This (end of December 2023) draft will be updated/restructured after Labour publish which controversial parts of various lobbying they'll might actually do. Email coordinator@medConfidential.org for the latest position.

The Longevity Industry via 'Wegovy for Everyone'

No patient should have to choose between their health and their privacy; billions are being poured into the "longevity" projects that turned biobank toxic, at the same time as NHS England prepares their "Federated Data Platform" on Palantir to make you choose: your data or your health.

Speaking at the RSA, the "visionary" and Chair of Our Future Health spent the first 25 minutes in a pitch for tents in car parks for jobcentres and large employers for injections to wegovy (he's a paid advisor to the manufacturers, but where are John Bell's disclosure forms?).

Central Government in Whitehall trying to manage *your* health is only possible when all data, including your GP record, is copied into the Palantir FDP (they call it "Population Health Management"). Tony Blair's institute and Our Future Health Chair John Bell are already proposing to use that copy to offer 'wegovy for everyone'. Why is money being poured into this? Because some argue jabs save on UC, and what comes after 'wegovy for everyone' will include the outputs of the $101m "age-reversal" xprize, which wants to create treatments so some people can live forever.

Going through the details, we start with a look at the assumptions underpinning all health innovation, and the current environment, which is a very obvious fact:

Research will create new treatments that work and can be shown to work

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Every diagnostic, every drug, every treatment we have today was developed from something that might work in the future, into something that now does. Wegovy 'cures' obesity (allegedly), the blood test for cancer is starting to work, and single gene diseases like sickle cell. There will be more of these developed.

For most people, that's all you should need to think about. The NHS should use the most appropriate treatments, and you shouldn't have to think about it, the same way you shouldn't have to think about whether your health data is sold or used in ways you think you've said no to.

Wherever they come from, and however they're developed, there'll be new treatments for diseases that work, and they'll follow the known and predictable path to availability across the NHS.

Wegovy is currently a prescription-only medication. It may follow the path of viagra to become an over-the-counter drug, or a longer path onto supermarket shelves. Currently wegovy is a drug that *must* be prescribed, and is only supposed to be prescribed for a small number of conditions (but…). If the hype is accurate, NICE and MHRA may recommend it be prescribed for more of them, but "reducing the UC budget" is not a clinical objective.

There's a long path between innovations that might work, and innovations that have been shown to work safely for all. The mistakes on that journey are catastrophes we know by name, from Thalodomide to Theranos.

The NHS adopts new treatments that are shown to work

That "the NHS doesn't adopt new treatments" is a fallacy from those who are usually selling something. It can be done better, it can be done differently, but it is done, generally in relation to the actual effect of the new treatment.

Whether that's Galleri, whatever comes after Galleri, eventually these new diagnoses and treatments will work and be incorporated into care pathways – this is a lot of careful work. Advocates (especially paid ones) will want them rolled out earlier, and sometimes they'll be right to rush, and sometimes it will have been right not to. Everything that does get rolled out could have been done faster if corners were cut. If Galleri works at population scale, it will change every cancer pathway (that it works for, finding those is why corners can't be cut) – this will require a large restructure of the NHS, save lives; it's why Simon Stevens is Chair of CRUK.

In the interim it's easier for those who want to cut corners to blame NHS staff for slowing down industry's unproven flights of fancy. Yes, some of them will be right; most of them won't be. In the history of everything that works, there was a time that it didn't, and when it was indistinguishable from other things that still don't work.

Doctors use things that work; the government needs a life science strategy infused with hype. It's dangerous for both patients and for innovation to think they're the same thing. The distinctions can be very, very narrow between advocacy for research, propaganda for quackery, and shilling for those who pay you.

Unlike a dodgy startup out to make a quick dollar, the NHS expects to be around to pick up the pieces if something causes harm in the longer term. (Individual staff may expect to move on before FDP collapses, but the NHS will still be there after it's gone). Over time, the second phase of Our Future Health will become indistinguishable from the "food supplements" sellers like Zoe, Goop, and Infowars – taking money from the worried well with minimal effect but high profit margins.

Scores of startups of varying degrees of shadiness are offering OFH equivalent "polygenic risk predictions", and John Lewis is talking about repeating the OFH experiment in

partnership with Randox; Zoe found it makes money, but until there are treatments which are determined by those scores, what is the benefit to you for any of them?

(The fallacy that doctors don't help their patients is what encourages the Department of Health in England to build their data platform to intervene in the direct care you receive from your doctors.)

Wegovy for everyone? (brought to you by Our Future Health, Zoe, and the funders of Tony Blair's Institute)

(before we start, just to be very clear in case someone thinks "wegovy for everyone" is a good policy prescription rather than the deranged policy catastrophe that it will be, forcing medicines on *anyone* is an extreme step that is very tightly regulated only for those who can not make their own decisions to get them to the point that they can freely make their own choices; saving HMG money is not an appropriate reason to medicate anyone).

Our Future Health Chair John Bell (who is also Government's Life Sciences Champion) has previewed the next stage of his roadmap, new miracle drugs and treatments for the big diseases of today (which are a good thing). It is his contention, and OFH's business model, that OFH will be a unique data source to help develop these new treatments (which may well be right) and help you live forever (see below), and OFH will distribute both these new wonder drugs, and existing ones like wegovy, via injections outside job centres and tents in car parks (which is madness), only to those who sign up to have their health data sold by Our Future Health to the longevity industry that the Government life sciences strategy wants to help.

Medicine accepts what works, and John Bell thinks wegovy would increase GDP, but it's an untested hypothesis. Oracle and Blair Institute are giving it a go, and if there's a clinical case for it, then the UK can see if it works in trials, and adopt it, whether or not you are a member of Our Future Health. There's no need for anyone to join OFH if a new drug works, as drugs developed by OFH will not be withheld from others. Although OFH could throw clinical trials so drugs appear more effective than they are.

In John Bell's vision of those on universal credit getting wegovy outside the job centre, who will do the prescribing? Who is clinically responsible? Who deals with the consequences of adverse reactions?

If the tests they run find something, OFH will dump you back on the NHS for real diagnosis and any necessary treatment. Due to these perverse incentives, it's better for a fake result that makes you feel reassured that you took the test, even if the result isn't clinically useful – the Theranos fraud convinced people for a reason. Your GP will have to repeat the test, better, and patients won't know who was right, when OFH shiny ads follow up on their wrong results, selling you a 'food supplement' to feel better.

What if people don't want to take it?

Those on UC are compelled?

The day before Christmas Eve 2023, the Blair Institute published their plan to compel taking vaccines and other jabs that may improve the economy, outside of current NHS clinical processes, effectively calling for "wegovy for everyone". Their foreword is written by Our Future Health's John Bell.

The second half of John Bell's talk is his justification for replacing NHS doctors with his pharmacists giving injections in car parks. As with any good advisor to the current government, Our Future Health are testing his ideas in Rwanda as a cheap and cheerful deployment.

Jabbed on the street, but paid for out of the public purse (but not the NHS?). OFH, Blair, and Oracle Inc (see 47-51 mins) will build AIs to tell you what of 'their' medicines you need to be injected with, and you can stop by a car park to get your shots – why have an NHS at all if everyone signs up to the OFH company?

That plan may make sense to Tony Blair's institute, it may appeal to HM Treasury (by reducing the cost of Universal Credit), and it may make sense to those paid by wegovy (as John Bell admits (unusually) that he is), but it is unclear what the clinical prescribing process will be, unclear who will be liable when something goes wrong, and unclear what real choices some people will be offered.

Some of these "treatments" won't be formal medicines, but will try to evade the medicine rules, such as a probiotic that supposedly fixes tooth decay in a single application. Some of these will work; most will be abject quackery (because, in effort terms, quackery is a lot easier than checking things that work). The process we have for telling the difference is NICE, MHRA, and the judgement of doctors whose primary obligation is to their patients. NHS England and others would prefer that business and UK PLC have political influence at every step, even if we don't know if it's worthwhile. Ministers on a mission can cause harm even if their intent was not personal gain.

Why is any of this relevant? Why does government think this is a good idea? because Government listens to money, and this is where investment money is currently going:

$101m prize to live forever, and the current rush towards a "longevity" industry

"This is absolutely an age-reversal, rejuvenation prize, even though it is being branded more softly" said Aubrey de Grey around the launch event for the the new $101m Healthspan XPrize. Competitors will apply to use data collected by Our Future Health, biobank, and others (and it's why biobank get *so* unhappy when people notice their refusal to answer basic questions about where their data goes).

In the same way it is not credible to say a profit seeking company would withhold new drugs from overseas markets willing to pay for them, it's not credible to suggest prescribing policy will allow approved treatments only for those in OFH (unless Bell's life sciences strategy involves a collapse of the NHS). The only reason to make either threat is to encourage people to join OFH so it gets more members, akin to how OFH offers their healthcheck tests without necessarily sharing the results with the NHS, or even bothering to ensure those tests are accurate, instead chasing the overhype treatment in tech that doesn't distinguish hype or fraud from substance.

New treatments will eventually work, and the NHS can roll them out (and evolve as it does)

As we've covered above, prescribing medicines comes with liabilities and obligations, and it's unclear whether OFH will accept any of those, or just dump them back on the NHS as they do now.

Your relationship to your family GP means they can support you to make a decision you want to make in an informed way to get what you want from your life; transactional services backed by coercion are a very different beast. A 'national vaccination service" may seem like a good idea from an office in Blair's utopia, but people's concerns can be assuage by doctors who care about them, not a billboard campaign telling them why the Government is right, and their questions don't matter (see also Iraq, ID cards, Horizon, et al).

When the blood test for cancer works, will "Protect Britain" take bloods from people as well as injecting them for the common good?

The goal could be a good one, but Blair's jackbooted delivery method will not get there. The shingles vaccine has promise for preventing many cases of dementia (we'll hopefully know better this year); wegovy seems to help those who can tolerate the side effects; but the how, the implementation details, matter, along with why they're taking it in the first place.