# Clerky – Business Model

## The Elevator Pitch

What if a doctor could, with the press of a button, check your care was **perfect**?

Perfect may be impossible, as what’s right for one patient mightn’t be right for another.

We can get a lot closer though: our software, Clerky, quickly checks that we’ve asked all the most important questions, done all the right investigations, discussed all the relevant options and made a comprehensive, appropriate plan.

How? Easy – the answers are all written in our guidelines, the problem is that the guidelines are inaccessible in so many ways – hard to find, read and apply.

Our software uses AI to solve that by reading and checking we’re on track, feeding back suggestions and updating the documented.

I’ve got a prototype that does just that: clerkyAI.health is a web-based, user friendly sit that’s there for testing today.

There’s currently nothing like it on the market.

I’m aiming to quickly obtain regulatory approval, fine-tune the UI and pilot the app.

I’m hoping for your help.

## The Why – The Problem, Market Gap, and Context

Can we do better? Doctors know there’s a gap between what the care they provide and the care they wish to provide. That gap is a cause of so much avoidable harm, and medics are yearning for a way to bridge it. The pressure is both internal, and causes lots of burnout, and external – coming from patients, governance teams, insurers and courts.

Between 8% and 12% of NHS patients experience preventable harm, costing £2.1 billion per year in direct care costs (BMJ Quality & Safety, 2022).

The NHS faces an estimated £58 billion in outstanding negligence liabilities (NHS Resolution Annual Report 2025).

The NHS has embrasced the concept of ‘Get It Right First Time’ – known as GIRFT – and nothing could be more suitable then a quick, efficient and reliable piece of software that checks we’re getting it GIRFT. Clerky aims to now only help the doctor optimize the clinical encounter, it can also expand in scope to review care plans on a system-wide basis, noticing trends and issues BEFORE they turn into problems, changing our risk management approach from reactive to preventative.

Essentially, Clerky is an AI-enhanced type of Clinical Decision Support System (CDSS). The current CDSS platforms - Epic, Oracle Cerner, and UpToDate - primarily provide either narrow rule-based alerts or reference search tools. None combine real-time documentation feedback, guideline adherence analysis, and automatic audit readiness within the same workflow. In a high-pressure, low-resource frontline environment, it’s no surprise current practice leads to missed safety steps, inconsistent record keeping, and medico-legal exposure.

The market is evolving rapidly: generative AI is being embedded in Electronic Health Records (EHRs) (e.g. Epic’s GPT-4 integration, Oracle’s voice-enabled ‘Agentic AI’), and standalone AI tools are entering clinical practice. However, most still focus on administrative or single-modality functions—note generation, imaging triage, or predictive analytics.

The closest competitors within the market are iatroX, Dyna AI and UpToDate Expert AI:

* iatroX attempts to provide CDSS with reference to guidelines via chat – yet the result is declarative and the reasoning opaque.
* Dyna AI (by EBSCO) and UpToDate Expert AI provide AI-generated answer to clinical questions – yet the reasoning remains opaque and the interaction doesn’t naturally flow from the clinician’s work product.

There remains a significant gap for an AI tool that actively checks documentation against evidence-based guidance in real time and assists clinicians in aligning care with national standards. This is where Clerky fits: as a trust-preserving, clinician-supporting AI built around safety, auditability, and regulatory compliance.

## The What – The Solution

Clerky is an AI-powered clinical co-pilot that reviews ‘care as written’ ie consultation notes against guidelines.

The user (or their department) can choose which guidelines it chooses to apply – like a personal library of best practice so they’re always ‘GIRFT’ – internation, national, local and departmental guidelines.

It identifies missing documentation, cross-references relevant recommendations, and provides evidence-backed suggestions to improve completeness and compliance.

Core features include:  
• Real-time guideline adherence scoring and feedback.  
• Automatic generation of audit-ready documentation.  
• Guideline citation for every recommendation.  
• Intelligent anonymisation to protect patient data.  
• Multi-model AI pipeline (DeepSeek → Mistral → Anthropic → OpenAI → Gemini) for cost-efficient accuracy.

In short, Clerky doesn’t replace the clinician—it supports them. It acts as an always-on, evidence-based assistant that ensures care decisions are properly justified and recorded in line with clinical governance expectations.

## The Who – Target Market and Evidence of Demand

Clerky’s primary users are clinicians: doctors and allied health professionals who want faster, more reliable, and defensible documentation. Secondary users include governance leads, quality improvement teams, and medico-legal bodies who need consistent audit trails and safety assurance.

The NHS faces ongoing challenges in documentation quality, litigation costs, and workforce efficiency.

87% of clinicians report that easier access to guidelines at the point of care would improve adherence.[[1]](#footnote-1)

With over 100,000 NHS vacancies and one in three doctors reporting burnout, tools that reduce cognitive load and documentation time are not optional — they’re essential.[[2]](#footnote-2)-[[3]](#footnote-3)

Audit backlogs and retrospective reviews waste thousands of clinician hours annually.

Clerky directly addresses these pain points by embedding guidance and audit tools into everyday documentation workflows.

## Where to start

If there was a part of the NHS crying out for Clerky, it’s Maternity.

“We spend more on the cost of harm, when we could be spending more on prevention,” said [James Titcombe](https://www.thetimes.co.uk/article/my-son-died-because-of-nhs-failings-hunts-efforts-will-save-others-this-heartbreak-v0kpcvvvd), a bereaved father and campaigner at the Baby Lifeline charity.”[[4]](#footnote-4)

The NHS spent ~£2.6 billion on clinical negligence claims in 2022–23 - although obstetrics accounts for only ~12.8 % of clinical claims, it represents ~56.7 % of the value of payouts.[[5]](#footnote-5)

Recurrent investigations of patients poor experiences have blighted the NHS: Ockenden, East Kent, Morecambe Bay, Nottingham to name the most recent. The Department of Health have announced a national investigation led by Baroness Amos into 14 hospital trusts to address this. As the author of the East Kent Report, Bill Kirkup, put it:

“It is too late to pretend that this is just another one-off, isolated failure … If we do not begin to tackle this differently, there will be more.”[[6]](#footnote-6)

Early engagement with clinical safety leads and NHS Clinical Entrepreneur Programme mentors has confirmed strong interest in a pilot for maternity triage—an environment where real-time documentation accuracy is both high-impact and measurable.

## The How – Development, Regulation, and Implementation Plan

I’ve had preliminary discussions with the software development team at EG Technologies regarding costs, time-frame and milestones for how we go from prototype to pilot and beyond:

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| Phase | Objective | Timeline | Estimated Cost |
| Phase 1 | Build pilotable NHS-ready prototype with FHIR integration via NHS Developer Sandbox (documentation support only, non-SaMD). Develop MHRA-compliant SaMD version (Class IIa) following ISO 62304 processes and UKCA readiness. | 4–6 months | £300–600k |
| Phase 2 | Pilot: undertake staged pilot assessment of use in NHS antenatal clinic and triage maternity settings with partner organization(s) | +6 months | — |
| Phase 3 | Analyse results, publish, build marketing strategy, explore other markets incl overseas | +3 months |  |

The prototype will be developed and validated within the NHS Developer Sandbox, demonstrating FHIR-compliant data handling and interoperability. ISO 62304 principles will be adopted from inception to streamline future SaMD certification. A light ISO 13485 QMS, DCB 0129/0160 safety case, and Data Protection Impact Assessment will be completed prior to pilot.

The initial pilot in an NHS obstetric clinics and maternity triage unit will assess real-time AI guideline feedback and documentation improvement over an 8–12 week period. Following pilot validation, the product will scale through NHS innovation networks to reach additional trusts.

Subsequently, the pilot validation will be submitted for peer-reviewed journal publications and a marketing strategy developed around the possible entry-points into clinical use (single-user, Royal College endorsement, departmental adoption, widened use-case pilots within other specialties and explore options in other markets.

## The How – Business Model and Revenue Strategy

Who wants this? Who needs this?

Our potential customers might start as doctors who want to improve their own care

It might be a department, or a hospital, or a trust, or a region, or a medical College, or the NHS itself? Beyond medicine, dentistry and veterninary medicine are obvious markets to expand to…. Yet, conceptually Clerky essentially delivers quick compliance. While discussing Clerky with software developers, we discussed the need for Clerky to be compliant to a variety of ISO standards as a piece of software – the obvious inference was that there’s a need for tools like Clerky to check that compliance! All professional work has guidelines and standards to comply to – they’d all love to be GIRFT!

Clerky can start within medicine, prove itself with publications in peer-reviewed journals and grow to whichever field has the need. From a regulatory perspective – if it’s good enough for medical regulators, it’ll be good enough for any other environment.

Clerky will operate as a B2B SaaS product licensed to individuals, NHS trusts, healthcare organisations, and insurers. Pricing will follow a tiered subscription model aligned with the size and complexity of deployment:

Individual licence – possibly with freemium approach (first week/month free, first 10 uses free etc…)

Small department pilot (e.g. maternity triage)

Full hospital trust deployment

Multi-trust or regional licence: enterprise agreement based on user volume.

Future revenue streams include:  
• Analytics dashboards for governance teams.  
• Training and education modules for trusts / Royal Colleges / medical schools.  
• Insurer and medico-legal risk scoring partnerships.  
The model prioritises predictable annual revenue, high margins, and low variable costs due to Clerky’s multi-provider AI cost optimization.

## Financials – Early Projections and Market Potential

UK CDSS market value (2025): approx. £500 million, growing at 9–10% CAGR. Global market projected at $3.9 billion by 2030[[7]](#footnote-7).

The NHS digital transformation agenda prioritises AI that improves safety and productivity, aligning directly with Clerky’s value proposition[[8]](#footnote-8).

Revenue projections:  
• Year 1: 5–10 sites → ~£200k.  
• Year 2: 20+ sites → ~£1M.  
• Year 3: 50+ sites → £2–3M ARR.

Funding requirements:  
• Short-term: £250k SEIS/EIS round for development and pilot execution.  
• Medium-term: £1M seed round to achieve UKCA certification and early NHS scaling.  
• Long-term: Series A (£3–5M) for national expansion and international adaptation.

## Risks & Mitigations

• AI accuracy and hallucination – mitigated via model cross-checking, limited output scope, and human-in-loop validation.  
• Data privacy – ensured through client-side anonymisation and DTAC & GDPR-compliant hosting.  
• Regulatory delay – mitigated by early MHRA consultation and ISO 13485 readiness.  
• Clinician adoption – addressed via co-design, NHS Clinical Entrepreneur Programme endorsement, and demonstrable time savings.  
• Financial runway – controlled through phased fundraising and lean cloud infrastructure.

1. “Of several factors that might improve awareness of and adherence to clinical practice guidelines, **access to relevant guidelines at the point of care (in EMR)** was most highly rated — **87 % of physicians** responding (45 % “agree” + 42 % “strongly agree”) selected that option.  
   🔗 > Qumseya, B. et al., *Barriers to Clinical Practice Guideline Implementation Among Physicians: A Physician Survey*, International Journal of General Medicine, 2019. [tandfonline.com](https://www.tandfonline.com/doi/full/10.2147/IJGM.S333501?utm_source=chatgpt.com) [↑](#footnote-ref-1)
2. NHS Digital, 2025 [↑](#footnote-ref-2)
3. BMA Wellbeing Survey, 2024 [↑](#footnote-ref-3)
4. https://njslaw.co.uk/blog/nhs-spends-double-the-amount-on-maternity-payouts [↑](#footnote-ref-4)
5. NHS Resolution, 2025 [↑](#footnote-ref-5)
6. https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report [↑](#footnote-ref-6)
7.  **Global Market Size**  
   The global *Clinical Decision Support Systems (CDSS)* market was valued at **USD 2.46 billion in 2025** and is projected to reach **USD 3.89 billion by 2030**, growing at a **compound annual growth rate (CAGR) of 9.6 %**.  
   🔗 [MarketsandMarkets – Clinical Decision Support Systems Market Report](https://www.marketsandmarkets.com/Market-Reports/clinical-decision-support-systems-market-18085342.html?utm_source=chatgpt.com)

    **UK Market Projection**  
   The UK *Clinical Decision Support Systems* market is expected to reach **USD 634.9 million by 2030**, with a **CAGR of around 10 % (2025–2030)**, reflecting strong adoption within NHS digital transformation programmes.  
   🔗 [Grand View Research – UK Clinical Decision Support Systems Market Outlook](https://www.grandviewresearch.com/horizon/outlook/clinical-decision-support-systems-market/uk?utm_source=chatgpt.com)

    **Alternative Global Estimate (Higher Forecast Range)**  
   Grand View Research also reports that the global CDSS market could reach **USD 10.71 billion by 2030**, up from **USD 5.79 billion in 2024**, at a **CAGR of 11.0 %**.  
   🔗 [Grand View Research – Global Clinical Decision Support Systems Market Analysis (2024–2030)](https://www.grandviewresearch.com/industry-analysis/clinical-decision-support-system-market?utm_source=chatgpt.com) [↑](#footnote-ref-7)
8. “Digital productivity means working smarter, not harder. Our Digital Productivity programme aims to accelerate the adoption of evidence-based digital tools to improve productivity across the NHS … and lower costs, reduce waste, and increase patient and staff satisfaction.” [NHS Transformation Directorate](https://transform.england.nhs.uk/key-tools-and-info/digital-productivity/?utm_source=chatgpt.com)

   Also, the NHS’s **Long Term Workforce Plan** explicitly states that **AI and technological innovations** will be instrumental in freeing up staff time and improving the efficiency of services. [digital-transformation.hee.nhs.uk](https://digital-transformation.hee.nhs.uk/news/nhs-long-term-workforce-plan-puts-digital-at-the-forefront?utm_source=chatgpt.com)

   And officially: the NHS has established the **NHS AI Lab** to accelerate “the safe adoption of artificial intelligence in health and care,” indicating institutional commitment to AI-enabled transformation. [NHS Transformation Directorate](https://transform.england.nhs.uk/ai-lab/?utm_source=chatgpt.com) [↑](#footnote-ref-8)