Positive parenting
Safe, warm housing
Economic security
Positive school experience
Procedural justice, eg at work
Access to green spaces and nature

RISK FACTORS

Traumatic events and experiences
Abuse and neglect
Isolation and loneliness
Bullying
Poverty and financial precarity
Insecure housing and homelessness
(Fear of) crime
Discrimination
Racism



MAPPING MENTAL HEALTH INEQUALITY

Figure 4: Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

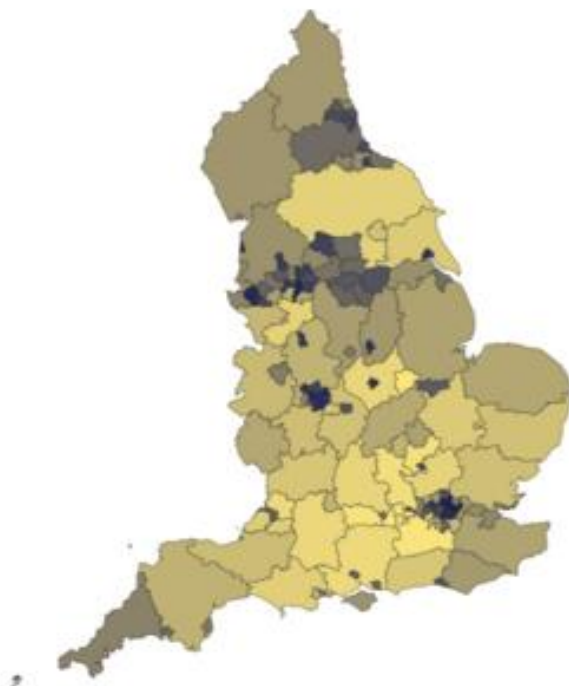
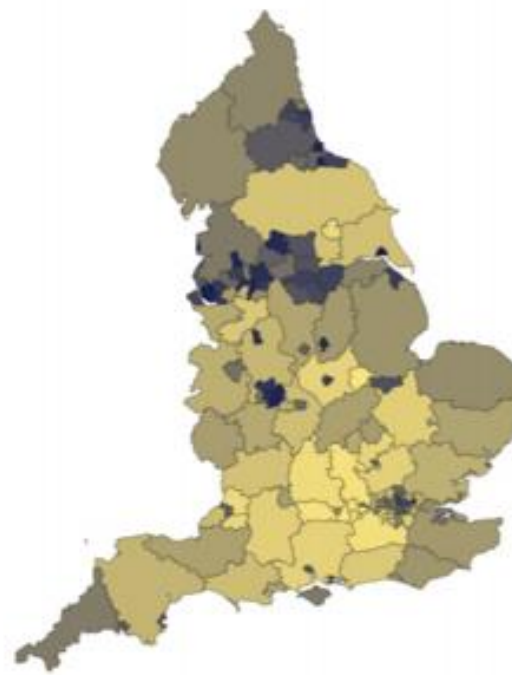


Figure 5: Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)



Continuous:

Lowest

Highest

GROUPS FACING HIGHER RISKS

People on low incomes
Racialised communities
Disabled people
LGBTQ+
Long-term illness
Neurodivergent groups
Criminal justice system
Carers

Children from the **poorest 20% of households** are **four times** as likely



to have serious mental health difficulties by the age of 11 as those from the **wealthiest 20%**

(Morrison Gutman *et al.*, 2015)

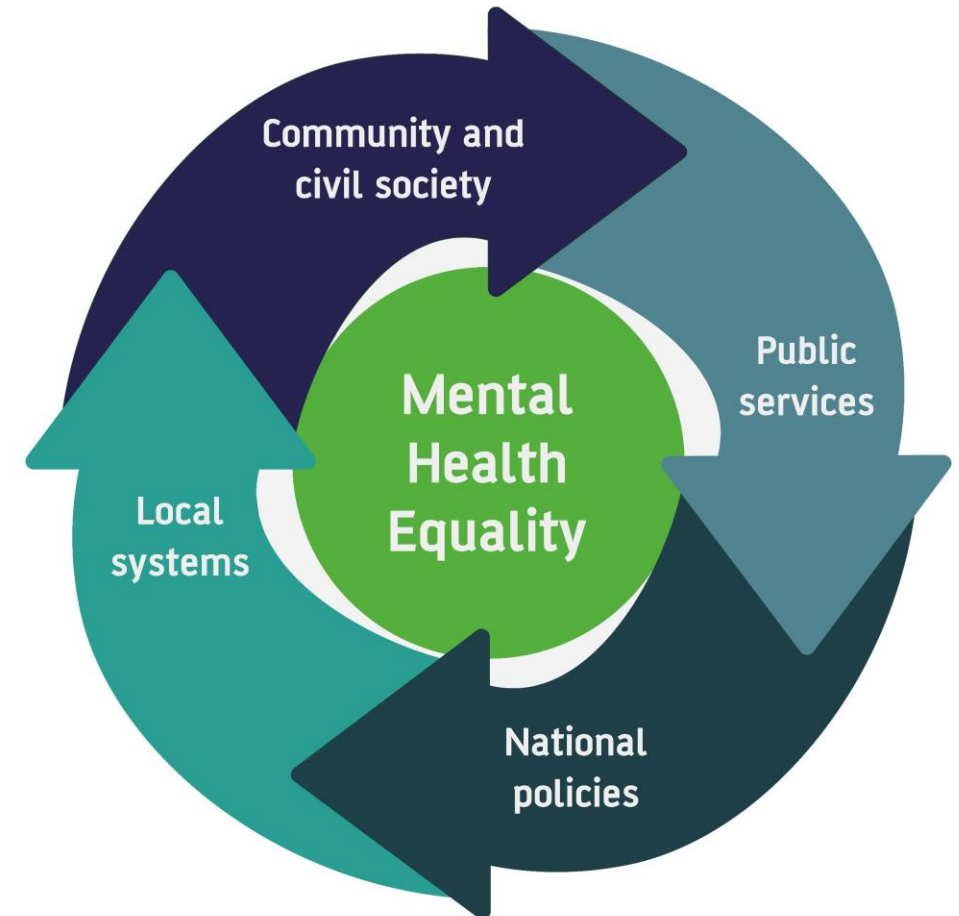
**JOIN US IN DEMANDING
A FAIRER AND HEALTHIER
FUTURE FOR US ALL**

EQUAL LIVES?

- ⊙ People with mental health difficulties have higher rates of unemployment, homelessness, problematic debt
- ⊙ Children with mental health difficulties have poorer school outcomes and worse life chances in adulthood
- ⊙ Life expectancy is 15-20 years shorter, and biggest gaps are in most deprived areas and most disadvantaged groups of people
- ⊙ Discrimination widely reported, especially from health professionals
- ⊙ People with long-term physical conditions twice as likely to have a mental health problem – but seldom get support for it

A SYSTEM DESIGNED FOR EQUALITY

- ⊙ Mental health is made in communities
- ⊙ Supported by public services...
- ⊙ ...local systems...
- ⊙ and national policies



- ◎ The **Better Mental Health Fund** demonstrated:
 - Even small amounts of funding go a long way locally
 - Social approaches to distress can be effective
 - Local councils & community organisations can work together well
 - Evidence-based interventions can be adapted to local and community needs
 - Public mental health activity needs to be culturally appropriate
 - Up-to-date needs assessments help to get resources where they're needed
 - Short-term funding can be harmful and undermine relationships
 - Political leadership helps generate and sustain activity
 - <https://www.centreformentalhealth.org.uk/publications/made-in-communities/>

MENTALLY HEALTHIER COUNCILS



A MENTALLY HEALTHIER NATION

- ◎ A national mental health plan
- ◎ Mental health in all policies
- ◎ Social security
- ◎ Education
- ◎ Justice
- ◎ Race equality



THE 'STOLEN YEARS'

- ⦿ Life expectancy for someone with long-term mental illness 15-20 years shorter
- ⦿ High rates of physical ill health (diabetes, liver, respiratory and heart disease)
- ⦿ Three times rate of smoking + higher consumption & dependency
- ⦿ Greater risk of dying from cancer
- ⦿ Higher hospitalisation and death rates from infectious disease, including Covid
- ⦿ Strong links to poverty and exclusion: 50% are food insecure
- ⦿ Poorer dental health and sexual health
- ⦿ Carers may also face greater risks (and be ignored, too)

- ◎ Collaborative to spur concerted collective action on physical health
- ◎ Charter for Equal Health
- ◎ Three principles:
 1. We all have a *right* to good health
 2. Achieving equal health is a whole system task in which *every* part has a responsibility
 3. The answers lie in collaboration and *coproduction*

Resources and information at www.equallywell.co.uk @EquallyWellUK

SOME KEY AREAS FOR ACTION

- ⊙ Medication management & decision-making
- ⊙ Access to health checks & interventions
- ⊙ Screening and preventive health care
- ⊙ Smoking cessation services: community as well as in hospital
- ⊙ Tailored help with physical activity and healthy weight management
- ⊙ Addressing poverty & access to food
- ⊙ Immunisation programmes
- ⊙ Emergency department responses to people with mental illness

LONG-TERM CONDITIONS DATA (APMS)

- ◎ 39% have a common mental health condition (12.6% for everyone else)
- ◎ 38.8% have had suicidal thoughts
- ◎ 14.4% have attempted to take their own life
- ◎ 16% have self-harmed
- ◎ 10.1% screened positive for PTSD

‘ASK HOW I AM’

- ◎ **Long term conditions and mental health**
- ◎ Traumatic experiences
- ◎ Coming to terms with it: not just at the start
- ◎ Living with it: day to day, without end
- ◎ Burden of repeated appointments and interventions
- ◎ Impact on relationships
- ◎ Financial challenges



MENTAL HEALTH SERVICES IN TEN YEARS' TIME...

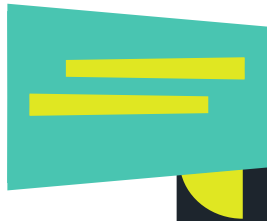
- ◎ 1. More will be done to prevent mental health difficulties
- ◎ 2. Early intervention will be the norm
- ◎ 3. No wrong door to get quality, compassionate care
- ◎ 4. Services will see the bigger picture in people's lives
- ◎ 5. Services treat you as a whole person
- ◎ 6. Services proactively tackle structural inequities and injustices
- ◎ 7. Coproduction in service design, development and delivery
- ◎ 8. Autonomy and human rights boost for community support
- ◎ 9. A thriving, well-supported and diverse workforce
- ◎ 10. Services measure & are accountable for outcomes that matter

REPORTS AND RESOURCES

- ⦿ 'A Mentally Healthier Nation' <https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation>
- ⦿ 'No Wrong Door' <https://www.centreformentalhealth.org.uk/publications/no-wrong-door>
- ⦿ Economic and social costs <https://www.centreformentalhealth.org.uk/publications/the-economic-and-social-costs-of-mental-ill-health/>
- ⦿ Equally Well UK <https://equallywell.co.uk/>

ANY QUESTIONS?

THANK YOU



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The Private Practice Conference:
Midlife Health Innovation, Prevention and
Action

independent
doctors
federation

Rewiring Resilience: Future Models for Mental Health



Dr Chi-Chi Obuaya

Consultant Psychiatrist
CNWL NHS Foundation Trust
The Nightingale Hospital

REWIRING FOR RESILIENCE: MENTAL HEALTH IN THE MIDLIFE JOURNEY

Dr Chi-Chi Obuaya
Consultant Psychiatrist
MBBS BSc FRCPsych MBA



UNDERSTANDING THE MIDLIFE HEALTH CRISIS

Common Triggers:

Changes in career/relationships/health/life purpose

Mental Health Impact:

Anxiety, mood changes, cognition and stress

BIOLOGICAL CHANGES

Hormonal Shifts:

Menopause/andropause

Sleep and Energy Levels:

Sleep disturbances, fatigue

Cognitive Changes:

Memory, focus and mental sharpness

PSYCHOSOCIAL FACTORS

Identity and Purpose:

Coping with feelings of unfulfillment or questioning life's meaning

Social Isolation and Loneliness:

Building meaningful connections

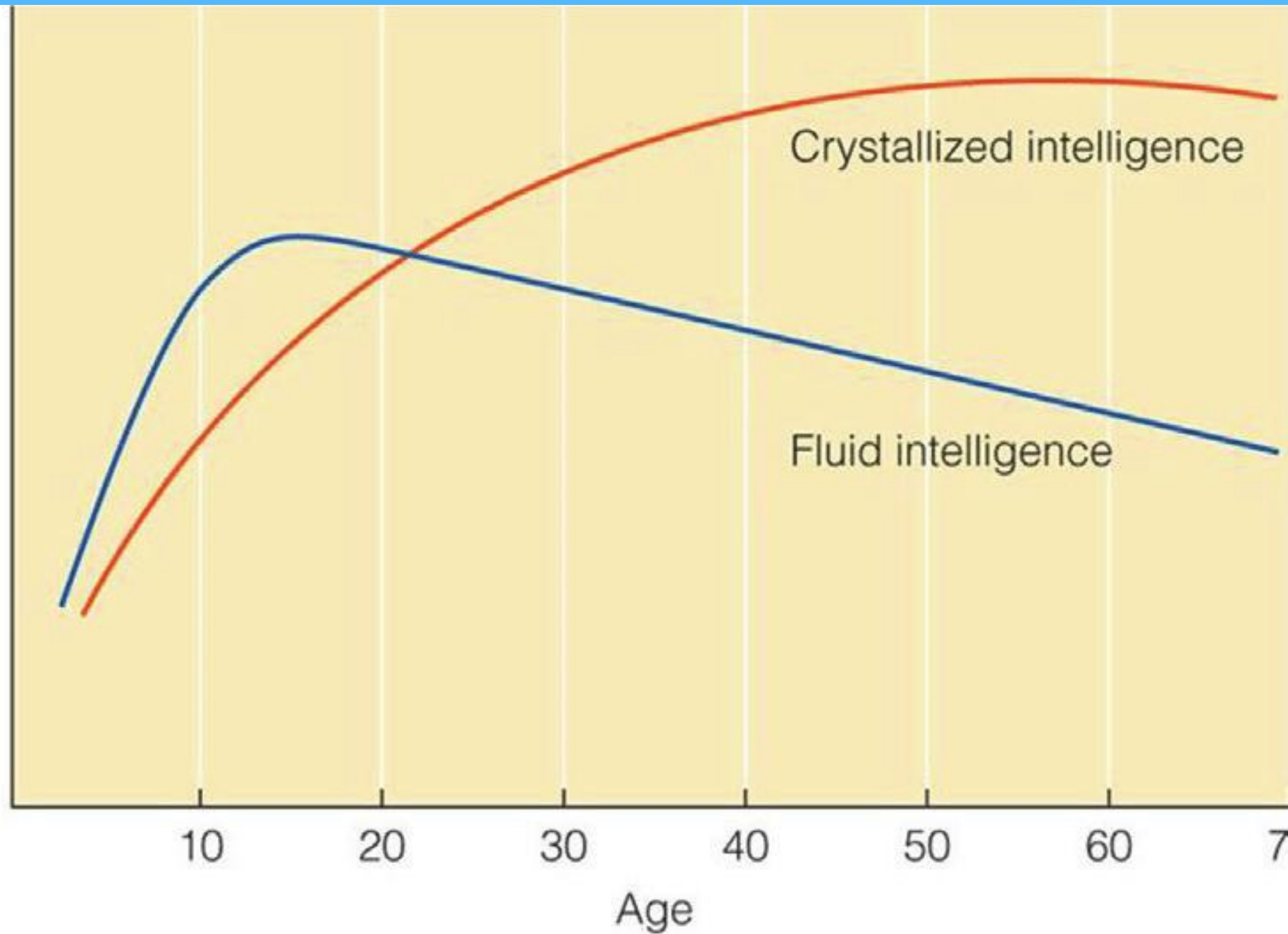
Family and Relationships:

Changing dynamics with partners, children or ageing parents.

Burnout:

Balancing work, family and personal needs

Mental ability



REINVENTING ONESELF

Career Shifts:

Embracing new professional challenges or passions

Lifelong Learning:

Developing new skills or hobbies for personal growth.

Purpose and Meaning:

Finding joy and fulfillment

BUILDING EMOTIONAL RESILIENCE

Self-Care Strategies:

Physical/intellectual activity, hobbies, and emotional regulation

Therapy and Support:

An opportunity for reinvention

Medication?

THE ROLE OF COMMUNITY AND RELATIONSHIPS

Social Support:

The importance of maintaining close connections

Intergenerational Relationships:

Gaining perspective from younger and older generations

Family Therapy:

Strengthening bonds and resolving conflicts

PHYSICAL HEALTH'S ROLE

Nutrition:

The connection between diet and mental well-being

Exercise:

How physical activity boosts mood and reduces stress

Preventative Health:

Regular check-ups and managing chronic conditions

SERVICE DELIVERY

Destigmatisation:

Reframing

Role modelling

Multidisciplinary approaches:

Joined-up care: opportunity or hurdle?

Leveraging digital tools

The Private Practice Conference:
Midlife Health Innovation, Prevention and Action

independent
doctors
federation

Closing Reflections & Calls to Action

Thank you

Scan here to find out
more about the IDrF



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Post-conference Summer get together drinks

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