

# Time to be Healthcareful®

Overview

Dec 2024

**Chris Dial**  
Co-founder and Chief Executive

**Professor Kevin Moore**  
Co-founder and Chief Medical Officer

**Salutare:**

# Salutare

Software made with clinicians for clinicians  
so patients don't get lost in the system

ONE automates outpatient pathways where patients usually get lost: in referral, in monitoring, and in diagnostic testing

Today, serving 900,000+ patients in the UK

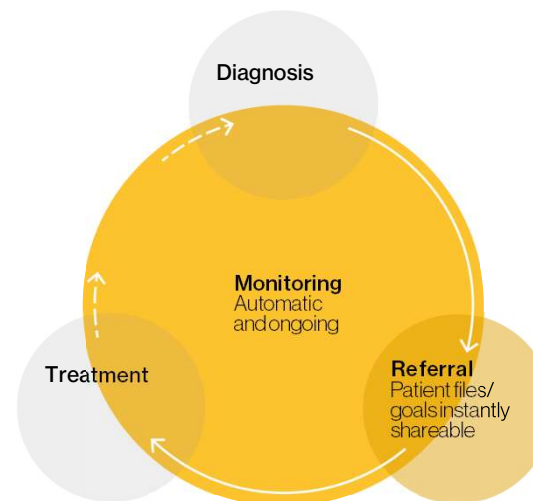
Saving UK NHS Trusts millions per year while reducing wait times, errors, and staff overwork.

For private providers can generate new referral streams and reduce costs

We believe **simplicity is safety**

<https://www.salutare.co.uk>

Circular healthcare  
with Salutare software



<https://www.salutare.co.uk>



Chris Dial [chris@salutare.co.uk]  
Co-founder and CEO

Dr Dara Vakili [dara@salutare.co.uk]  
Head of Product

**Salutare:**

## Patients face risks at many points in their care

**Half of all outpatient appointments** are to monitor patients for development of complications due to chronic disease, medications, or cancer

Patients get **lost to follow up**

A fundamental problem

Unmonitored patients come to harm when complications occur that are not found early and treated.

**A third of patients** who develop complications or disease are not referred in a timely manner

Patients get **lost in referral**

A fundamental problem

Failed or missing referrals lead to delays in treatment and patient harm.

**Salutare:**

## Current systems let down clinicians, patients, and the health service

**Half of all outpatient appointments** are to monitor patients for development of complications due to chronic disease, medications, or cancer

Patients get **lost to follow up**

What goes wrong

Clinics cancelled. Appointments never rescheduled. Single points of failure. Not enough people and hours in the day to follow up everyone by hand. Plus see new patients properly.

**A third of patients** who develop complications or disease are not referred in a timely manner

Patients get **lost in referral**

What goes wrong

Forms not complete, information missing, unclear where to refer to. Over-reliance on emails and no internal system to keep track and follow up. EPR systems do not meet the needs of MDT teams.

**Salutare:**

## How we keep patients safe

**Healthcareful®** means patients are never lost

Half of all outpatient appointments are to monitor patients for development of complications due to chronic disease, medications, or cancer

Patients get **lost to follow up**

Solving a fundamental problem

Simplified, automated common tasks for outpatient monitoring

# Monitor

A third of patients who develop complications or disease are not referred in a timely manner

Patients get **lost in referral**

Solving a fundamental problem

A single place for 'multi-mind medicine' dialogue and referrals

# Referral

**Salutare:**

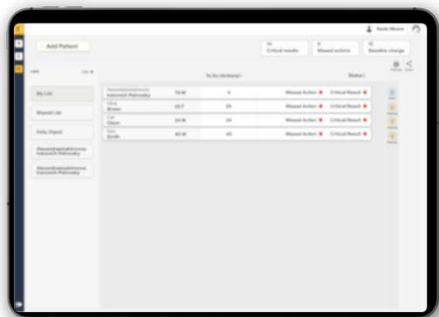
# SALUTARE ONE

## Simplify care

Salutare™ creates software that keeps patients safe by simplifying workflows and giving time back to clinicians

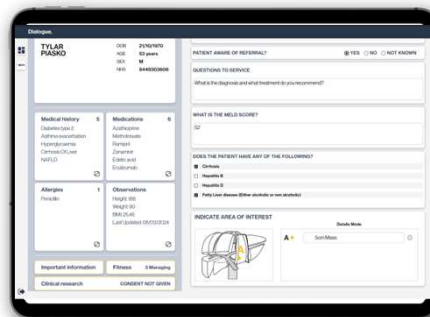
Monitor medicines safety and chronic disease progression

ONE Monitor



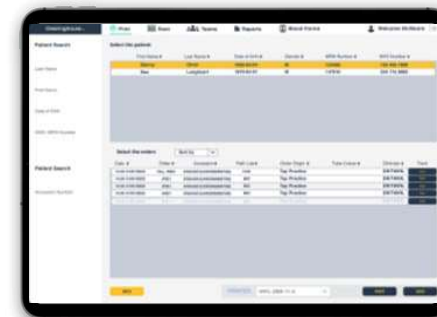
Refer patients for review

ONE Referral



Simplify pathology sample collection and tracking

ONE Testing



Easy to use  
Cloud-based SaaS  
Scalable and reliable  
Healthcareful™

**Our solution is ONE**  
Everyone benefits from a simpler solution

Who

**Clinicians      Hospitals      Patients**

Simplicity is safety

Safer care is cost-effective care      No patients lost in the system

# ONE simplifies patient referrals for discussion

## For clinicians, coordinators, and administrators

### Benefits

**Manage referrals virtually** and review from any internal or external location

#### Automated Monitoring

Patients streamlined, and reduce delays

**Patients suitable for clinical research** identified

### Clinicians

**Simple referral** with clear questions to local or national MDT panel by looking up in a directory

**Track your own referrals** and know where they are in the process at any time

**Easy to share to other clinicians** locally, nationally, or by invitation

**Digital notifications** with clear questions to local or national MDT panel

### Coordinators

**Easy transfer** of radiology, pathology, and important investigations

**Track with alerts and reminders** so that patients are not lost in the system

**Quick list of tasks to complete** and easy to see what's missing for discussion

**Single discussion panel** with all information in one place

**Automated MDT report** summary [including voice transcription]

### Administrators

**Referrals and outcomes uploaded to EPR** (manual or automatic)

**Centralized reporting** by speciality, location, or region

**Generate dataset cohorts of patients** for research or service improvement



# ONE monitoring for chronic disease and medicines safety

## No patients lost in the system

### Benefits

Most patients with a cancer diagnosis or chronic disease or potentially hazardous medications require long-term monitoring.

### Patients

**Know where they are in the pathway** and what's coming next

**Access their own data** to view

**Give feedback directly** to clinicians and the panel looking after them

**Contact a clinician** immediately if they need help

### Clinicians

**Follow pre-set and accepted guidelines** for medications and chronic treatments

**Highlight only important results** and next tasks for a patient

**Gain a broader view of the patient context**, results and info from multiple sources

**Automate certain regular tasks**, like diagnostic tests and a response to results, based on guidelines and parameters

### Administrators

PIFU

**End to end auditing** of a pathway and the patients' paths

**Build data repositories** behind specialist services for analysis or research

**Population-level data** for subsets of patients

**Salutare:**

## Safely and easily monitor patients

Many patients with a cancer diagnosis or chronic disease or potentially hazardous medications need long term monitoring.

The screenshot shows a user interface for patient monitoring. At the top, there are three summary boxes: '14 Critical results', '6 Missed actions', and '12 Baseline change'. Below these is a search bar labeled 'Find Patient'. The main area is titled 'To Do (Actions):' and contains a table of patient records. The table has columns for patient name, age and gender, and a 'Status' column. The status column contains 'Missed Action' and 'Critical Result' with red square icons. On the left side, there is a sidebar with 'Lists' and buttons for '+', 'Dara', 'Liver', and 'Breast'. On the right side, there are icons for 'Follow' and 'Following'.

| Lists | To Do (Actions):                                | Status:                       |
|-------|---|-------------------------------|
|       | Alexandraeioakimovna Ivanovich Petrovsky 79 M 4 | Missed Action Critical Result |
|       | Olivia Brown 25 F 25                            | Missed Action Critical Result |
|       | Carl Olson 24 M 24                              | Missed Action Critical Result |
|       | Sam Smith 40 M 40                               | Missed Action Critical Result |

Automate regular monitoring and generate the test requests with digital forms.

Send critical alerts for abnormal results to team.

Reduce the need for regular clinic appointments for manually undertaking monitoring of patient safety and with a patient initiated follow up request function.

# Assign tasks and follow-up outcomes

Single place to view tasks and MDT outcomes for patients. Assign people and see when they are not followed up.

**Alexandraeioakimovna Ivanovich Petrovsky**

GP Level 2 | DOB 27/12/78 | AGE 44 years | SEX F | NHS 1333 333 4444

**Medical history** (2): Type 2 diabetes, Hypertension, Chronic Kidney Disease, NAFLD

**Medications** (3): Metformin, Ramipril, Amlodipine, Methotrexate

**Action Table:**

| Actions | Indications               | Assignee       | Due date      |
|---------|---------------------------|----------------|---------------|
| U&E     | Methotrexate Kidney Liver | Dara Vakil     | 3 months      |
| ACR     | Kidney                    | Chris Dial     | 1 months      |
| FBC     | Live methotrexate         | Ben Longhurst  | Every 2 weeks |
| LFT     | Liver methotrexate        | Kevin Moore    | Every 2 weeks |
| LIPIDS  | Methotrexate              | Sergio Cabrera | Every 2 weeks |

Customise pathways for each disease and medication

Alert patients and clinical staff for missing results or no follow-ups

**Alexandraeioakimovna Ivanovich Petrovsky**

GP Level 2 | DOB 27/12/78 | AGE 44 years | SEX F | NHS 1333 333 4444

**Results Table:**

| Date                                | Time                             | 07 Jan 08:00             | 07 Jan 08:05             | 07 Jan 09:00             | 07 Jan 10:00             | 08 Jan 08:00             | 08 Jan 08:15             | 08 Jan 14:00             | 08 Jan 14:10             | 08 Jan 15:00             |  |
|-------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <b>General Haematology</b>          |                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>            | Haemoglobin                      | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 | 162 g/mL                 |  |
| <input type="checkbox"/>            | White Blood Count                | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  | 4.5 x10 <sup>9</sup> /L  |  |
| <input type="checkbox"/>            | Platelet Count                   | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  | 227 x10 <sup>9</sup> /L  |  |
| <input type="checkbox"/>            | Haematocrit                      | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    | 48.0%                    |  |
| <input type="checkbox"/>            | Red Blood Count                  | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L | 5.0 x10 <sup>12</sup> /L |  |
| <input type="checkbox"/>            | Red Blood Distribution Width     | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    | 12.0%                    |  |
| <b>General Biochemistry</b>         |                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>            | Sodium                           | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               | 137 mmol/L               |  |
| <input type="checkbox"/>            | Potassium                        | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               | 4.3 mmol/L               |  |
| <input type="checkbox"/>            | Urea Serum                       | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               | 4.1 mmol/L               |  |
| <input type="checkbox"/>            | CREATININE                       | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                |  |
| <input checked="" type="checkbox"/> | Alanine Aminotransferase Serum   | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                | 88 mmol/L                |  |
| <input checked="" type="checkbox"/> | Aspartate Aminotransferase Serum | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                | 79 mmol/L                |  |

**Graph:** A line graph showing trends for the highlighted tests (Creatinine and Alanine Aminotransferase) over time, with values ranging from approximately 40 to 90.

# Simple UI. No training. Just jump right in

## Email any clinician in the network and make a referral in 3 minutes

Easy to follow 3-step process. Check guidelines. Confirm mandatory information.

New referral in **three steps**

Same platform can manage **MDT referrals, inter-hospital referrals, and specialist referrals**

**Integrate patient data** from other EPRs or national services

**Create PDFs automatically** without the need for typed letters

On request, we can offer a login to a demo site for any clinician to trial how to create a referral.

Salutare Group, LTD/Confidential

The screenshot displays the Dialogue referral management interface. The top navigation bar includes the brand name 'Dialogue.', the user name 'Chris Dial', and a home icon. A vertical sidebar on the left contains three buttons labeled 'R', 'E', and 'M'. The main content area is divided into three numbered steps:

- 1 SELECT A PATIENT**: A search input field with a 'Search' button.
- 2 SELECT SERVICE**: Three service selection cards:
  - Refer to MDT**: Represented by an icon of four people.
  - Inter-hospital Referral**: Represented by an icon of a location pin and a medical cross.
  - Specialist Referral**: Represented by an icon of a person with a briefcase.
- 3 REASON FOR REFERRAL**: Five buttons representing different referral reasons:
  - Review Diagnosis
  - Plan Treatment
  - Treatment Review
  - Post Treatment Review
  - Monitoring Review

# Control process quality and audit usage

## Maintain high standards and monitor proper interactions

**Customize forms for every MDT**  
but within a set template to maintain consistency

**Complete audit trail** of all activities in the referral and discussion

**Confirmation of treatment** and view of all comments from attendees

**Scoring systems** to contribute to decision-making

The screenshot shows a web-based interface for a Medical Decision Making (MDT) session. At the top, it displays the patient's name 'PAM, ARYANA CROQUENOIS' and the session leader 'Elliott, Dom Rutter'. The interface is divided into several sections:

- Patient Information:** Displays personal details for PAM, ARYANA CROQUENOIS, including DOB (25/05/1969), AGE (54 years), SEX (N/A), and NHS number (9449307741).
- Medical history (3):** Lists conditions such as Autoimmune cirrhosis, Hyperlipidaemia, and Acute Severe Asthma.
- Medications (3):** Lists Salbutamol, Atorvastatin, and Azathioprine.
- Allergies (1):** Lists Penicillin.
- Observations:** Shows Height: 179, Weight: 80, BMI: 24.97, and Last Updated: 27/03/2024.
- Important information:** Includes 'Clinical research' and 'Fitness 4 Very Mild'.
- Consent:** A box labeled 'CONSENT GIVEN' is visible.
- COMMENTS (1 TOTAL):** A comment from Dara Vakili dated 17:02 27/03/2024 is shown, stating '@Chris Dial can you please upload the pathology imaging or transfer sliced specimens to the MDT please'. There is a text input field and an 'ADD' button below.
- WHO WAS INVOLVED IN THE DECISION MAKING:** A list of attendees with checkboxes: Anjut Maraye - Chair (checked), Michael Parker - Radiologist (checked), Chris Jain - Pathologist (checked), Christine Sinra - Hepatologist (checked), Mireya Parika - Surgeon (checked), and William Perkins - CNS (unchecked).
- INDICATE AREA OF INTEREST:** Features a TNM Mode section with a diagram of a torso and checkboxes for A (checked), T (2), N (1), and M (0).
- SUMMARY RECOMMENDATIONS:** A text box containing the recommendation: 'The patient is suitable for surgery, please add to Mireya's Surgical list to be seen within the next two weeks'.

# Everyone can collaborate. From anywhere

## Cloud-based software. Standard security protocols

Collaborative and asynchronous

All clinicians share the same information

All can comment and add new investigations as screenshots

During MDT meetings, unlimited number of staff can **view the same referral at the same time**

Access via PC, Mac, tablet, phone

Share a specific referral

Dialogue.

FIRST, SONNIE JUNE

DOB 01/06/1974  
AGE 49 years  
SEX F  
NHS 9449310114

Breast RFL

Lead Clinician: Dara Vakili  
Sent By: Dara Vakili  
Contact E-mail: Show  
Contact No/Ext: Show

Share Referral

NHS Email  
chris@salutare.co.uk

Add

Share a filtered patient list

Breast

Breast cases  
RFL  
Contact Email: breast@PCL.net  
Phone Number: 02055669995

streaming Path review Radio review

Referral List 4

| Patient                 | DOB        | Age | NHS No     |
|-------------------------|------------|-----|------------|
| QIANG SAM               | 08/01/1979 | 45  | 9449308918 |
| GWENEVERE, SHERRY NE... | 06/09/1967 | 56  | 9449303746 |
| FIRST, SONNIE JUNE      | 01/06/1974 | 49  | 9449310114 |
| KEIRA, MERLA JOLLIFF    | 16/12/1961 | 62  | 9449309515 |

Completed Referrals 0

Add Members

NHS Email

Add

| Name           | Access |
|----------------|--------|
| DV Dara Vakili | Owner  |
| CD Chris Dial  |        |

Email confirmation and link

MDT Shared

Salutare-No-Reply  
To: Chris Dial

Thu 28/03/2024 09:32

Dialogue

Hello

Dara Vakili has shared a record with you on Dialogue. Please click on this link to have a look and follow the case.

View MDT

Kind regards,  
Salutare Team

# Create, share, and manage patients lists for discussion

## Tag referrals to streamline lists

Tag referrals with one or more **criteria** to easily sort into custom views to manage discussion

Use one or multiple tags to **quickly sort and share views** of the whole list – radiology image reviews for the radiologists

Services easily **create their own tags** according to their needs

The screenshot shows a web interface for a Liver MDT. On the left, there is a dark blue sidebar with a grid icon and a label 'MDTs'. The main content area has a header for 'Liver MDT' with a gear icon, followed by 'Liver cancer referrals', 'RFL', 'Contact Email: [Liver@RFL.net](mailto:Liver@RFL.net)', and 'Phone Number: 02084473885'. Below this is a filter bar with five buttons: 'Radiology Review' (highlighted in yellow), 'Pathology Review', 'Royal Free Hospital', 'UCL Hospital', and 'Complex Cases'. Under the filter bar is a section titled 'Referral List 4' containing a table with the following data:

| Patient                 | DOB        | Age | NHS No     | Referra |
|-------------------------|------------|-----|------------|---------|
| TYLAR PIASKO            | 21/10/1970 | 53  | 9449303606 | 11/03/  |
| CINCO, INDIANA DEMAYO   | 05/05/1974 | 49  | 9449310106 | 11/03/  |
| Brian, Everette Blessed | 20/10/1973 | 50  | 9449310084 | 11/03/  |
| JANICE, DELORA COMMINS  | 13/10/1985 | 38  | 9449307431 | 11/03/  |

## Move between patients in the list quickly and easily

Shift simply from case to case. Use a list to search or jump to a patient

The patient list opens up to show some or all of the cases

Use the arrows at the top to **move left/right across the list** in order

Open the patient list to **jump ahead or back**; or search for the patient or criteria you want

**Quickly see** what's submitted, what's reviewed, and what is outstanding

Dialogue.

List of Patients

Patient name

| Name                  | Referral Date | Elapsed       | Status    |
|-----------------------|---------------|---------------|-----------|
| Elliott, Dom Rutter   | 27/03/2024    | 4 minutes ago | SUBMITTED |
| PAM, ARYANA CROQUE... | 27/03/2024    | 1 minute ago  | SUBMITTED |
| TYLAR PIASKO          | 27/03/2024    | 4 seconds ago | SUBMITTED |

17:02:27/03/2024

ADD

AS INVOLVED IN THE DECISION MAKING

DATE AREA OF INTEREST

TNM Mode

A ● T 2 N 1 M 0



# Close the loop with recommendations and next actions

## Clear summary with owners

Send back the referral to the original clinician with a summary and next actions

Follow up actions tracked by staff or role

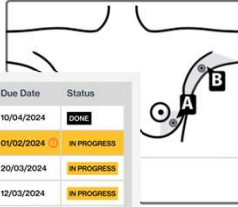
Simple summary recommendation emailed to team and imported into any EPR

Controlled path to next steps – transfer to other service, return to referrer, or submit final

**Sarah Omar**

DOB 27/12/1981  
AGE 42 years  
SEX Female  
NHS 333 333 4444

Diagnosis = BREAST  
AREA OF ABNORMALITY



**PATIENT AWARE OF REFERRAL** ●

**Co-Morbidities**

- Type 2 diabetes
- Hypertension

**Medications**

- Metformin
- Ramipril
- Amlodipine

**Recommendations**  
Imaging and histology confirm a T1N1M0 HER2 positive breast carcinoma. Recommend lumpectomy followed by 3 course of radiotherapy. Review in clinic by Mr Ghosh on 6th March to discuss treatment options.

**Follow up actions**

|        |               |
|--------|---------------|
| Action | <b>Owner</b>  |
| Action | - Mr. Gosh    |
| Action | - Dara Vakili |
| Action | - Dara Vakili |

**Summary**  
42 year old woman with strong family history of breast cancer (mother and sister) presents with a 2-3 cm right sided breast lump and a small axillary palpable lymph node.

**Previous treatments**  
An MDT in September 2020 recommended 3 monthly MRI breast, and latest MRI shows likely increase in size of breast lesion.

**Questions of MDT**  
Patient very against reductive surgery. What are the potential outcomes and various options for treatment?

**Important information**  
Single mother, two children aged 9 years and 6 years.


| Task  | Assignee  | Due Date   | Status      |
|---|---|------------|-------------|
| 01 Refer to Colorectal Surgery                            | Respect AA Alexandrasioskoumova Ivanovich Petrovsky | 10/04/2024 | DONE        |
| 02 Order a Endoscopic retrograde cholangiopancreatography | AI James Smith                                      | 01/02/2024 | IN PROGRESS |
| 03 Gastroenterology Clinic Appointment                    | AI Emily Johnson                                    | 20/03/2024 | IN PROGRESS |
| 04 Bloods for Monitoring                                  | AI William Taylor                                   | 12/03/2024 | IN PROGRESS |
| 05 Write discharge summary                                | AI Olivia Brown                                     | 07/03/2024 | IN PROGRESS |

MDT consultant

SUMMARY RECOMMENDATION


**Last Step**

REFER TO ANOTHER SERVICE




Forward this referral to another service.

SEND THE REFERRAL BACK




Send the referral back to sender for action.

SUBMIT PANEL RECOMMENDATIONS



Close the referral and send recommendations to the referrer.



Salutare Group, LTD/Confidential

# Build standard and custom reports

## Meeting and beating the guidelines

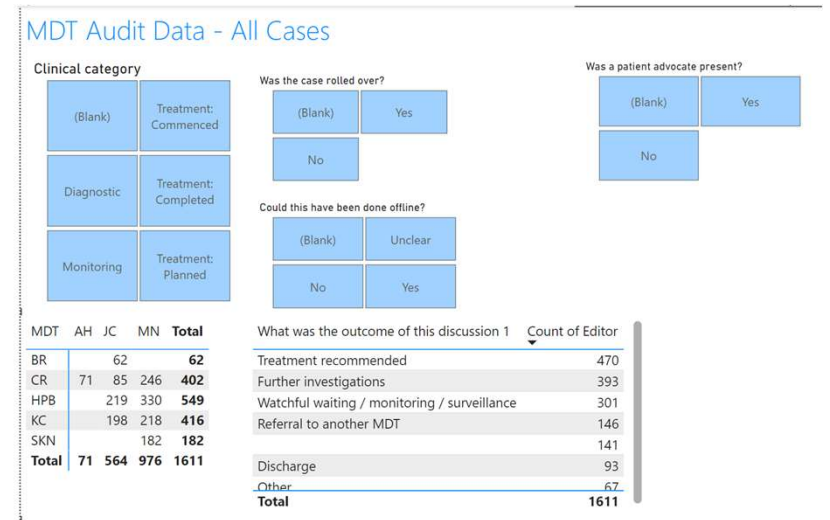
Better, clearer reporting for national requirements and local analyses

**Choose criteria** at panel creation to set which fields you must capture

**Create and extract** in standard formats for reporting requirements

**Connect data to tools** and use your own reporting tools like PowerBI and Tableau

**Manage performance** by combining system metrics with COSD metrics to improve excellence



AutoSave Off | COSD\_Test\_Patient\_Download\_from\_SCR - Read... | Saved to this PC | Search | Chris Dial | Comments | Share

File Home Insert Draw Page Layout Formulas Data Review View Automate Help Acrobat PowerPivot Table Design

A2 | 244395

| ID     | NHSNumber | OrganisationSiteIdentifierOfDiagnosis | BasisOfDiagnosisCancer | MorphologyCdo3 | MorphologySnomedDiagnosis | SnomedVersionDiagnosis |
|--------|-----------|---------------------------------------|------------------------|----------------|---------------------------|------------------------|
| 244395 | 0001008   | RAL01                                 | 7                      | 54666007       | 05                        |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |
|        |           |                                       |                        |                |                           |                        |

Linkage Patient ID | Linkage Diagnosis | Demographics | Non Primary Pathway | ReferralAndPatientPathway | Breast - Site Specific | Image | 100%

Ready | Accessibility: Investigate

## A new foundation for clinical excellence and research

Every speciality gains a data repository of thousands of patient cases

### Identify patient populations with ease

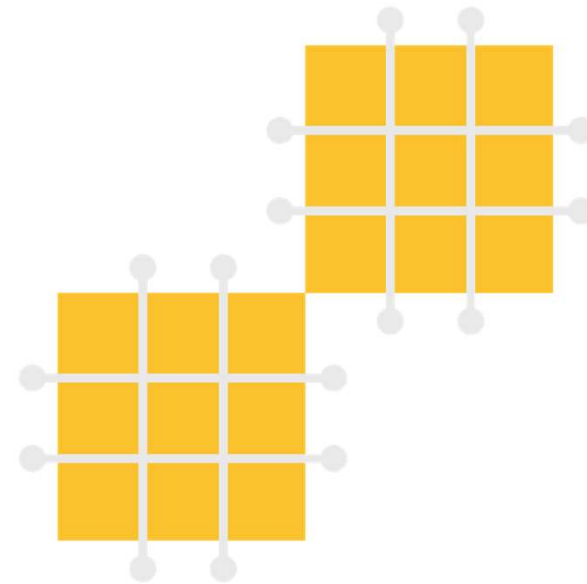
Store data stored highly structured, accessible, and coded to optimise for analytics and research

### Improve clinical excellence

Unlock detailed service performance analytics to inform and improve clinical practice

### Easily create and export extracts

as you need and connect to the tools you use [such as PowerBI or Tableau]



**Salutare:**

**Healthcareful®  
means patients  
are not lost**

**Salutare:**

# Team and Strategy

## Executive team

Our clinicians and software developers understand technology's transformative power for healthcare.



**Chris Dial**  
Co-Founder, CEO

An ex-senior executive from Microsoft.

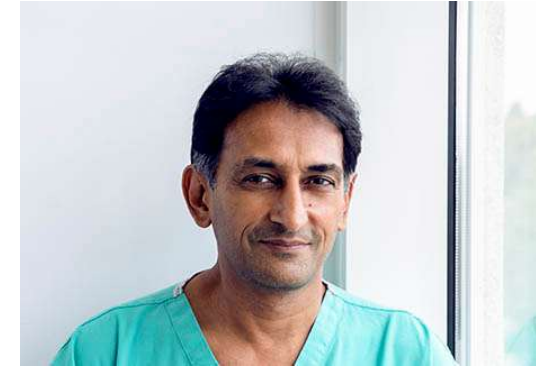
Led the development of software companies across Europe and the US.



**Prof. Kevin Moore**  
Co-Founder, CMO

A Professor of Medicine, hepatologist and clinical pharmacologist, and biochemist [B.Sc. and Ph.D]

More than 100 publications with an H-index greater than 65. Led teaching of therapeutics at UCL and course creator and director for Applied Medical Sciences.



**Dr Ameet Bakhai**  
Research, CSO

A nationally leading clinical researcher and cardiology consultant.

Experience in clinical trials and digital innovations in the NHS. A researcher with a history of change and innovation in the hospital and healthcare industry.

**Salutare:**

# Certifications and recognition

## Our current partners

Two years of investment and work to gain important certifications



### NHS

NHS Digital certifications on DSP Toolkit, SPINE access for patient records



### Care Quality Commission

Passed certification and approval for private blood testing service with public offers: thePharmacyClinic



### Cyber Essentials Certified

Core digital safety and privacy management in place



### Crown Commercial Service

Accepted and approved both major products for purchase by UK public organizations

# Salutare:

# Recognition to date In the UK

2025



2024



FINALIST / Primary Care Project of the Year



FINALIST / Diagnostics Project of the Year



# Current engagements in the UK

A variety of NHS and private engagements across the country

More than a dozen ICBs  
Several international hospitals

## Deployments



## Proof of value / evaluations / research





# Current engagements UK and rest of world



# Salutare: