THE PRODUCT STORY · IN ONE PAGE

Clinic operating software for modern healthcare providers.

One workflow across sixteen clinic types. Where AI helps, it stays on admin work and never on a clinical decision. Read the product story below, or download the deck.

- AI-enabled where it helps: intake summarisation, document routing, follow-up reminders. Clinical decisions stay with the clinician.

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01 · THE STARTING POINT

Every clinic runs the same six steps.

Specialty changes the details. The shape is identical. If you don't recognise your clinic in this picture, we should stop here.

01
Intake
Patient sends a form.

02
Triage
Clinician reviews and decides.

03
Consult
The appointment, or the prescribe.

04
Documentation
The record, signed.

05
Follow-up
The next step, sent.

06
Audit
Prove it later, in one click.

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02 · THE PROBLEM

The breakage is always in the handoff.

Not in the steps. Clinicians know how to take a history, write a note and sign off a prescription. The breakage is in the seams between the tools.

Intake → triage

Forms come in over email, WhatsApp and paper. Nothing is searchable. The same patient is captured three different ways.

Consult → documentation

Notes get written at 9 pm. Sign-off is overnight. Some entries never get signed at all. The audit picks up the slack.

Documentation → audit

When the inspector asks, evidence lives in seven places. Pulling it together takes a week and four people.

> On average a UK private clinic runs the same patient through five separate tools. That's where the work hides.

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03 · THE ANSWER

One record. One workflow. One audit trail.

One record

The patient exists in one place, not seven. Intake, consult, prescribing, payments and follow-up all attach to the same record.

One workflow

The six steps move forward automatically. Evidence is captured along the way, not bolted on afterwards.

One audit

What was done, by whom, when, and why, exportable in a single click. The audit isn't a feature; it's the byproduct.

- AI-enabled where it helps: intake summarisation, document routing, follow-up reminders. Clinical decisions stay with the clinician.

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04 · COVERAGE

Sixteen specialties. One operating model.

Each specialty has its own intake, its own regulatory cards, its own follow-up cadence. The workflow underneath is the same, which is why improvements ship to every clinic at once.

- Weight-loss clinics
- Private GP services
- Online prescribing teams
- Pharmacy-led services

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05 · END TO END

From intake to follow-up, on one record.

A new patient, end to end, in five moves. Nothing leaves the platform between steps.

01 **Patient submits intake**

Structured form on clineso.com, filed straight onto the patient record. A clinician reviews it before anything is actioned.

02 **Clinician reviews**

Queue view, one-click expand. Sign-off is audit-stamped against the registered clinician.

03 **Consult / decision**

Documentation happens in-session, not at 9 pm. A pre-filled template with free text for the clinical detail, signed before the patient leaves.

04 **Outcome captured**

Prescription, plan, referral or discharge, whatever fits the clinic. Captured against the same record, with payment optional.

05 **Follow-up sent**

Sent at the cadence the specialty needs. The patient sees their plan, and the reminder is logged against the record.

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06 · WHAT'S IN THE BOX

Twelve modules. Four outcomes.

Not a feature list, a job list. Pick a column; that's a job your clinic does today.

Get the patient in

Intake forms

Triage queue

Routing

Run the consultation

Clinical review

Consultations

Notes & signoff

Close the loop

Prescriptions

Follow-ups

Outcomes

Run the clinic

Documents

Payments

Audit & reporting

> Every module shares the same patient record. There is no integration step; they are the same product.

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07 · AI SCOPE

AI-enabled where it helps. Clinical judgement where it matters.

Four bounded jobs. Not a thirteenth doctor. This is the slide that decides whether you trust us with patient data.

AI does this

+ Summarise intake into structured SOAP
+ Route documents to the correct queue
+ Draft follow-up reminders at the right cadence
+ Prioritise the review queue

AI does not do this

– Make clinical recommendations
– Triage patient risk
– Prescribe, dose, or counsel
– Be presented to the patient as a clinician

- AI-enabled where it helps: intake summarisation, document routing, follow-up reminders. Clinical decisions stay with the clinician.

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08 · TRUST POSTURE

Built for the inspections that matter.

Designed against CQC, GPhC, GMC and ICO requirements before a single feature shipped.

CQC-ready

Single record per patient, signed entries, append-only audit trail per clinician, per day, per outcome.

MHRA-aware

We do not classify as a medical device, and that’s deliberate. We route work; we do not advise.

GDPR-by-design

UK data residency (Supabase eu-west-2). Sub-processor register acknowledged per clinic. No patient data in AI training.

GPhC / GMC respect

Prescribing controlled by the clinician within their own registration. Evidence captured per record, per signed entry.

> Sub-processors and the controls register live at clineso.com/security. Nothing on this slide is an aspiration.

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09 · OUTCOME STORY

Fewer tools. Fewer dropped handoffs. Cleaner audit.

What an operator notices in the first thirty days. We don’t promise clinical outcomes; we change the operational substrate they sit on.

BEFORE

Intake in three places (form, email, WhatsApp)

AFTER

Intake in one place, structured against the record.

BEFORE

Notes signed overnight, or not at all

AFTER

Notes signed in-session, evidence per entry.

BEFORE

Audit takes a week and four people

AFTER

Audit takes a click.

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10 · PRICING

Three tiers. No surprises.

Clear published prices, and no call-for-a-quote.

Clinic Essentials

£299 / month

1 to 3 prescribers · unlimited patients

- All core modules
- Email support
- Standard audit export

RECOMMENDED

Clinic Operations

£749 / month

4 to 10 prescribers · unlimited patients

- Everything in Essentials
- Payments + Documents + Audit reports
- Priority support

Clinic Group

£1,795 / month

11+ prescribers · unlimited patients

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> Full 30-row comparison and add-ons at clineso.com/pricing.

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11 · GETTING STARTED

Pilot in two weeks. Live in six.

We do this with you, not to you. Six weeks is a commitment, not a target.

01

Week 1 · Discovery

Map your current six steps. Identify the three breakage moments. Agree the pilot scope on paper.

02

Week 2 · Pilot configuration

Intake form, queue rules, prescribing template and audit export configured for your specialty.

03

Weeks 3 to 4 · Pilot live

Real patients, supervised. A daily stand-up. A weekly recap. Adjustments to the configuration in flight.

04

Weeks 5 to 6 · Roll out

Remaining clinicians onboarded. The pilot becomes your standing operating model.

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12 · WHO'S BEHIND IT

Operator-founded. Portfolio-backed.

Clineso sits inside Rajoka, a Birmingham-based group of eight operating companies. It is not a VC-backed startup chasing a milestone.

About Rajoka

- Birmingham-based founder-operator group
- Clinical, retail, software and services businesses
- Each operating company runs independently with its own P&L
- Shared services: capital allocation, governance, hiring

Why this matters for you

- No outside investors pushing premature scale
- The roadmap is ours, so you're not a beta test for someone else's KPI
- We sit alongside other Rajoka clinical operations
- We feel the problem we're solving every day

> More on the portfolio at rajoka.com.

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13 · WHAT NEXT

Thirty minutes. One pilot scope. One decision.

What we'd like you to say yes to today.

01 **A thirty-minute deep dive.** Your six steps, your three breakages, our configuration.

02 **A pilot scope on paper,** within five business days of the deep dive.

03 **A decision:** pilot, defer, or pass. We respect all three.

Book the deep dive. We'll send the pilot scope on paper within five working days.

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