

Opinion article

## College of Medicine: A new vision of healthcare

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### Abstract

The College of Medicine was launched at the end of 2010 and this was its inaugural conference. Its core values; are science, service and healing, underpinned by the belief that best possible, sustainable and cost effective healthcare can only be delivered by bringing together clinicians, scientists and most importantly patients on an equal footing. A more patient-centred approach improves outcomes, particularly in chronic conditions. These values will be sustained by our inclusive and non tribal professional approach and grounded through our structure, in particular our patient's council. The keynote from Dean Ornish illustrated the vast potential for lifestyle change to impact gene expression and possibly survival in prostate cancer, whilst William Bird and Michael Depledge updated us on how an environment conducive to wellbeing and a self empowered exercise programme might be delivered within the UK. The College's Innovation Network provides benchmarks for local initiatives of excellence. Stephen Holgate was also able to contextualise the increase of allergic disease within our changing environment. Support for this new and innovative organisation was clearly expressed by both politicians and many senior members of the medical establishment and we look forward to the College being in the vanguard of the changing face of medicine.

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### The medical environment

A concern for governments and those delivering healthcare globally is to improve quality of care whilst managing escalating costs, against the backdrop of a rapidly growing population of services users with chronic conditions and complex co-morbidities [1]. It is predicted that by 2020 heart disease, stroke, depression and cancer will account for 60% of the world health burden, posing a potentially unsustainable pressure on healthcare budgets [2]. In 2004, the World Health Organisation (WHO) formally recognised through the Innovative Care for Chronic Conditions (ICCC) framework, the need for a more integrated approach, from the micro level of the patient and their family, to the macro level of community and policy, combined with a greater patient-centred outlook, in order to address these escalating healthcare demands and costs [3].

The College of Medicine is a new organisation launched in the UK in October 2010, committed to a more patient-centred, cost-effective and sustainable NHS through the provision of better opportunities for individual and community health and self care, in order to reduce financial and service load. At its core is the belief that this can only be delivered by encouraging a new type integration bringing together clinicians, scientists and most importantly patients on an equal footing. The beneficial effects of adopting a more patient-centred approach have already been demonstrated through the documentation of improved patient outcomes, (particularly in chronic conditions), and reduced healthcare utilisation with associated cost savings [4,5]. Such values will be sustained by our inclusive and non tribal professional approach and grounded through our structure, in particular our patients' council.

It was these issues that were central to the College of Medicine's first annual conference; 'a new vision for healthcare', held at the Lord Mayor of London's official residence, Mansion House, May 2011. Among the topics discussed were; community based initiatives designed to improve well-being, new approaches to managing chronic conditions, the palpable change to patient experience brought about by effective self-care

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programmes and the use of low-tech, evidence based approaches for preventative medicine.

### How can the College address these issues?

Although lifestyle choices such as diet, exercise and health risking behaviour (such as drinking and smoking) are known contributors to the aetiology and prognosis of many diseases, the influence of psychosocial factors such as the level and quality of social support networks, social isolation, and the manifestation of prolonged periods of depression and anxiety is also becoming more recognised [6,7]. In the keynote lecture, Professor Dean Ornish, Clinical Professor of Medicine at the University of California, San Francisco argued that these influences are often undervalued in current healthcare provision. Presenting evidence from a multicentre randomized controlled trial involving patients with moderate to severe coronary heart disease, Ornish demonstrated that a multi-disciplinary approach which included the integration of diet, moderate exercise, stress management training, smoking cessation and notably group psychosocial support significantly lowered the occurrence of cardiac events and facilitated a regression of coronary atherosclerosis [8]. He argued that although more time was spent initially with patient's addressing the underlying causes for coronary heart disease the long-term cost saving potential from avoidance of surgical interventions could not be ignored [9]. Of course not all patients will want to take part in such a program and many will require surgery, but being able to offer an alternative treatment could not only be empowering for the patient but cost-effective.

Continuing on the theme of self-care, exercise and our relationship to the environment for healing, Prof. Michael Depledge, presented results of a recent systematic review that suggested that outdoor exercise may provide a greater sense of revitalisation, increase energy and significantly reduce depression [10]. Although methodological issues were found in the papers reviewed, early results suggested that patient compliance maybe higher with outdoor exercise [11]. The implication of these findings for public health, although tentative, cannot be underestimated given that outdoor exercise is low cost, can be suitably tailored to the needs of the patient (from gentle walks to more vigorous forms of exercise such as cycling) and can involve a valuable opportunities for social interaction [12].

With up to 75% of the European population now living in urban areas and with depression and obesity as major causes of concern for economic and social welfare, programmes such as the Green and Blue Gyms, piloted in the UK, could represent useful models for health professionals and governments to encourage a reconnection to the natural environment [13,14]. Current evidence seems to indicate that exercise (in any form) may be an underutilised intervention in the provision of primary care for mild to moderate mental health problems such as depression [15]. In his presentation Dr. William Bird, former Natural England strategic advisor, argued that the benefits of such programmes are manifold in increasing health and well-being but also self-esteem, something validated by case-studies from several services users [16]. Such public health initiatives need not be complex or costly, for example the practical

Walking for Health project, (co-funded by Natural England and the Department of Health in the UK) which now hosts over 3800 walks a week [17].

Professor Stephen Holgate's presentation provided a further compelling reason to advocate patients' reconnection to the environment; the rapid increase in the occurrence and severity of allergic diseases. It is estimated that 30–40% of the world's population is now affected by one or more allergic conditions, placing an increased burden on healthcare [18]. Although, as Prof. Holgate explained, our current understanding of the symbiotic nature of host–bacterial interaction remains embryonic, the advent of over-sanitised environments seems to be a contributing factor. A recent study found a considerable disparity between the levels of atopic conditions between Finnish school children and their Russian counter-parts [19]. The authors concluded that these differences may be explained by living conditions and lifestyle and subsequent exposure to microorganisms [19]. Dendritic cells, found in tissue regularly in contact with the external milieu such as the respiratory and gut mucosa, mediate the adaptive immune response by presenting antigen material to host immune cell receptors. During childhood and beyond this process serves to educate the immune system the differences between safe and dangerous organisms [20]. To this effect, methods recommended by the World Allergy Organisation (WAO) to enhance immunity include; increased contact with nature and outdoor activities, the adoption of a more anthroposophic lifestyle, the use of probiotics and fermented products and a healthy diet rich in dietary fibre [21].

Returning to the issue of responding to the needs of patients with chronic conditions with the aim of improving outcomes, Professor David Peters and Dr. Susan Rankine presented the findings of a recent service evaluation examining the introduction of an osteopathy and acupuncture service for patients with musculoskeletal (MSK) problems in a GP setting [22]. The study highlighted the importance of co-designing a service with GPs, recruiting the best practitioners, producing information sheets, and developing clear intake criteria. Encouragingly, MSK problems and quality of life scores saw a statistically significant improvement from pre to post treatment, indicating that an effective acupuncture and osteopathy service for MSK pain can be successfully embedded in an NHS GP setting [22].

Finally speakers such as, Shadow Minister for Health, Liz Kendall MP and Professor David Colin Thome, former National Clinical Director for Primary Care at the Department of Health, and Sir Ian Kennedy, Vice-President of the College were unanimous in the sentiment that healthcare provision in the UK must move forward from a patient-centred rhetoric towards a patient-centred reality. Practical examples such as that provided by Barbara Vann, headmistress of Penair School, Cornwall demonstrated that early intervention and education are vital tools.

### The way forward

The recent conference indicated the College's concern both for well evidenced work, and for considering the breadth of social, medical and societal factors which shape the early 21st century health landscape. The College has since prepared

conferences on TB and herbal medicine and education events on the critical appraisal of evidence. The theme of its 2011 conference is ageing, addressing topics from the science of telomeres to social and dietary factors. This broad and agenda-setting programme is a confident beginning for the new college.

### Conflict of interest

None

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