AMY C QUICK

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Deloitte.

One-stop shop: Where healthcare meets retail

A study of European consumers' willingness to undergo healthcare interventions in retail spaces

It is clear that the volume of frontline healthcare will grow significantly in the future, with serious consequences for a system already under significant strain. To better understand this trend and enrich the discussion about alleviating it, we commissioned a survey across 15 European countries and 16,000 respondents. Our goal was to better understand how consumers look at the frontline healthcare they receive, and how open they would be to receive some of it in retail settings instead of traditional healthcare settings. In this report we share their responses and offer insights into paths for healthcare- and retail-industry professionals.

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Introduction

Europe can expect to see half a million centenarians by the year 2050.[1] Many of us will not live to see 100, but recent years of lifestyle changes and advances in medical technology have gifted us years our great-grandparents did not have. But we're also acquiring more health problems, and becoming more aware of (and attentive to) wellness at all ages. Containing this ever-expanding pool of patients is not possible if the European health infrastructure remains as it is, straining under the weight of all our demands.

To ease that systemic burden, Deloitte proposes bridging the gap between patient/consumer behaviour and their health needs. That bridge could take the form of in-store health clinics; Europe happens to be the fastest-growing market for these retail-store spaces where patients receive medical services.[2] What if we could move certain healthcare interventions into the local grocery store or pharmacy, for example, freeing up precious time and space for doctors and nurses?

Our recent survey showed that European consumers (not necessarily patients yet) are willing to seek healthcare outside a clinic/hospital setting. This willingness signifies opportunity, for the healthcare industry – to relieve some of its growing pressure; for consumers – who can benefit from more accessible, attentive and affordable healthcare interventions;[3] and for the retail industry – which could attract new customers by meeting some of their health demands.

The growing problem in context

By 2035, we can expect 68% of people older than 65 to harbour two or more diseases,[4] and 17% of them to have four or more.[5] Those figures are nearly twice those recorded just eight years ago. But this growing comorbidity is not the only factor contributing to the strain on healthcare systems. Old or young, sick or well, you may be part of the problem and not even realise it.

Connected consumers

As our phones and wearable devices churn out data, these consumer electronics are feeding our stronger attention to health, and giving us context for it. They are testing pulses, counting calories and sleep cycles, recording blood pressure and blood oxygen saturation, and monitoring our intake of glucose and medicine. They are also on the verge of doing much more, with certain technologies (apps and the like) becoming medical devices, validated for clinical care as they clear the EU's regulations,[6] and pushing early diagnostics and warnings outside hospital walls. The 'connected' consumers who use these apps are increasingly aware of their health, and quick to interact with clinicians via an app or online portal when they receive alerts about it.

This preventative behaviour – which also extends to partaking in health screenings and wellness checks – saves medical costs in the long run. That's because simple, early warning/diagnostic measures can save later, costlier interventions. That behaviour also reverses the traditional trajectory that healthcare practitioners tend to follow, which can be called the 'plumber's problem' approach: Patch the surface cracks, rather than try to stem the flow while you find and fix the source of a leak. But despite any reactive-treatment costs saved, these proactive citizens are first adding to the immediate burden on healthcare infrastructure by pre-emptively scheduling appointments.

Dwindling resources

An often-heard saying is, 'Add life to your days, not days to your life.' Unfortunately, the goal to live well is becoming increasingly difficult as resources diminish. Those seeking care will find it less and less accessible, as more and more care providers burn out and quit. World Health Organization Regional Director for Europe Dr. Hans Henri P. Kluge cited personnel shortages as a resource under grave threat. If ignored, he cautioned, those shortages will likely lead to "poor health outcomes across the board, long waiting times for treatment, many preventable deaths, and potentially even health system collapse."[7]

More than 50 million people in Europe have more than one chronic disease,[8] but some of their doctors, nurses and caregivers may feel more stress than the patients themselves. Living longer is, to many people, a prospect to celebrate, especially if we can overcome or endure conditions that would have killed our ancestors. We will accept health conditions if it means seeing our grandchild's wedding, and we will manage those problems with all the appointments, surgeries, prescriptions and medical specialists they require…until those resources run out.

If the pressure on healthcare professionals and infrastructure does not seem dire enough, consider the economic ramifications of all those growing needs. More expensive healthcare interventions are expected to be needed in Europe in the coming years, even as economic growth is limited and national health budgets unable to accommodate.[9] In the Netherlands, the costs of healthcare are set to rise from 10% of the Dutch GDP (measured in 2020) to 18 per cent by the year 2060.[10] Consumers now face a potential rise in costs, as health insurers struggle to justify low premiums and the governments struggle to subsidise healthcare.

Health spending per capita

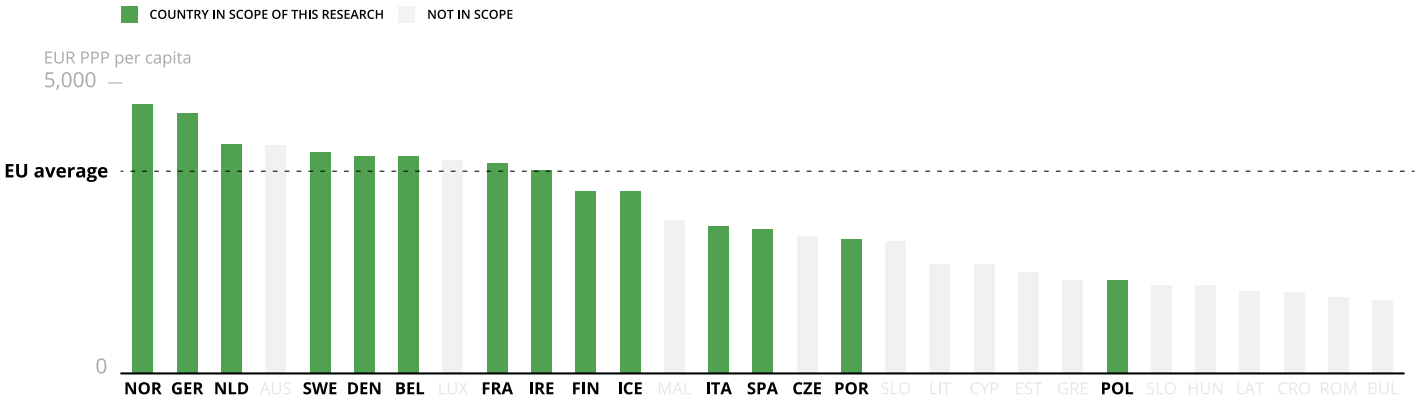


Figure 1: Healthcare spending in European countries (Source: OECD)

Finding a way forward

The risks of continuing down this path are unignorable: patients receiving care too late or not at all, and caregivers buckling under an ever-increasing workload. To ensure healthcare is accessible, high-quality and affordable in the future, we will need to focus on:

- providing care that is appropriate for patient-specific situations
- practising preventative measures and healthy lifestyles
- enhancing digitisation (including improving digital savviness) and data exchange
- increasing collaboration within regions and between sectors
- forming links among GPs and the social domains that support mental health and social context
- unburdening care professionals, including the administrative burden
- improving contracting
- providing accessible healthcare (front-line) interventions.

Two points of focus are what sparked the research that led to this report: Unburdening care professionals, and striving to find a way to make front-line interventions more accessible. (See Figure 2 for a broad overview of interventions.) This approach first requires a change in patient/consumer behaviour – where, when and how they receive care. Technology could be a huge help in this regard: A recent Deloitte US research report suggested a "digitally enabled, always-on care and well-being experience" can offer integrated views of a patient by connecting their health and wellness information with their care and treatment path. In that study, nearly two-thirds of surveyed US executives said their organisations are halfway to using digital technologies across consumers' health- and care-related needs.[11]

But ideally we would go one step further to unburden care professionals and open up care access: combine technology with alternative physical spaces. If we can 'relocalise' parts of healthcare – take certain interventions out of the clinics and hospitals – we could see a more balanced equation between consumers, who could gain access to more effective treatment, faster recovery and better results, and the healthcare industry, which does not have to bear its increasing burden alone. If the retail industry takes up this opportunity, retailers stand to benefit, as well.

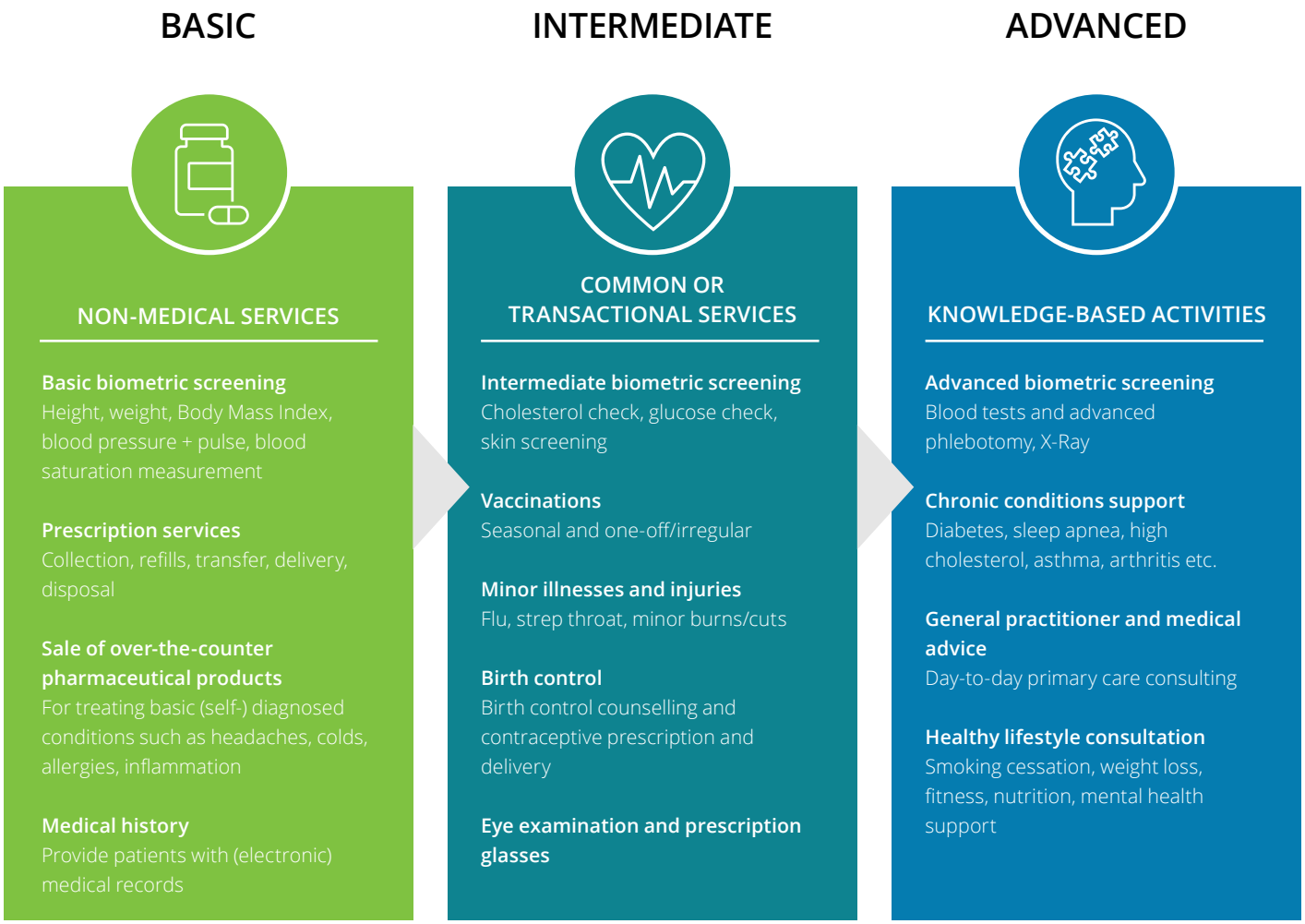


Figure 2: Healthcare interventions, categorised by degree of difficulty to perform

Research driver: Glimpse of a changed future

For consumers, time is a progressively valuable commodity, meaning convenience is paramount for any type of service. Healthcare is no exception: We seek the shortest possible distances from home to the clinic, hospital or pharmacy. We want minimal time to pass between being prescribed medicine and collecting it. And we like to choose appointments that fit into the narrow windows of our busy lives, instead of being told when to visit the clinic. But, continuing down the path that Europe is on, all of these elements are likely to become even less convenient, as demand stretches.

It is hardly an exaggeration to say a solution is staring us in the face. Retail spaces are everywhere, and most of us visit at least one shop several times a week, or even daily, as they are usually near our homes. Retailers pride themselves on a customer focus, and have the potential to accommodate specific appointment-time requests – even beyond an ordinary health clinic's hours – to deliver care faster. They also have the technology, or at least the capability to adopt technology, that enables them to exchange patient/consumer data or prescriptions with healthcare entities.[12]

Moreover, the devices needed to perform many interventions are becoming more capable and user friendly, meaning they are increasingly helpful to untrained users, even including your average shopper. Healthcare technology is also becoming smaller, occupying less and less floor space, and fitting more easily into tight or non-traditional settings. The fact that many retailers are struggling with steadily declining store footfall should underline the potential of a compelling win-win.

Study focus

With that vision of the future, we initiated our survey of European consumers, to test their appetite for visiting retail spaces for health interventions. We considered: the travel time to healthcare providers and to retail locations, scheduled recurring interventions (indicating currently low, medium or high users of healthcare), and the perceived importance of – plus current satisfaction with – multiple factors related to healthcare. This led our research to focus on two stages of a consumer's health journey: early warning/screening (e.g., cholesterol measurement, eyesight tests, vaccinations) and follow-up (e.g., prescriptions, nutrition advice).

These interventions can span more than one category – for example, a first blood test (early warning/screening) may produce results that lead to a need for more blood tests (follow-up). Or they could stand in isolation, if an intervention doesn't require another stage of healthcare. In addition, all the interventions can be further categorised, as low effort/risk, emotional or low complexity.

Regarding those types of interventions, many European consumers/patients indicated they would consider visiting retail spaces. But that willingness came with caveats, about types of intervention, types of space and context. Their requirements must be met before the shift to retail-based healthcare can be fully realised.

Signs of change: US use cases and early adoption in Europe

The shift is already taking place around the globe. Where once blood pressure was only measured in a doctor's office, now many people feel comfortable with such a procedure in other settings. For retailers who offer it, that type of activity has been the most popular: low-risk interventions that require minimal equipment and expertise. Examples are basic biometric screening, prescription services, sales of over-the-counter pharmaceuticals and provision of medical history records.

Although Europe has, so far, largely remained on the sidelines of the initiative to move healthcare to alternative settings, in the US there is already a well-established model. Several large retailers have entered the healthcare arena there, including Walmart[13], Target[14], Walgreens[15], CVS Health[16], Costco[17] and even Amazon[18]. The US continues to lack a healthcare system that covers all residents affordably, uniformly and comprehensively, leaving many Americans looking for healthcare in atypical settings – whether they can afford insurance or not.

Around Europe, a few retailers are providing the same kind of services, although fewer retailers and mainly concentrated on the very low-risk, simple interventions. Examples of providers include drugstore chain Boots[19] and supermarket chain ASDA[20] in the UK and Ireland; drugstore chains Etos[21], Kruidvat[22] and DA[23], which are experimenting in the Netherlands; and supermarket chain Carrefour[24] in France. When it comes to services that traditionally demand special training or knowledge to deliver, Boots is one of the very few that is stepping up to the challenge. ASDA and DA also provide a few advanced services, such as vaccine administration and intermediate biometric screening.

	Medical activity	Retail type										
		USA						Europe				
		Walmart	Target	Walgreens	CVS Health	Costco	amazon	Boots	ASDA	Etos	Carrefour	DA
Basic	Conduct biometrics screening (basic)	+	+	+	+	+			+			+
	Offer prescription services	+	+	+	+	+	+	+	+			
	Sell OTC pharmaceutical products	+	+	+	+	+		+	+	+	+	+
	Provide medical history	+	+	+	+			+	+			
Intermediate	Conduct biometrics screening (intermediate)	+	+	+	+				+			+
	Vaccinations	+	+	+	+	+		+	+			
	Treat mild illnesses & injuries	+	+		+							
	Consult and prescribe birth control	+	+		+			+				
	Eye examination and prescription	+	+	+	+			+				
Advanced	Conduct biometrics screening (advanced)	+	+	+	+							
	Manage chronic conditions	+	+	+	+			+				
	Offer general practitioner & medical advice	+	+	+	+		+		+			
	Offer healthy lifestyle consultation	+	+	+	+			+				

Figure 3: Existing healthcare interventions offered by retailers

A leading UK-based supermarket chain, has dipped its toe into the more advanced waters as well, becoming the first major UK retailer to offer self-diagnostic test kits for health conditions. The chain has partnered with a test provider to offer affordable, at-home test kits for bowel cancer, menopause, thyroid issues and other health conditions. In February 2023, the kits went on sale in 500 stores.[25]

But, unsurprisingly, there is still a very wide gap between what Europe offers outside clinics and hospitals and what's offered in other regions – India or the US, for example. Although almost all European countries have some model of government-guaranteed healthcare system (universal healthcare), our survey results show evidence that consumers are not wholly satisfied. Those who did indicate satisfaction are perhaps not even fully aware that convenience and cost could be improved for them, too. It's also possible that having no experience with healthcare services could spark unwillingness to seek them in an atypical setting.

Regardless, what works well in the US clearly cannot be applied in the exact same way in Europe, because the payment system differs so greatly. And even within Europe, a single model is not possible because of intracontinental disparities: Some countries use mixed public-private systems to deliver healthcare, some allow care to be contracted from the private sector (as in France), some use social insurance plans, the UK's system is solely government run, and the list of differences goes on. Each system, like each European country itself, presents unique idiosyncrasies and needs.

Where opportunity lies: Consumer comfort with retail care

Europe is certainly a viable contender to make huge strides with in-store healthcare, being the fastest-growing market in the world for it. This is partly attributable to developing healthcare infrastructure, especially aimed at addressing the region's high demands related to asthma, radiation oncology, ophthalmology, dentistry and in vitro fertilisation.[26]

According to our study, European consumers are comfortable with certain healthcare interventions in a retail setting. This includes vaccinations (42% said they were 'comfortable' or 'very comfortable'), such as for flu or COVID-19; the COVID-19 pandemic already started many countries down the road of immunisation in non-clinical settings, and our survey indicates public ease in continuing that practice. Other comfortable or very-comfortable options were: measurements of cholesterol (44%), glucose (44%) and blood pressure (51%); prescriptions (50%); and tests of vision (48%) and hearing (44%).

These are all uncomplicated, low-effort, low-risk tests and procedures. They are also interventions for which consumers likely do not require closed-door privacy. Think of them as 'gateway' interventions that may one day lead to more complex ones, after European consumers become more familiar with healthcare in a retail setting, which is only a matter of time. Remember when people only felt comfortable receiving eyesight tests in hospitals?

How comfortable would you be to have these health interventions performed **at a retail location** instead of at a healthcare provider location, like a general practitioner (family doctor)/hospital/pharmacy?

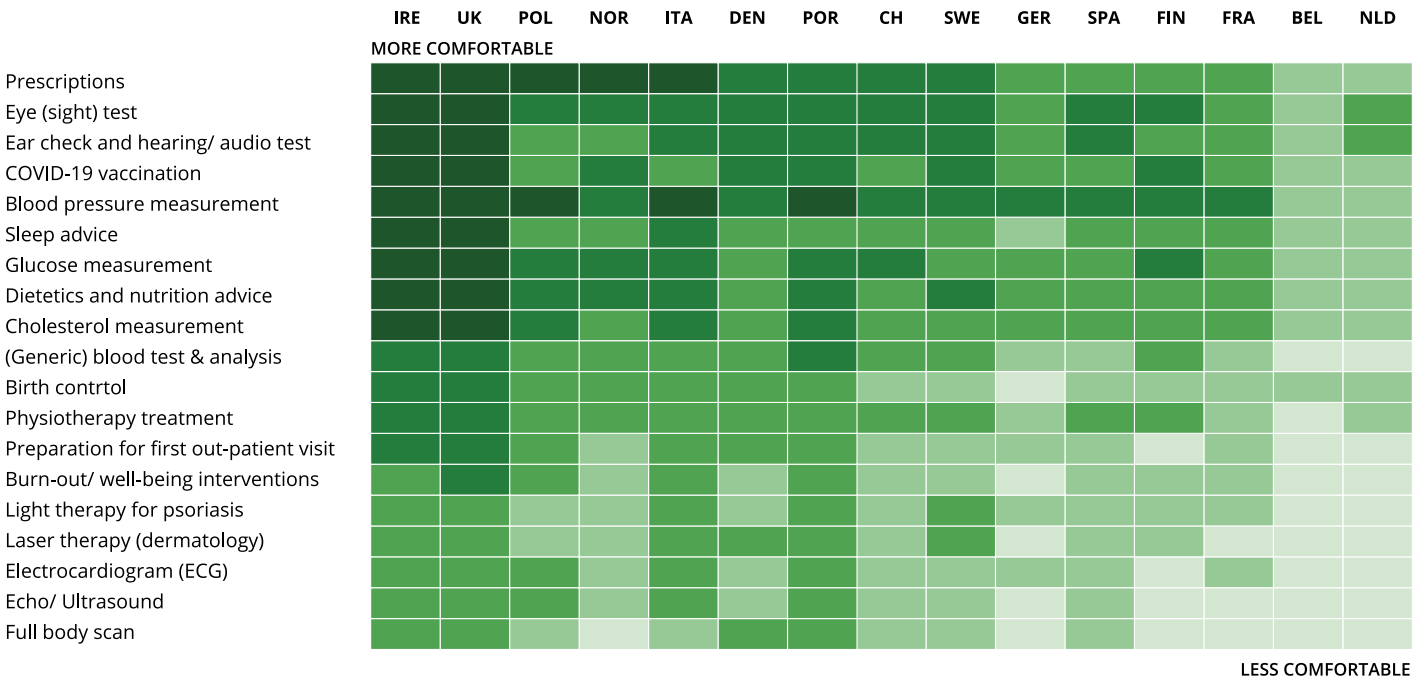
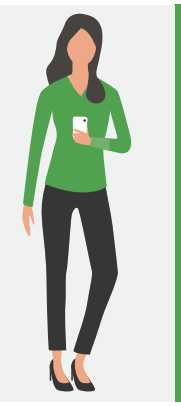


Figure 4: Healthcare interventions, categorised by degree of difficulty to perform

Health, age and income: Who's most willing?

Consumers with a high income, ages 18 to 44, who consider themselves very healthy and have no (diagnosed) chronic disease, appear to be the most comfortable with the idea of receiving health interventions at a retail location. This is a cohort of young consumers who are open minded enough to pursue what they need in non-traditional spaces. Their health demands may be less severe than the older population – preventative, rather than mitigative – but regardless, they are likely to start feeling the 'pain' of an increasingly overwhelmed, backlogged European healthcare system.

Experiencing decreasing accessibility and disappointment with care/cost could drive younger patients to alternative channels for healthcare. If we could lead these 'worried well' patients out of clinics and into stores for their care, we would free up time and space for more serious interventions. And by encouraging them to be the 'pioneers' of healthcare in alternative settings, they could pay for the innovations that gradually cause prices to fall, as retail-based healthcare becomes as commonplace as TVs or smartphones. In other words, they could pave the way to retail-based healthcare that is affordable and comfortable for all sectors of the public.



AGE	**18-44 YEARS**
INCOME	**HIGH**
HEALTH PROFILE	**VERY HEALTHY**
CHRONIC DISEASE	**NO**
HEALTH PROFILE	**HEAVY USER OF HEALTHCARE SERVICES**

Country divisions: Where will change be embraced?

UK and Irish survey respondents expressed more willingness to seek healthcare outside the clinic/hospital than their European neighbours. Those two countries already have some experience in receiving care in retail settings, benefitting from emerging initiatives by some of the larger retail pharmacies and grocery stores. In other European countries, survey respondents may be simply apprehensive – unable to picture where or how they would feel comfortable outside traditional clinical spaces.

Moreover, in the UK (including Northern Ireland) healthcare is administered by the government's National Health Service (NHS), which increasingly suffers from staffing shortages[27] that began long before the pandemic.[28] The situation remains serious, with a growing backlog of long-overdue interventions and a scarcity of hospital beds.[28] It is not difficult to imagine patients seeking healthcare interventions elsewhere if they can circumvent the NHS.

In terms of healthcare they currently receive, consumers in all countries surveyed said they are most satisfied with: the hygiene level of their healthcare setting (81% were satisfied or very satisfied), the level of privacy they receive in healthcare (in terms of their data and the healthcare provider' space: 73% and 72%, respectively), and qualifications of their healthcare professional (72%). In particular, healthy consumers reported being more satisfied with these aspects than their unhealthier counterparts. Swiss respondents consistently reported satisfaction with these and all other factors they currently experience. Also largely satisfied with most aspects were Dutch, Danish and Norwegian respondents.
Generally, survey respondents reported low levels of satisfaction with: how soon they can receive an appointment (28% are dissatisfied or very dissatisfied), the price of interventions (22%), how convenient appointment times are (15%), and the time between an intervention and results being shared (12%). All of these might be described as the logistics of healthcare, which can influence an experience just as much as physical care received. Respondents in Italy, the UK and France seem to be the most dissatisfied with most aspects of their healthcare. As healthcare demand grows, the convenience and accessibility of interventions are poised to become even more dissatisfying.

How **satisfied** are you **at the moment** with...
Average score 1-5; 1: Not satisfied at all – 5: Very satisfied

How **satisfied** are you **at the moment** with...

Figure 7: Satisfaction with current healthcare

Although it may seem like certain factors of existing healthcare are meeting the needs of consumers (especially in Switzerland and Belgium), consumer perception varies when it comes to good healthcare. What a Swiss person considers a short wait for an appointment may be a long wait to an Italian. Factors like quality, access, affordability and convenience are all subject to bias, and perceived satisfaction with the status quo does not rule out the opportunity for improvement in various aspects and countries.

In addition, low interest in retail-based healthcare can stem from satisfaction with the status quo: the Netherlands, Germany and Belgium seem content with their existing level of healthcare and comprehensiveness of care coverage. But that status quo will disappear as the burden on infrastructure increases; as resources dry up and care quality suffers, residents of those three countries – and, indeed, any in Europe – could easily become more willing to accept frontline interventions in a retail setting.

What consumers want (and what they lack)

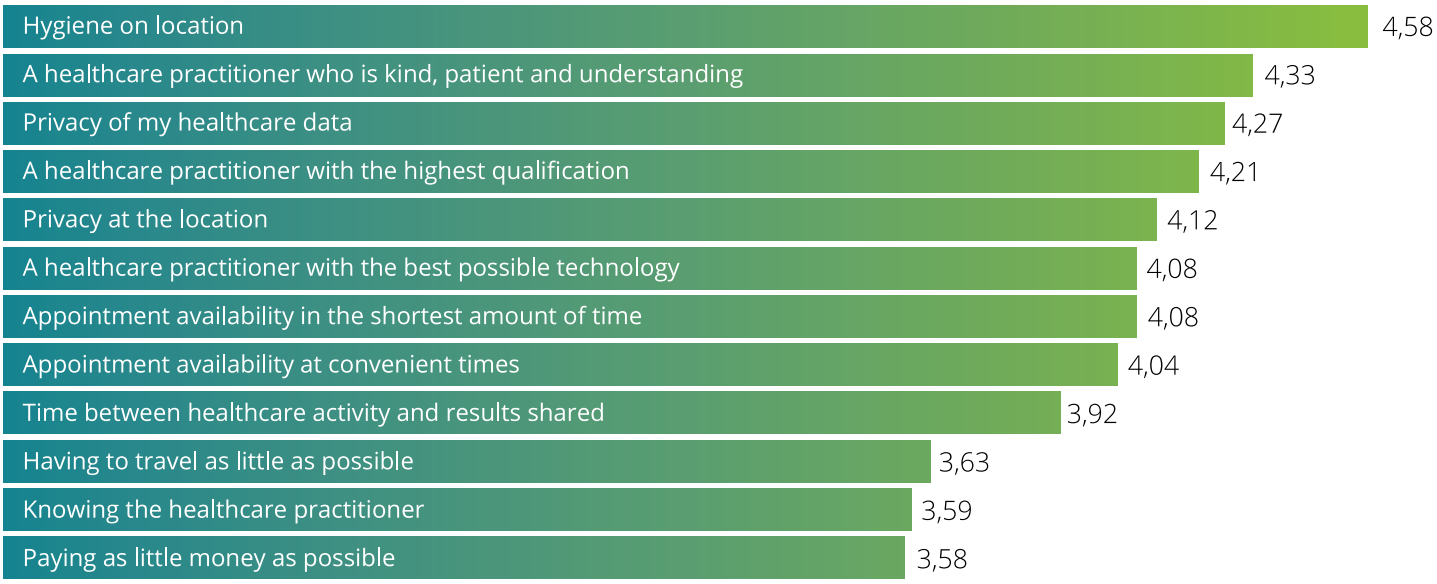
Because it is critical to consider what consumers value in a healthcare setting; we asked survey respondents to rank certain factors:

- hygiene on location
- a healthcare practitioner who is kind patient, and understanding
- privacy of healthcare data
- a healthcare practitioner with the highest qualification
- privacy at the location
- a healthcare practitioner with the best possible technology
- appointment availability in the shortest amount of time
- appointment availability at convenient times
- time between healthcare activity and results shared
- having to travel as little as possible
- knowing the healthcare practitioner
- paying as little money as possible.

Hygiene was valued the most: 89% called it important or very important. Also ranked highly were healthcare practitioners being kind, patient and understanding (84% deemed important/very important), and practitioners having the highest qualifications (80%). the highest qualifications (80%).

What is the l**evel of importance** for you regarding provided **healthcare interventions** in general?

Average score 1-5; 1: Not important at all – 5: Very important



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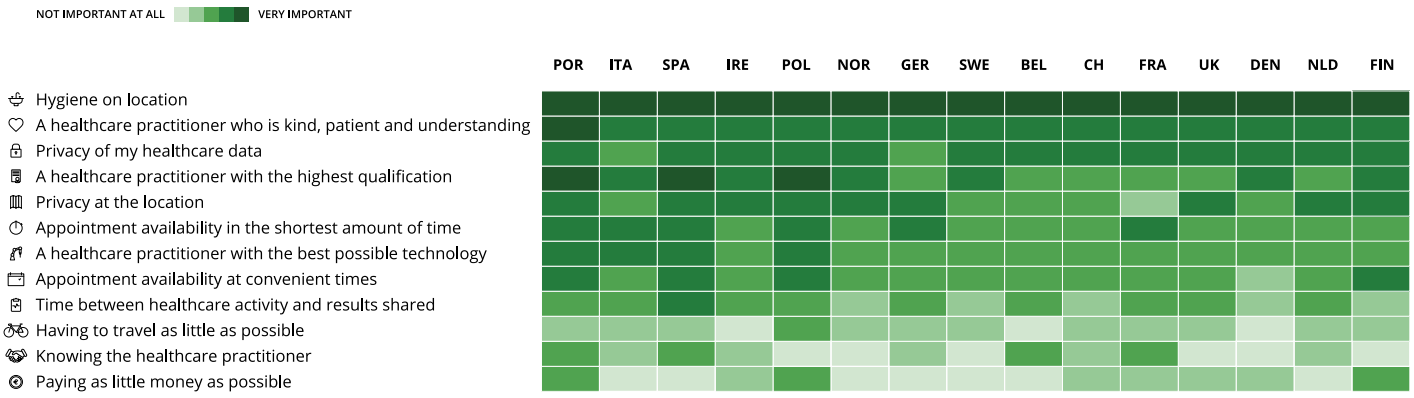

Figure 8: Importance of factors to consumers receiving healthcare

Many of the factors consumers consider important are being delivered in current healthcare settings, and those same factors should be prioritised for any new space that offers interventions. But beyond hygiene, an empathetic manner and qualifications, at least two factors cited as important are currently falling short: appointment availability in the shortest amount of time (75% consider it important or very important) and at convenient times (73%). Figure 9 shows a mapping of factors by consumers' current level of satisfaction and what they feel is important.

The **level of importance** of provided healthcare interventions compared to the **current performance**

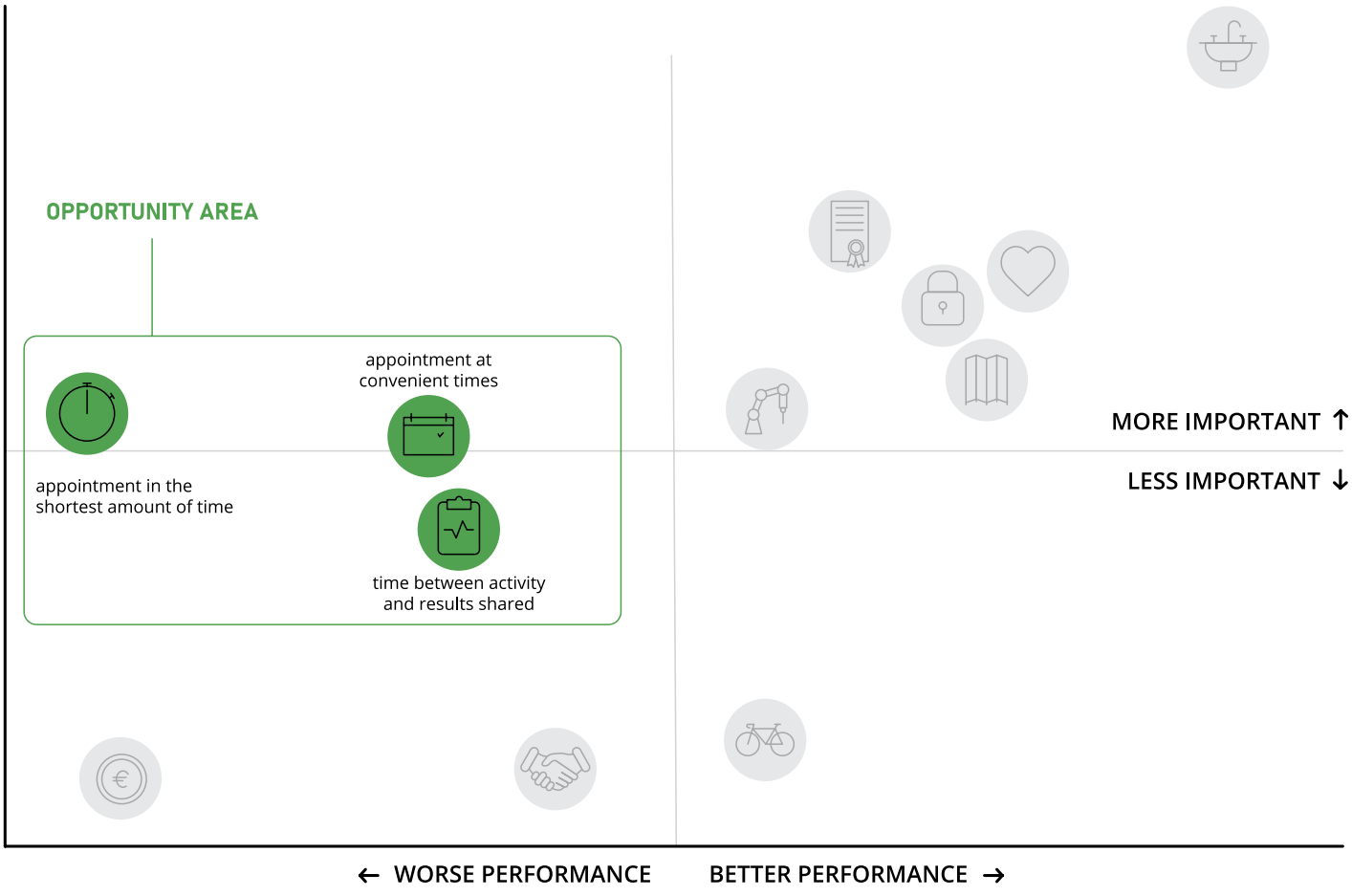

Figure 9: Measurement of healthcare factors' importance and current performance

The results show potentially relevant consumer dissatisfaction that retailers could leverage, especially when it comes to appointment availability and convenience, and the time between an intervention and a result. Although both are valued by the consumer, neither is meeting the time-poor consumers' needs at present, and both are likely to worsen in the near future.

These important factors – available appointments and fast results – represent windows of opportunity for a retailer to deliver a better experience than is offered by current healthcare providers. Additional encouragement can be found in 29% of survey respondents saying that short waits for appointments would motivate them to visit a retail space. Respondents in Italy and Poland were even more motivated by that factor: 41% and 36%, respectively. They ranked appointment availability the third most-important factor that would drive them to seek healthcare in a retail space, after highly qualified practitioners and hygiene.

What is the **most important** to you to be willing to go to a retail location for healthcare interventions?

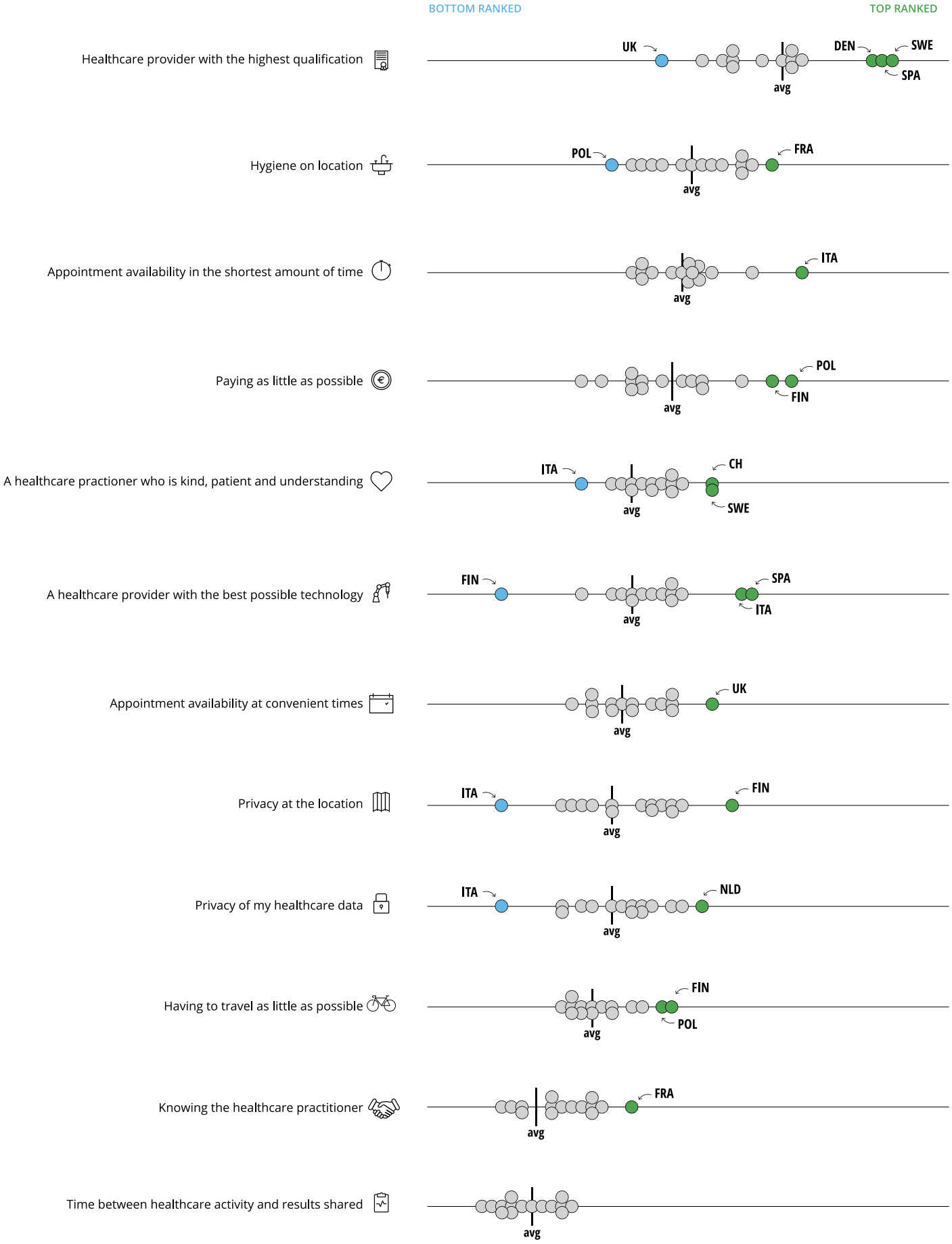

Figure 10: Consumer ranking of importance of factors in a retail location offering healthcare

Disparities exist among countries when it comes to the value of certain factors. In the UK, for example, practitioners need not have the highest qualifications, but appointments must be available at times convenient to the consumer. In the Netherlands, data privacy is a concern, whereas in Italy, it registers as unimportant.

Cost was not a highly valued factor for consumers in a retail setting offering healthcare. Of the survey respondents, 28% said it was important that they pay as little as possible for interventions, directly or via health insurance premiums. Of course, consumers do not want to spend more on healthcare than they do now; any retail-based healthcare interventions should initially be offered at the same price point consumers are accustomed to paying. Or, if they can be priced even lower – and delivered faster and more conveniently than in a medical setting – retailers stand to win over more consumer-patients.

What would you be **willing to pay** (directly or via health insurance premium) compared to costs in a normal situation to have healthcare intervention as an option to be performed at a retail location you often visit?

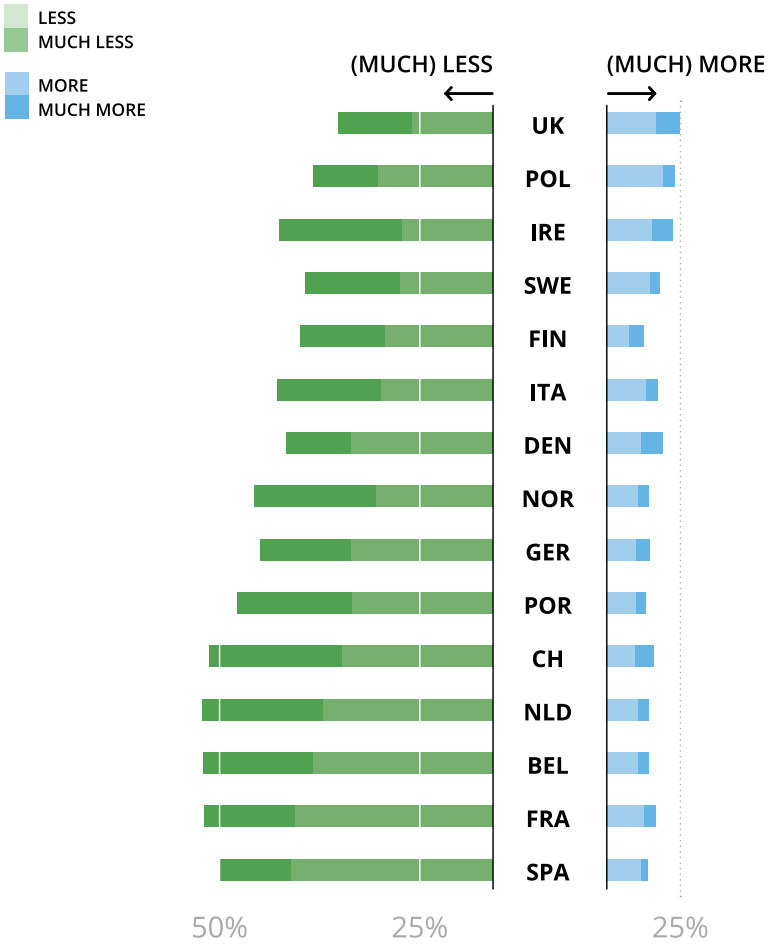

Figure 11: Consumers' willingness to pay for retail-based healthcare interventions

Regardless of whether retailers can offer interventions at a lower price point, it will be critical to remember what European consumers have said they require in a healthcare setting: hygiene and qualified, caring healthcare practitioners. Without those aspects, cost becomes virtually irrelevant.

Right place, right time: Retail opportunities

Beyond retail, there are several non-hospital/clinic options for healthcare interventions, whose opportunities Deloitte is also exploring. But this research has focused on retail as one of the more promising options, particularly because the retail industry offers more of a consumer focus than the healthcare industry. Retailers are mostly (and increasingly) focussed on a frictionless and efficient consumer experience. Moreover, access to retail spaces are almost ubiquitous for most consumers. Chances are, if you live in Europe, there is a supermarket, a drugstore, a shopping centre or a similar space near your home.

For years, retailers have struggled to cope with an increasing shift to online purchasing, and dwindling footfall in physical stores as the inevitable consequence. The pandemic accelerated this shift, meaning most retailers are working hard to entice consumers back into their stores. Many local city councils have similar worries, with declining 'high street' tenancy rates and footfall. A healthcare-retail integration could benefit not just the healthcare industry, but also consumers, retailers and local councils.

Choosing a model

Interested retailers in Europe might look to other parts of the world for examples of how healthcare is being successfully delivered in retail spaces. Deloitte has identified four viable models:

1. **Pharmacies develop (additional) healthcare capabilities** Traditional pharmacies could use their position as a trusted incumbent in the healthcare industry to expand their product offering, building a more comprehensive healthcare service with more of a retail mindset. Shifting some current activities to retail could help free up capacity for this.

2. **Non-pharmacy retailers develop in-house healthcare capabilities:** Hypermarkets, grocers and other spaces have the local presence and commercial mindset to make impactful and profitable moves into the healthcare sector. This has been seen in the US with Walmart Health Centers, as well as CVS and Walgreens.[30]

3. **Retailers (health-related or not) partner with independent healthcare providers to offer shops within shops:** Third-party healthcare services can be added to physical stores, and can repurpose obsolete features, such as checkouts and cigarette kiosks.

4. **E-retailers use their broad capabilities to provide omnichannel healthcare:** With this early-maturity model, retailers that operate in both the physical and digital fields, such as Apple and Amazon, are clearly and increasingly harnessing ecosystem capabilities to provide omnichannel health(care) services.

Decisions about the most appropriate model should be based partly on what will make the consumer the most comfortable. Comfort certainly depends on what types of interventions are offered. The survey results speak for themselves: As of now, European consumers have expressed some comfort, or a lot, in receiving cholesterol measurements, sleep advice, vaccinations, and dietetics and nutrition advice.

Consumer comfort also depends heavily on what kind of retail spaces are available for healthcare, and whether that location can deliver their must-haves: hygiene, and highly qualified, kind, patient, understanding health practitioners – people they can trust to perform sometimes invasive procedures. Having a clearly marked, designated store area for interventions can work (as it has for Walmart Health in the US, for example), but not every space will work well; it would be a long shot for a DIY store, let's say, to administer injections in a designated corner of a dusty warehouse. Context matters.

In choosing a model, it is also worth considering whether consumers will become regular customers of a shop if they receive healthcare there. We asked survey respondents how open they would be to visiting retail spaces if they offered healthcare interventions; overall, 9% said they would change their regular preferred store to one offering healthcare, and respondents showed more willingness to do that in Poland (16%), Italy (14%) and Portugal (13%). Of the other respondents, 36% said they would at least visit a store when they need healthcare interventions, if not change their shopping preferences.

Some countries' respondents expressed more willingness to visit stores for healthcare, such as Poland, Italy, the UK and Ireland. It's worth noting that the latter two countries are already familiar with a couple of their retailers offering healthcare interventions. Consumers in other countries (Belgium, Spain, Norway) seem reticent to change their shopping habits just to receive healthcare.

Which types of retailers are well placed?

Careful consideration should also be given to country-specific preferences for particular retail spaces. Finnish respondents, for example, expressed little interest in visiting a health and wellness store for interventions (21% would visit) but other countries' respondents clearly are interested. Drugstores were acceptable spaces only for certain countries, particularly Switzerland (48%), the UK (39%), Germany (36%), and Spain (31%). Certain venues are clearly more trusted to offer medical activities.

Would you visit **this retail location** if they offered medical interventions?

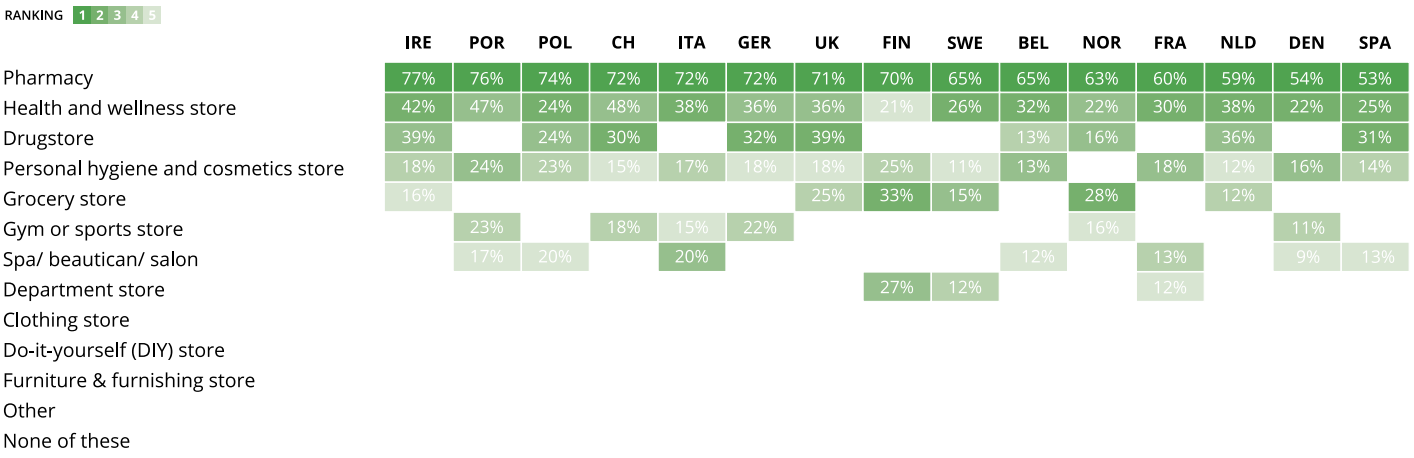

Figure 12: Preferred retail locations to receive medical interventions

In order of preference for all of Europe, the preferred spaces are:

1. **Pharmacies** (providers of medicine and other health-related products, such as first-aid products)
2. **Health and wellness stores** (sellers of vitamins, supplements, and other products related to sports nutrition, natural beauty and special diets)
3. **Drugstores** (sellers of basic non-prescription medicines, cosmetics and cleaning products)
4. **Personal hygiene and cosmetics stores**
5. **Grocery stores**

Pharmacies are the clear favourite across Europe, followed by other health-focussed entities that project an interest in consumers' health. But such entities don't represent an exclusive opportunity; in the long game, these trusted retailers may just be the frontrunners of a movement towards retail-based healthcare, while we wait for the public to become even more comfortable receiving care outside a clinic. Based on all of the survey results, we see all five of the above spaces as worthy of pursuing a healthcare initiative. Because pharmacies came out in front, and grocery stores are the biggest departure from a classic clinical space, we have examined those options below, to envision how healthcare interventions might manifest.

Pharmacies

Receiving certain interventions at pharmacies appeals to the majority of survey respondents. These establishments already have a reputation as exclusively dealing with our health, and having at least one knowledgeable, credible pharmacist behind the counter. They also have a retail-like delivery model: with a counter, a staff member to answer questions and a packaged item being handed over after a transaction. But pharmacies differ from traditional retail shops in that they tend to offer a reassuringly hygienic store aesthetic – one that seems directed more at treating than selling.

In this trusted position, pharmacies stand to gain the most by considering how they can modify their store proposition to seize this opportunity. Arguably, they also stand to lose the most – if they stand back and watch other retail businesses become healthcare providers while the pharmacy business model remains stagnant.

So, what is possible for pharmacies? These days, pharmacy staff members mainly perform transactions – just as a retailer does – but do not often make full use of their training or knowledge. This has been a natural progression of their role as pharmacies changed from being laboratories of medicine creation into distribution spaces. Could we further evolve that role of the pharmacist, to someone who performs healthcare interventions, not just receiving prescriptions and handing boxes over the counter?

Another option is for pharmacies to develop a stronger presence in busy shopping areas, to meet consumers' demand for convenient healthcare interventions. Or they could partner with a business to logistically integrate their pharmaceutical service into an existing retail channel. Still another option is to move medicine distribution out of the pharmacy and turn that pharmacy space into a more clinic-like centre for healthcare interventions, filled with monitoring equipment and staff who can give more than prescription guidance.

Grocery stores

Although grocery stores are not consumers' first choice for retail-based healthcare, they are so prevalent in so many locations that if a grocery retailer could introduce the right model and make it work, the effect could be transformational. Grocers could simply allocate some of their store footprint to healthcare (potentially as a shop in a shop). Or, more aspirationally, they could link health biometrics, personalized dietary advice and healthcare interventions as differentiating components in their loyalty proposition and mobile app experiences. Either opportunity should be compelling enough to investigate.

Those with loyalty programmes might find a way to link points earned by shopping in store to lower healthcare intervention costs, encouraging patients to do their shopping around their appointments and making that retailer even more attractive. There is also an opportunity to offer nutritional and dietetic advice that matches grocery products available in store – provided consumers are willing to have their healthcare-related data shared with the grocery side of the business, and to change their behaviour to be healthier.

A 2020 Deloitte-Ahold Delhaize report, The Consumer Data Give and Take, revealed that European consumers see grocery retailers as especially trusted custodians of their personal data: 70% of study participants said they were not opposed to sharing personal data with them.[31] And study participants in Greece, the UK and France rated grocers the entities they trust most – even more than medical institutions.[32] This represents tremendous potential that is, so far, not being fully tapped.

Other retail spaces

In addition to the four top contenders, personal-hygiene and cosmetics shops garnered some confidence (in Belgium, France and Denmark), gyms or sports stores (Germany, Portugal and Switzerland), and spas/beauticians/salons (Italy and France). Department stores may seem an unlikely option, but respondents in Finland ranked this third in terms of preference. In general, many large retail chains could plausibly find success entering the healthcare environment, buoyed by a prominent reputation and widespread network of branches.

The key for any of these atypical options is to take a hard look at your retail space – is it clean, suggesting rigorous attention to hygiene? Then take a hard look at your workforce – could you hire highly qualified professionals, knowledgeable about the services they will provide? Of course, financial viability will need to be understood prior to dedicating shop floorspace: how to monetise the real estate through healthcare will be critical.

Two other possibilities are shopping centres and mobile health units. Shopping centres (malls) offer the scale, innovation, customer-centricity, accessibility and supply-chain excellence that could give their tenant stores the dominant market share over pharmacies, supermarkets and the like. Bringing healthcare activities to malls could help reverse their decreasing footfall and empty shops. And mobile health units are already used in many countries, offering some of the interventions our survey respondents said they would feel comfortable receiving from retailers; they could be a good option, particularly in rural areas.

Pushing change, bringing benefits

It is difficult to say how much pressure on the healthcare industry will be relieved by moving some interventions to retail, but some relief would be inevitable, and likely to grow as healthcare becomes more accepted via non-traditional channels. As far as the benefits to retailers, these would extend even beyond the physical constraints of a store, as a new kind of seller-buyer relationship is formed.

Retailer benefits

Consumer engagement and loyalty is centring more and more on consumers' lives, and retailers playing a role in making those lives better, online and offline. Few things are more important than our own health and the health of our loved ones, so few roles could be more exciting for a retailer than an enabler of improved health. This could extend from healthy-living coaching, through tracking and diagnosis, to advising what to buy, when, how…and where.

As we shift to a world where a retailer's profitability moves away from just product margins, to include other forms of monetisation (e.g., data and media monetisation), knowledge is potentially transformative for retail – knowing customers' buying behaviours but also their health and healthcare behaviours. The moves of big-tech players into healthcare only illustrate this point. But there are ethical considerations to resolve before we transit fully into that realm. Consider the upcoming European Health Data Space (EHDS), by which patients will be offered all their medical data in a shareable format[33] (like with the PD2C framework seen in banking), and the opportunity to share parts of that data with retailers; before that can be fully realised, policymakers must ensure that patients do not perceive that kind of sharing as mandatory to make ends meet.

Patient-consumer benefits

Moving healthcare outside clinics and hospitals will clearly bring strategic changes and big opportunities for both the retail and healthcare industries, but consumers will also feel the change – in convenience, better-quality care and, potentially, healthcare costs, not to mention some potential hidden benefits. Consider our society's expanding problem of loneliness linked to mental and physical health. We live in a world of disappearing 'third places': places we visit for social interaction, like cafes and libraries, but also places we visit for tasks, like post offices and banks, where social interaction seems inherent. Without third places, loneliness is a growing issue[34] that isn't specific to the pandemic.

Loneliness and social isolation have been linked to smoking, physical inactivity and poor-quality sleep, as well as jumps in blood pressure, C-reactive protein and lipid profiles, plus decreased immune system function.[35] Some governments and organisations are trying to mitigate this situation; in the Netherlands, for instance, supermarket chain Jumbo has created 'chatbox' cash registers (kletskassa) for customers wanting to pay cash and take some extra time to chat with store cashiers.[36]

But doctor's offices are also third places where elderly or lonely people are known to visit for a chat. If we move interventions outside those offices, one door of social interaction closes…but another could open. Imagine complexes or city-centre areas that combine shopping with healthcare interventions, and other necessarily in-person tasks – such as appointments to renew a passport, visits with a social worker, workouts at the gym or browsing a library. Retailers' efforts could go a long way to fostering the mental health of consumers/patients.

The health insurer offers a better service and reduced costs	The retailer gains new revenue streams and attracts new customers	The customer receives broader coverage and reduced costs
Improved quality of care for policyholders Policyholders are compelled by more convenient health services, leading to business growth for insurers. **Reduced reimbursement costs for care** Health insurers pay lower reimbursement fees when policyholders swap retail health services for hospital and urgent-care visits. **Reduced reimbursement costs for prescriptions** Health insurers have bargaining power when negotiating selling prices with pharmacies.	**New revenue streams** Retail pharmacies add service charges to prescriptions (such as for giving advice, dispensing, checking doctors' prescriptions). **Attract new customers** Retailers attract new customers when their healthcare services are covered by the customer's health insurance provider.	**Lower healthcare costs** Customers are reimbursed when their insurer covers a certain retailer's health services. **Remove payment altogether** When a service contract exists between the retailer and the health insurer, healthcare service costs are passed straight to the insurer. **More convenience** Customers receive healthcare services more conveniently when health insurers cover more retailers' health services.

Transition strategies

To pursue an integration model, healthcare entities and retailers might both need support from the government and/or insurance companies. Both might also need to adopt more advanced technology. There are also quite a few considerations specific to each industry.

Healthcare considerations

Healthcare partners must carefully consider how their thin revenue margins will be affected by giving up some interventions. They must keep the long-term goal in sight – of surviving amid the growing burden of healthcare demands.

Any immediate problems, such as a stifled flow of government funds that must support the same facilities and staff, must be expected and endured. A long-term plan should be made to survive the short-term revenue loss. In some countries, there are already transformation funds being allocated to support hospitals and clinics that are struggling; potentially, some of those funds could be designated for nudging interventions toward retail.

Retail considerations

Although increased footfall in stores and monetisable transaction data are enticing benefits, retailers are realists, who need to weigh the options before inviting healthcare into stores. Three questions must be considered:

1. Can we make enough profit from the square metres we devote to healthcare?

2. Will devoting square metres to healthcare bring us more customers than if we saved that space for goods, or would it be better to start online?

3. Will the insights we stand to gain from transactions boost consumer intimacy or loyalty sufficiently, and/or could we ethically monetise those insights in other ways, to justify the investment?

Remember that almost half of respondents (45%) said they could either change their preferred retail location if healthcare is offered elsewhere, or visit a store that offers healthcare but only when they need interventions. That is quite a strong group willing to at least visit healthcare-providing retail spaces they would not normally visit. In an era of many retailers struggling to attract customers, this potential to attract new footfall is clearly appealing. In the worst-case scenario, the increase in footfall could result in new (and possibly higher-margin) sales per square metre for the healthcare store space. And with some well-thought-out space planning and routing, the healthcare footfall could lead to tangential product and service transactions.

Retailers also need to consider three ways their current business model might transform:

Mindset:

Customer-relationship management will probably need to expand. Although each person is a consumer, a citizen and a patient, at present most retailers focus only on the first role; to become a trusted healthcare service provider, it is necessary to consider people also as patients.

Measurement of success:

Your definition of success may change, and how you measure and manage performance will need to change. Where once the goal was to sell consumers as many products as possible, your new mindset automatically means seeing success as helping patients live healthier lives and create a long(er) lasting partnership with them. Organisations now face a responsibility where societal impact and engagement are concerned.

Operations:

There is a difference in the operational complexity of running a healthcare centre versus running a retail centre:

- Firstly, how you hire, train, manage and equip your store staff will likely change. Medical devices – and certainly giving medical advice – will require significant new knowledge and skills.
- Secondly, consider all the requirements survey respondents voiced: cleanliness, qualifications and kindness; if your stores and staff are not up to those standards, your consumers will not become your patients.
- And finally, if you are promoting healthier living to consumer-patients, you may need to assess your product offering in a more holistic way; it will be difficult for a customer to see you as an authentic promoter of health if they pick up a prescription and then walk past a cigarette counter.

Next steps

A way forward is possible, in the form of collaboration and partnerships. Our survey made it clear that European consumers are open to change; they are willing to visit retail spaces for healthcare interventions if several demands are met. Retailers and healthcare entities that are willing to at least explore this path are likely to discover ample opportunity. Next steps might include:

1. Identify your goals and aspirations.
.
2. Determine where you will 'play'.

3. Define what role you want to play in a collaboration.

4. Decide how you will win, including identifying any necessary acquisitions or partnerships, and support from the government, insurance providers or other entities.

5. Determine how you will configure, such as capabilities and assets (including technology and equipment) that are needed, and establish what changes will be needed to your physical space to deliver consumers' 'non-negotiables': hygiene and qualified, empathetic practitioners.

6. Decide what management systems are needed, and what staff training will be required.

7. Form a business case, covering both short- and long-term financial expectations.

8. Set up proofs of concept or pilots to test and learn.

Over the coming months, Deloitte will be hosting events for healthcare, retail, insurance and government professionals to discuss how collaboration could look. But any steps in the right direction must be supported by a major societal change. Citizens must become aware of the threat to their healthcare systems, and how changing their behaviour can lower that threat. Adopting an open-minded approach to when and where they receive interventions will go a long way to ensuring a more stable future for European healthcare.

Conclusion

The frontline healthcare industry acknowledges the urgency of this situation. Without structural changes, however, the current pressures on healthcare will only increase further, and the impact on patients and care providers will become untenable in the future. Now is the time for unconventional and innovative thinking. Now is the time to think outside the traditional boxes of healthcare.

Our research has shown that many European consumers (and patients) are open to changing their frontline healthcare behaviors, at least for some interventions and under certain preconditions. In particular, many European consumers would welcome increased convenience, and reduced friction in their healthcare experiences. There is a clear consumer need, and thus there is an opportunity to relieve pressure from the current healthcare and create opportunities for retailers.

It is very clear that retail could be an important part of the needed solution. Retail is facing its own challenges, due to the increased role of online and decreasing store footfall. The repurposing of their stores is a key priority for many retailers, and this too is becoming increasingly urgent. For retail, as for healthcare, now is the time for unconventional and innovative thinking. Now is the time to think outside the traditional boxes of retail for solutions to this profound challenge.

We believe that there is a very compelling win-win-win among healthcare, society, and retail that deserves to be considered in earnest. There is an important opportunity for all involved stakeholders to connect, to collaborate, and to jointly work towards an integrated solution; a solution that promises to improve the lives of patients, the work of care providers, and the purpose of retailers and retail professionals. Let's start the conversation.

Methodology

Target population and sample

The target group for Deloitte's study comprised European consumers who are at least 18 years old. The online survey was distributed in 15 countries in Europe: Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Norway, Poland, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

Samples of 800 to 1,200 anonymous respondents were chosen in each country and the sample was stratified by gender and age.

Questionnaire

The Deloitte-designed questionnaire contained 31 main questions about the following topics:

- demographics and sub-demographics
- background questions related to health
- behaviour towards health-related interventions
- importance of aspects regarding health-related health interventions
- extent to which consumers are open to having health interventions carried out at retail locations.

Results

The questionnaire was completed by more than 16,000 respondents from 15 countries over a two-week period in March 2023. In the analysis, the results of respondents who completed the questionnaire too quickly (using outlier analysis) were removed. In addition, some control questions were asked. Respondents who answered both control questions incorrectly were removed from the results. When standard practice rounding of percentages is applied, some of the results in the graphs and tables may not add up to 100%.

Generalisation of the results

Sampling was used for this study. Therefore, results in the population might deviate slightly from the results in the sample. To ensure that the study is reliable, the choice for the sample size was made on the basis of the following considerations.

- With 400 respondents (rounded up) it is possible to make statements with 95% reliability about a certain group.
- With 200 respondents (rounded down) it is possible to make statements with 90% reliability about a certain group.

With 800 to 1,200 respondents per country, it is possible to make statements with more than 95% reliability within two groups (e.g., male/female) or with more than 90% reliability for four groups (e.g., age groups). The calculation also applies if zooming in on, for example, education level.

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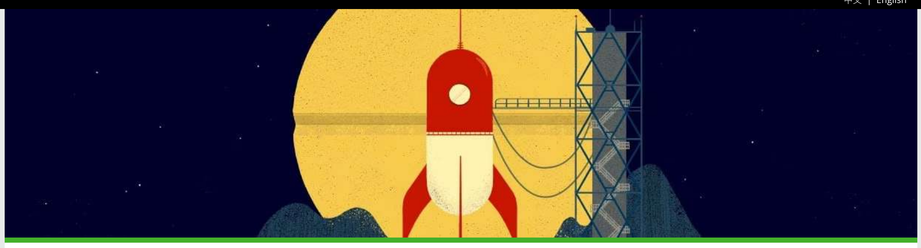
¶ SCROLL FOR THE SECOND SAMPLE



Analysis

Launching innovative biopharma in China

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Life Sciences & Health Care

The Report

China has swiftly become one of the largest biopharmaceuticals and medical products markets in the world. Quicker regulatory approval and widening market access are among the profound changes that have made China a significant market to launch innovative medical products. Biopharma companies looking to launch innovative medicines in China can pull ahead in the race by taking advantage of key cultural and regulatory conditions. Deloitte introduces a series of four articles that break down the dynamics of a successful launch.

(English version)

Download the report "Gain the edge in a fast-moving market"

Viewpoints / key findings

In this series we identify four critical areas that support such a strategy and are crucial to a successful launch in China:

A new view on market access and reimbursement

Life sciences companies would benefit from tailored launch campaigns to deftly handle the vastly changing Chinese marketplace. 3 aspects to consider in developing your strategy:

1. Pursuit of public reimbursement
2. Viability of the public payer option
3. Choosing the model, shaping the market

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Download the report "A new view on market access and reimbursement"

A new view on China's digital health care

Getting acquainted with China's digitally savvy consumers means your innovative product launch can target them directly. It is critical to understand the tendencies and needs of physicians and patients, to best engage them with the right content, channels and methods. Taking full advantage of all available digital opportunities can give your product the edge it needs to cut through the noise.

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Download the report "A new view on China's digital health care"

The rewards of regulatory change

China's historic delay in drug approvals is a thing of the past, and the country looks toward 2030 with solid objectives for a more accessible and inclusive health care environment. Biopharma companies eyeing up China should set their sights on preparing an effective launch strategy. The CFDA's regulatory reforms, including fast-track approval and a local-study waiver for qualifying products, should be examined and exploited for launch success. Their benefits extend beyond the biopharma manufacturer to China's enormous population, who await the arrival of innovative new drugs.

(English version)

Download the report "The rewards of regulatory change"

Agile responses to China's health care transformation

Being aware of the rapid-fire changes shaking up China's health care environment is simply not enough these days. The changes demand that biopharma companies look hard at their approach to uncertainties, team empowerment, adroit decision making and smart collaboration with partners. The successful product launch is one that reflects agility at a programme and enterprise level, and the bonus is the introduction – or reintroduction – of speed, flexibility, customer focus and continuous improvement to the core of your company.

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Recommendations

Outlook on biopharma innovation trends in China

Deloitte research finds enhanced management helps fulfill medical product licensing deals

2019 Global life sciences outlook

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Survey finds biopharma companies lag in digital transformation

It is time for a sea change in strategy

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¶ SCROLL FOR THE THIRD SAMPLE

Jul 30, 2026

Taco Bell and the Cyclospora Crisis: Lettuce, Lawsuits, and Brand Risk

Taco Bell and Taylor Farms faced the same outbreak. Their opposite comms strategies led to completely different outcomes.

BRAND PROTECTION | FINANCIAL MARKET THREATS

The Graphika Team
Graphika Research Team

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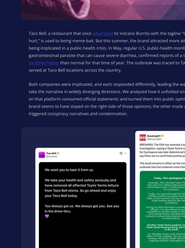
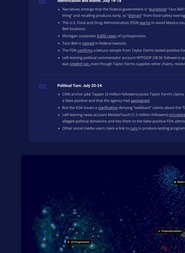


Taco Bell, a restaurant that once advertised its Volcano Burrito with the tagline "Get ready for the good hurt," is used to being meme-bait. But this summer, the brand attracted more attention than usual for being implicated in a public health crisis. In May, regular U.S. public health monitoring for cyclospora, a gastrointestinal parasite that can cause severe diarrhea, confirmed reports of a spike in cases in Michigan, as news broke that normal for that time of year. The outbreak was traced to Taylor Farms lettuce, served at Taco Bell locations across the country.

Both companies were implicated, and each responded differently, leading the way for communities to take the narrative in widely diverging directions. We analyzed how it unfolded on X, to find out how users on that platform consumed official statements and turned them into public opinions. The result? One brand seems to have stayed on the right side of those opinions; the other made a series of gaffes that triggered conspiracy narratives and condemnation.



Taco Bell acknowledges recall on its safety and tries to get along even better, leveraging its humor. Taylor Farms announces that it is, likewise, a long-demonstrated commitment to consumer well-being, but refuses to go down a path of apologies.

The Cyclospora Cycle: Outbreak Reaction Timeline

01

Precaution and Early Reaction: July 8-11

- Taco Bell acts first, public reaction set in splits between mockery and praise.
- High-follower news accounts (Tier 1) at million followers) and People (7 million) report that the chain has halted imports from Yuma, Arizona on "explosive" diarrhea outbreak.
- The news is picked up by other online news aggregators.
- Health influencer Joe Vargas (674 followers) praises Taco Bell for "leading" the response.
- Other X users point to Taylor Farms as the "real issue."

02

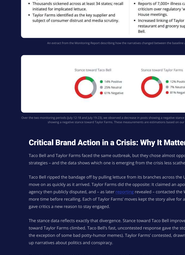
Identification and Blame: July 14-18

- Narratives emerge that Taco Bell engineered a "scandal" Taco Bell for "doing the right thing" and recalling products early, to "distract" from food-safety oversight budget cuts.
- The U.S. Food and Drug Administration (FDA) warns to avoid Mexico-sourced lettuce at Taco Bell locations.
- Michigan surpasses 4,000 cases of cyclosporiasis.
- Taco Bell is named in federal lawsuits.
- The FDA confirms a lettuce sample from Taylor Farms tested positive for the parasite.
- Left-leaning political commentator account WTFGOP (36.5k followers) questions why Taco Bell was singled out, even though Taylor Farms supplies other chains, receiving 2.7k retweets.

03

Political Turn: July 25-24

- CNN Jocks (exp. Tapper, 2 million followers) frames Taylor Farms claims that the FDA test was a false positive and that the agency had apologized.
- But the FDA issues a clarification denying "evidence" claims about the "false positive."
- Left-leaning news account MeidasTouch (1.3 million followers) circulates a list of Taylor Farms' alleged political donations and ties them to the false-positive FDA admission.
- Other social media users claim a link to mRNA to produce testing programs.



A map from the Graphika Discern Platform showing discussion of the Taylor Farms on X, largely involving U.S. progressive communities, highlighted areas spotlight numerous competing political campaign discussions and the relationship between them.

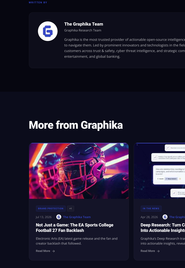
Taco Bell and Taylor Farms: How Public Opinion Evolved

To better understand how public opinion shifted throughout the outbreak, Graphika used **Monitoring Agent** to continuously track the conversation and **Deep Research** to explain the broader context behind it. Together, they revealed not just how much people were talking, but what they believed, which narratives gained traction, and why the perception of Taco Bell and Taylor Farms followed such different paths.

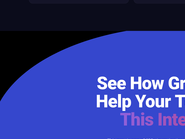
Rather than relying on sentiment, Graphika measures **stance**: a person's position toward a specific topic, brand, product, individual, or organization. Unlike sentiment, which measures the emotional tone of a post, stance identifies the target of that opinion, revealing whether the author ultimately supports, opposes, or remains neutral toward the entity. This provides a much more accurate understanding of public perception, particularly during rapidly evolving events where sentiment alone can be misleading.

An example of a post with a negative sentiment but positive stance toward Taco Bell.

In this outbreak, that distinction proved essential. A post might use strongly negative language because the author is frustrated with government oversight in the food safety system. Traditional sentiment analysis would classify the entire post as negative. But when Graphika measures stance toward Taco Bell, it asks a different question: *What is the author's position toward the brand itself?* In the post argues that Taco Bell was unfairly blamed or made a responsible decision, the stance toward Taco Bell is actually positive—even if the overall tone of the post is angry or critical.



An excerpt from the Monitoring Report identifying how Taco Bell's stance changed over the course of the outbreak and reporting agents.



Over the two monitoring periods (July 12-19 and July 19-26), we observed a decrease in posts showing a negative stance toward Taco Bell and an increase in posts showing a negative stance toward Taylor Farms. These measurements are calculated using Graphika's proprietary algorithms.

Critical Brand Action in a Crisis: Why It Matters

Taco Bell and Taylor Farms faced the same outbreak, but they chose almost opposite communications strategies - and the data shows which one is emerging from the crisis less scathed.

Taco Bell ripped the bandage off by pulling lettuce from its branches across the U.S. and letting the story move on as quickly as it arrived. Taylor Farms did the opposite. It claimed an apology by the FDA that the agency then publicly disputed, and - as later reported - contacted the White House to ask for more time before recalling. Each of Taylor Farms' moves kept the story alive for another news cycle, and gave critics a new reason to stay engaged.

The stance data reflects exactly that divergence. Stance toward Taco Bell improved, and negative stance toward Taylor Farms climbed. Taco Bell's dark, overconfident response gave it the story nowhere to go (with the exception of some bad-potty-humor memes). Taylor Farms' contested, drawn-out approach opened up narratives about politics and conspiracy.

Online crises rarely unfold on a single conversation. Narratives emerge within different communities, gain momentum at different speeds, and often shift direction as new information appears. Graphika's Brand Watch structure this complexity by connecting narratives, actors, communities, relationships, and momentum into a dynamic representation of the digital landscape. Powered by this foundation, Monitoring Agent continuously identifies meaningful change, while Deep Research explains what is driving it. This gives communications, brand, and risk teams the context they need to make faster, more confident decisions.

SEE AGENTS

How Graphika analyzed this outbreak

Graphika's intelligence is built on a proprietary methodology developed over more than a decade of network analysis and open source investigation. Our capabilities help distinguish temporary spikes in attention from meaningful shifts in reputation.

Monitoring Agent
Monitoring Agent continuously tracked how discussion evolved around Taco Bell and Taylor Farms throughout the outbreak.

Stance analysis
Stance analysis measured support, opposition, and neutrality toward each company, providing a more accurate signal than sentiment alone.

Deep Research
Deep Research synthesized the broader information environment, explaining which narratives emerged, who amplified them, and why they gained momentum.

WRITTEN BY

The Graphika Team
Graphika Research Team

Graphika is the most trusted provider of actionable open-source intelligence to help organizations stay ahead of emerging online events and make decisions on how to navigate them. Led by prominent innovators and technologists at the forefront of online discourse analysis, Graphika supports global enterprises and public sector customers across trust & safety, cyber threat intelligence, and strategic communications, spanning industries including intelligence, technology, media and entertainment, and global banking.

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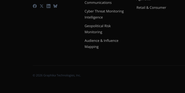

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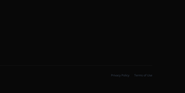

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BLOG · RESEARCH: THE SOCIAL MEDI...

Mar 5, 2025

Medbeds: The Social Media Scam Masquerading as a Miracle

We observed social media accounts encouraging individuals to pay for alleged access to medbeds, capitalizing on vulnerability to lure a profit. Graphika is tracking the networks involved in these scams, documenting their tactics, and analyzing their behavioral footprints.

The Graphika Team
Graphika Research Team

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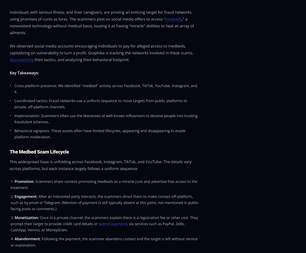


Individuals with serious illness, and their caregivers, are proving an enticing target for fraud networks using promises of cures as lures. The scammers post on social media sites to access [medbeds](), a nonexistent technology without medical basis, touting it as having "miracle" abilities to heal an array of ailments.

We observed social media accounts encouraging individuals to pay for alleged access to medbeds, capitalizing on vulnerability to lure a profit. Graphika is tracking the networks involved in these scams, [documenting]() their tactics, and analyzing their behavioral footprint.

Key Takeaways:

- Cross-platform presence: We identified "medbed" activity across Facebook, TikTok, YouTube, Instagram, and X.
- Coordinated tactics: Fraud networks use a uniform sequence to move targets from public platforms to private, off-platform channels.
- Impersonation: Scammers often use the likenesses of well-known influencers to deceive people into incurring fraudulent schemes.
- Behavioral signatures: These assets often have limited lifecycles, appearing and disappearing to evade platform moderation.

The Medbed Scam Lifecycle

This widespread hoax is unfolding across Facebook, Instagram, TikTok, and YouTube. The details vary across platforms, but each interaction largely follows a uniform sequence:

- **Promotion**: Scammers share content promising medbeds as a miracle cure and advertise free access to the treatment.
- **Engagement**: After an interested party interacts, the scammers direct them to make contact off-platform, such as by email or Telegram. (Mention of payment is still typically absent at this point, not mentioned in public-facing posts or comments.)
- **Monetization**: Once in a private channel, the scammers explain there is a registration fee or other cost. They prompt their target to provide credit card details or [crypto payment]() via services such as PayPal, Zelle, CashApp, Venmo, or MoneyGram.
- **Abandonment**: Following the payment, the scammer abandons contact and the target is left without service or explanation.

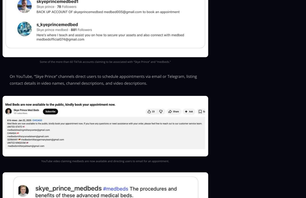
These accounts and groups seem to have a limited lifecycle. They often pop up, disappear, and are replaced by new assets. Graphika has observed, for instance, or because scammers delete old pages before they have already netted victims.

Impersonating Influencers to Build Trust

The scammers employ a range of personas to execute this scheme. We observed many accounts using the name and likeness of popular [medbed influencer]() Kerrie Anne Thornton, better known as Skye Prince. Thornton denies a connection to those accounts but claims to have "received the necessary training" to operate a medbed.

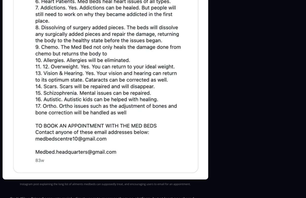
On Facebook, we identified approximately 100 groups, 60 accounts, and 10 pages using variations of "medbed" and "Skye Prince" in their names. Some groups have tens of thousands of followers. Even more groups and pages reference Skye Prince or medbeds in their names and content.

The Facebook groups/page administrators post content praising medbeds, claiming they can cure any illness and regrow limbs, that the government or other "evil" forces have suppressed the technology, and that the technology's unveiling is imminent. They share images of the supposed technology, and often reply to commenters to reassert the treatment's efficacy.



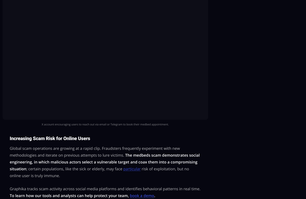
A comment on a Facebook post by a medbed hoaxster, followed by the hoaxster agreed to care for a medbed hoax victim's family member

On Facebook the scammers encourage interested users to pay to secure their "appointment" to use a medbed. They present a long list of email addresses to choose from, categorized by country, or invite users to use Telegram or Google Forms. They also direct individuals to message Telegram accounts or view Telegram channels to learn more about medbeds.



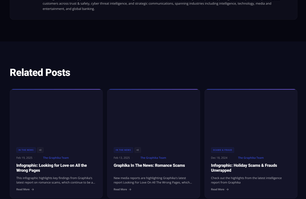
A Facebook comment thread from a medbed scheme post pushing the "registration" fee

On TikTok, scammers make use of the messaging feature to direct users to email or Telegram accounts. Using an open-source [tool](), we identified several of these accounts as operating from Nigeria.

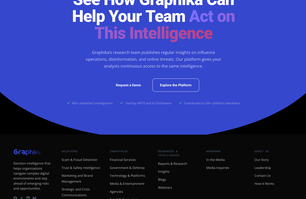


Posts on TikTok from accounts that direct users to Telegram or Gmail for medbed appointments

On YouTube, "Skye Prince" channels direct users to schedule appointments via email or Telegram, listing contact details in video names, channel descriptions, and video descriptions.



A YouTube video from a "Skye Prince" channel directs users to schedule appointments via email or Telegram



A Facebook comment thread from a medbed scheme post directing users to Telegram or Gmail for medbed appointment

Increasing Scam Risk for Online Users

Global scam operations are growing at a rapid clip. Fraudsters frequently experiment with new methodologies, and medbeds are previous attempts to lure victims. **The medbeds scam demonstrates social engineering, in which malicious actors select a vulnerable target and coax them into a compromising situation**, certain populations, like the sick or elderly, may face [particular]() risk of exploitation, but no online user is truly immune.

Graphika tracks scam activity across social media platforms and identifies behavioral patterns in real-time. **To learn how our tools and analysts can help protect your team, [book a demo]().**

WRITTEN BY
The Graphika Team
Graphika Research Team

Graphika is the most trusted provider of actionable open-source intelligence to help organizations stop abuse of emerging online events and make decisions on how to act. Our platform and analysts empower customers to detect, investigate, and respond to online risks and opportunities. Graphika is used by customers across trust & safety, cyber threat intelligence, and strategic communications, spanning industries including intelligence, technology, media and entertainment, and global banking.

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