PCN AND PRACTICE EVALUATION PACK · A SUPPLIER INTRODUCTION FOR FORWARDING

Clinical work, completed.

Reedley is a clinical workstation being built for GP practice teams: one place where letters, results, medicines, monitoring and questions about a patient become work that is owned, evidenced and finished — with a named person making every clinical decision.

Documents are how Reedley enters a practice. The workspace around the patient is what the practice keeps using.

SUPPLIER	FOUNDER	CONTACT
Reedley Clinical Systems Ltd (in formation — not yet incorporated)	**Salim Miah MPharm**	**info@reedleyclinical.co.uk**

Current status: in development · tested on synthetic data only · no practice uses it yet · no integration with EMIS Web or SystmOne claimed

No GP practice uses it. No real patient data has been processed. No integration with EMIS Web, EMIS-X or SystmOne exists or is claimed. No Clinical Safety Officer has been appointed, so none has reviewed the draft hazard log, and no medical-device assessment has been made.

The eight modules

My Day
The work that is yours, with why

Core platform · intended launch scope

Patient Context
What you need before you open the record

Core platform · intended launch scope

Documents
Letters and results, read with you

Core platform · intended launch scope

Medicines
Reconciliation, status, conflicts and requests

Core platform · intended launch scope

Results & Monitoring
Read once received, linked to why; designed to stay open until reviewed (the build closes on receipt)

Core platform · intended launch scope

Ask Reedley
Answers from the record, and says when it cannot

Core platform · intended launch scope

Clinical Action Engine
One lifecycle, one owner, verification from evidence

Core platform · intended launch scope

Operations
Is work being finished?

Core platform · intended launch scope

None of the 30 tracked capabilities has passed every launch-readiness gate (5 October 2026).

In this pack 1 Proposition, supplier and modules · 2 Intended users and illustrative interfaces · 3 Workflow examples and human oversight · 4–8 Current maturity · 8 Integration limitations · 9 Current assurance status and what must exist before any real patient data · 10 Prospective pilot structure and contact

Intended users

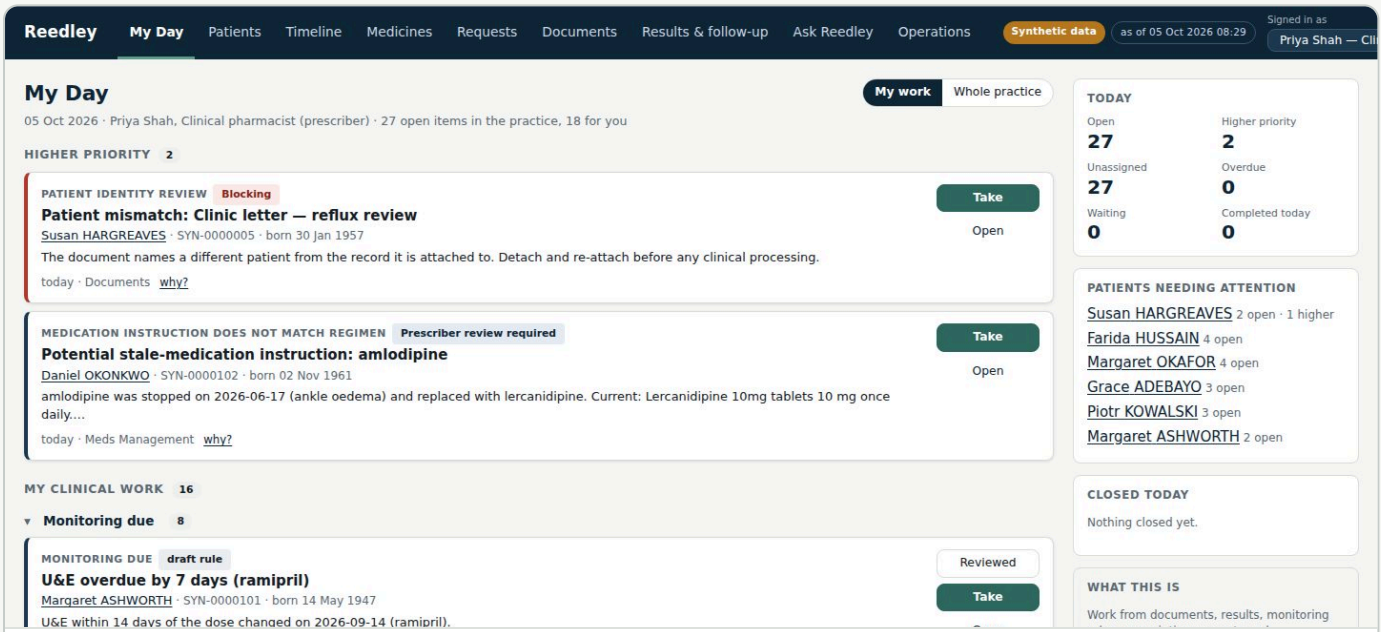
- **Clinical pharmacists** — correspondence with medication changes, reconciliation, request preparation, monitoring
- **GP partners and clinical leads** — oversight, governance and evidence that work is finished
- **Practice managers** — one worklist, owners, due dates and visibility
- **Primary care networks** — consistent workflows across practices, with the practice as the data boundary

How it is designed to work

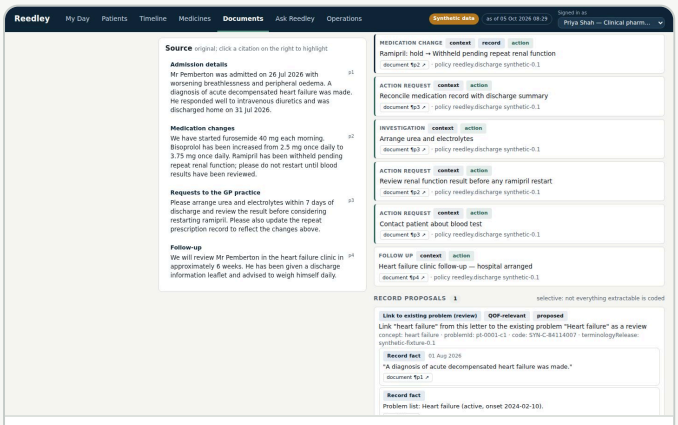
1. **Identify** work from documents, results, rules and requests
2. **Explain** it with the cited source and the record beside it
3. **Act** a named person accepts, edits or rejects each proposal
4. **Verify** designed to check the source of truth, not a ticked box
5. **Complete** or record why it could not be done

Illustrative interfaces

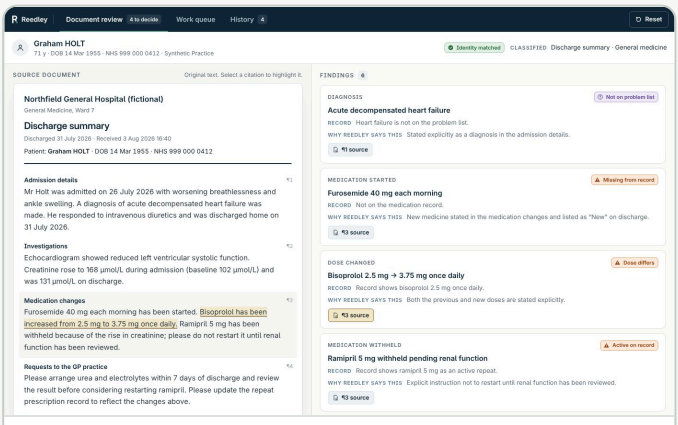
Three views from the current build and the interactive demonstration. Every patient, document and result in them is synthetic. None shows a live system or a real practice.



The My Day worklist in the current build. Synthetic data, 5 October 2026.



Single-pass document review in the current build. Synthetic data, 5 October 2026.



Document review in the interactive demonstration. Synthetic data; not a live system; not clinical rules.

Workflow examples

The three synthetic scenarios in the interactive demonstration at reedleyclinical.co.uk/demo, each with what it is designed to show. The outputs are pre-written and deterministic; no AI model runs in the demonstration.

DISCHARGE SUMMARY

Hospital discharge summary

Three medication changes, two requests to the practice and a hospital-arranged follow-up, after an admission with heart failure.

- Every finding links to the exact passage it came from.
- The medication record is compared, not changed.
- Each proposal needs a named person to accept, edit or reject it.
- A booked blood test is not a result, and a received result is not a reviewed one: the item is designed to stay open until the review is recorded (the development build closes it on receipt).

PATHOLOGY REPORT

Laboratory result

A received blood panel for a patient on methotrexate. It evidences an open monitoring item and carries a laboratory flag for clinician review.

- A received result can prove that open monitoring work happened.
- A received result is not a reviewed result: monitoring is designed to close only after the flagged value has a recorded clinician review (the development build closes it on receipt).
- Laboratory flags are shown as reported; Reedley does not interpret results.
- Review rules are designed to be named, versioned and owned by a named clinician. Today they are unsigned drafts with no named owner; this one is marked draft.

OUTPATIENT CLINIC LETTER

Specialist clinic letter

A cardiology outpatient letter with a clear dose instruction, a test request, conditional advice and a discharge back to the practice.

- Clear instructions become proposals with an owner.
- Conditional wording is flagged for a clinician to review and is never treated as an instruction.
- Dependencies are explicit: the blood test follows the dose change.
- A booking is not attendance: the review stays open until the record shows it took place.

Human oversight, by design

Reedley is designed to

- Read correspondence and results with the reviewer, citing the exact passage for every finding
- Compare what a document says with what the record shows, and say where they differ
- Propose work, coding and record updates for a named person to accept, edit or reject
- Route work to the right person with a due date and the reason it exists
- Look for evidence that work actually happened before treating it as complete
- Keep an append-only history of who decided what, when, and on what evidence

Reedley does not

- Prescribe, or add, stop or change a medicine in the clinical record
- Diagnose, or interpret what a result means for a patient
- File, code or send anything without a person’s decision
- Treat conditional wording such as “consider” as an instruction
- Verify work on a tick. A person’s report moves an item to actioned; verification comes from the record where Reedley can read it; where it cannot, a named person’s structured statement is accepted today, and that rule is under review.
- Replace the clinical system, which remains the record

Current maturity (1 of 5)

Every capability with its status as at 14 November 2026. The tier says what Reedley intends for each module; the status says what exists. **Built · synthetic data** means domain logic with automated tests in the current build, on synthetic data only; its screens are not tested, and part of it is on a branch not yet merged. No capability is launch-ready and no clinician has used the build. None of the 30 tracked capabilities has passed every launch-readiness gate (5 October 2026). The platform pages use three public states for the same facts: “Built · synthetic data” and “Needs clinical sign-off” are in the development build (synthetic data; draft rules unsigned), “In development” is partly built, and every other status here is not built. An illustrative demonstration can show parts that are not built.

AREA AND CAPABILITY	WHAT IT DOES	STATUS
My Day Core platform · intended launch scope	**The work that is yours, with why**	● Built · synthetic data
Role-aware worklist	A clinical pharmacist, a GP and a medical secretary each see their own queue from one engine, with higher-priority work first and clinical detail withheld where the role has no scope for it. Before real use: In-memory in the browser; no clinician has used it.	● Built · synthetic data
Grouping without losing state	Related work is shown together — one clinical review, several items — while each item keeps its own lifecycle state.	● Built · synthetic data
“Why?” on every item	The rule or source and the derived evidence behind an item, with every source openable.	● Built · synthetic data
Six-state lifecycle with evidence	Identified, reviewed, assigned, actioned, verified, closed. A person’s report moves an item to actioned; verification comes from the record where Reedley can read it; where it cannot, a named person’s structured statement is accepted today, and that rule is under review.	● Built · synthetic data
Review policy floors	Each kind of work has a minimum review level that practice settings cannot lower, enforced by Reedley’s screens only: the development build has no authenticated user, and one re-test recorded a person closing an unreviewed item. Before real use: Floors need Clinical Safety Officer sign-off; enforcement outside the screens is not built.	○ Needs clinical sign-off
Role-based access within the practice	Each role sees what it needs; every access attempt is recorded. On the branch awaiting review (since 14 November), a GP, pharmacist or nurse sees safeguarding-classified content with a flag and an audited view by default; non-clinical roles need an explicit grant, and a practice can withhold it from clinicians only by recording a rationale. Not reviewed by a Clinical Safety Officer, safeguarding lead or information-governance lead. Before real use: Enforced by Reedley’s screens only; the development build has no authenticated user. Information governance review of the model is outstanding.	● Built · synthetic data

Current maturity (2 of 5)

AREA AND CAPABILITY	WHAT IT DOES	STATUS
Patient Context Core platform · intended launch scope	**What you need before you open the record**	● Built · synthetic data
Purpose-led overview	General, medication review, acute or diabetes review: the same record, prioritised for the question in hand, with every line openable to its source. Before real use: Prioritisation weights are hand-set; no real-record evaluation.	● Built · synthetic data
What Changed	Changes grouped by date and source since your last review when Reedley has one, otherwise since an explicit window. Before real use: "Last review" is derived from Reedley's own events and simulated encounters only.	● Built · synthetic data
Meaningful timeline	Record, derived-episode and work events on one timeline, each labelled with its origin, filtered by category. Before real use: Derived episodes are lexical hints, labelled Reedley-derived and not clinically reviewed.	● Built · synthetic data
Freshness and coverage	Snapshot time, source and "N of M events shown" on every view; Reedley's screens refuse action on an out-of-date view until it is recalculated.	● Built · synthetic data
Documents Core platform · intended launch scope	**Letters and results, read with you**	● Built · synthetic data
Identity check before anything else	Matches the document to the patient on weighted evidence and blocks review until a person confirms a mismatch. Before real use: No national or clinical-system identity route; synthetic candidates only.	● Built · synthetic data
Single-pass document review	Classification, findings with citations, what is new, related correspondence and a summary, in one view. Before real use: Extraction accuracy is not established: one model run, on synthetic development documents only.	● Built · synthetic data
Source-linked findings	Every statement links to the passage it came from, quoted verbatim.	● Built · synthetic data
Related correspondence	Shows related letters and what is new in each; a long-term condition alone does not make one episode. Before real use: Lexical rules only; precision unmeasured.	● Built · synthetic data
Proposals, not actions	Coding and record-update proposals that a named person accepts, rejects with a reason, or edits. Before real use: Synthetic prototype: synthetic terminology only; no route to write coded entries.	● Built · synthetic data
Sensitivity and visibility review	Flags sensitive content for a capable person to decide; never changes a visibility flag itself.	● Built · synthetic data
Integrity checks and processing restrictions	Integrity checks at intake; a document under a processing restriction is returned by hand with nothing extracted.	● Built · synthetic data
Live document intake	Receiving documents from the practice's real inbound routes. Before real use: Needs an approved route (for example MESH redirect or a supplier interface).	○ Needs supplier approval

Current maturity (3 of 5)

AREA AND CAPABILITY	WHAT IT DOES	STATUS
Medicines Core platform · intended launch scope	**Reconciliation, status, conflicts and requests**	◐ In development
Instruction comparison	A classifier in the development build's domain code compares each instruction in a letter with the current regimen, on synthetic data. It has no screen of its own. Before real use: No screen of its own; dm+d and real-letter evaluation outstanding.	● Built · synthetic data
Medication reconciliation workspace	Side-by-side review of a letter against the record, a decision on each line, an action list and a handover. Shown on the capability page as an illustrative demonstration of intended workflow. Before real use: Not built; it depends on a decision about how a clinician's account of an action is recorded.	◌ Planned
Medication status	Collates the record entries about an inactive medicine under a status label such as temporarily held, intentionally stopped, acute issues lapsed or reason not established, quoting the entries behind it. The prescriber decides. Before real use: The medication timeline is populated from a synthetic adapter; stops without a recorded reason stay invisible.	● Built · synthetic data
Restart context	Shows what happened before a medicine stopped and what has happened since, for a prescriber to decide.	● Built · synthetic data
Instruction conflicts shown for review	Collates, for a prescriber's review, an instruction in a letter that does not match what has happened since, with the possible explanations listed without choosing one and a clarification request drafted for a clinician to send or discard. Before real use: Synthetic prototype: synthetic letters and records only. Whether this description falls within medical-device regulation has not been assessed.	● Built · synthetic data
Prescription request triage	A synthetic prototype that sorts the morning's requests for a prescriber's review by the type of finding each carries — specialist instruction conflict, inactive medicine requested, dose discrepancy, ambiguous status, monitoring constraint, recent specialist change — or none found by the listed checks. Every request still goes to a prescriber. Before real use: Synthetic prototype: the intake is synthetic and the sorting rules are unsigned drafts; no route to the practice's real request queue. Whether these descriptions fall within medical-device regulation has not been assessed.	○ Needs clinical sign-off
Prescription brief	Each request with the current state, the previous stop, later entries, recent changes, the latest relevant result, monitoring and specialist instructions, and the checks performed. It never labels a request "safe". Before real use: Synthetic prototype awaiting clinical sign-off.	○ Needs clinical sign-off
Writing to the medication record	Adding, stopping or changing medicines in the clinical system. Before real use: Deliberately not built. Any future write would need supplier approval, Clinical Safety Officer sign-off and a medical-device determination.	Withheld by design · not built

Current maturity (4 of 5)

AREA AND CAPABILITY	WHAT IT DOES	STATUS
Results & Monitoring Core platform · intended launch scope	**Read once received, linked to why; designed to stay open until reviewed (the build closes on receipt)**	○ Needs clinical sign-off
Results read from the record	A result is read once it has been received in the record (Reedley is not an inbound pathology receiver), shown as the laboratory reported it, with the laboratory flag as the only urgency.	● Built · synthetic data
Results in context	Shows a result with why it was requested, which monitoring requirements it satisfies and which open work it verifies. Reedley does not interpret results.	● Built · synthetic data
Monitoring due and overdue	Work items for medicines that need blood tests, from a versioned rule table. Before real use: Draft rule table with no clinical owner; to be signed off before use.	○ Needs clinical sign-off
Follow-up loops	Monitoring, referral, recall and specialist follow-up loops projected from work and the record, with any stalled or skipped step stated. Before real use: Synthetic prototype: booking and communication verification are not simulated; a loop closes only on the outcome observed in the record.	○ Needs clinical sign-off
Freshness of derived information	Every derived output carries the record snapshot it came from and is marked out of date when the record changes; Reedley's screens block action on it until it is recalculated.	● Built · synthetic data
Recall creation and invitations	Creating recalls and inviting patients through the practice's own tools.	◌ Planned
Automatic verification from live systems	Confirming work happened from the clinical record, e-RS, pathology or booking systems.	○ Needs supplier approval
Ask Reedley Core platform · intended launch scope	**Answers from the record, and says when it cannot**	● Built · synthetic data
Cited answers	Every line of an answer carries the record fact and the document paragraph it came from; duplicate letters inside one episode count once. Before real use: Accuracy not measured: no real-record testing exists.	● Built · synthetic data
Answerability gate	"Reedley cannot answer this reliably from the records currently available" when coverage is insufficient; absence of evidence is never shown as proof of absence.	● Built · synthetic data
Advice boundary	A question that asks what to do is answered with the patient-specific evidence and a plain statement that Reedley does not give treatment advice.	● Built · synthetic data
Coverage in words	What was searched, how many records, which sources are unavailable, and from which date — never a percentage.	● Built · synthetic data
Historical answers	An answer produced before the record changed is marked historical and superseded; asking again produces a current one.	● Built · synthetic data
Model-assisted planner	In the current build no language model is consulted; a model-assisted planner, if added, would return the same auditable plan. Before real use: Any model use needs its own evaluation and governance before it is switched on.	◌ Planned

Current maturity (5 of 5)

AREA AND CAPABILITY	WHAT IT DOES	STATUS
Clinical Action Engine Core platform · intended launch scope	**One lifecycle, one owner, verification from evidence**	● Built · synthetic data
Frozen lifecycle	Identified → reviewed → assigned → actioned → verified → closed, the same six words in the database, the interface and the audit trail.	● Built · synthetic data
Verification from evidence	A person's report moves an item to actioned; verification comes from the record where Reedley can read it; where it cannot, a named person's structured statement is accepted today, and that rule is under review. Before real use: Source checks are simulated until approved access exists.	● Built · synthetic data
Review policy packs	Versioned packs with authority levels and floors per work kind; the "why?" on every item comes from them. Before real use: No pack has a named owner; floors need CSO sign-off.	○ Needs clinical sign-off
Work repository	An append-only history of every decision with its evidence, in the development server store; the browser build keeps history in memory only, and it is lost on reload. Before real use: Development storage only; a production store is planned and not built.	● Built · synthetic data
Operations Core platform · intended launch scope	**Is work being finished?**	⊂ In development
Operations view	Run log, lifecycle metrics, quality signals, freshness summary and the platform-status table with honest labels. Before real use: Reporting beyond one screen is not built.	⊂ In development
Versioned practice configuration	Teams, routing, capabilities and policy packs with author, time, previous and new values; a change that would lower a Reedley floor is recorded as refused, with the reason. Before real use: Synthetic prototype: the editor is a test harness; no onboarding flow.	● Built · synthetic data
Completion and not-required rates	Completion rate counts verified outcomes; the not-required rate is reported separately as a precision signal. Before real use: Synthetic prototype: simulated rows on synthetic data only.	● Built · synthetic data
Time-released evidence	A defensible method for measuring time released in real practices. Before real use: Needs pilot data. No time-saving figure is claimed.	◌ Planned
QOF and contract intelligence	Indicator trajectories and the work that would close gaps.	◌ Planned

Integration limitations

Reedley is designed for UK primary care, including workflows around EMIS Web and SystmOne. No integration with either exists or is claimed today. We will move up this ladder publicly, one evidenced step at a time.

Designed for
WHERE REEDLEY IS
Reedley is designed around workflows in EMIS Web and SystmOne practices, using a simulated clinical system in development.

Enquiry made
NEXT STEP
Formal enquiries to the relevant supplier and national programmes. Not yet made.

Access granted for testing
LATER
For example, initiation of IM1 pairing with access to a mock or test environment.

Assured
LATER
Assurance completed for a defined scope, such as IM1 "Recommended to Connect".

Live with a practice
LATER
Running for a practice under a governed pilot, for the assured scope only.

Until the ladder moves, nothing is written to any clinical record, and "source checks" in the demonstration are simulated to show how verification is meant to work once approved access exists.

Current assurance status

The public assurance register as at 14 November 2026. No dates are committed. The full register, with what happens next for each row, is at reedleyclinical.co.uk/trust/assurance.

STANDARD	STATUS	TODAY
DCB0129 Clinical safety	**In progress**	An engineering draft of the hazard log and a safety-case outline exist alongside the build. Severities are provisional. No Clinical Safety Officer has been appointed, so none has reviewed them, and they are not a safety case.
DCB0160 Clinical safety	**Not applicable**	DCB0160 is completed by the organisation deploying a system, such as a GP practice. It is not Reedley's standard to complete, but Reedley will provide the information a practice needs for its own assessment.
Medical device qualification (MHRA, UK MDR 2002) Regulation	**Not yet assessed**	Reedley has not determined whether any part of the product is a medical device. The founder has recorded a working hypothesis per feature; features that shape prescribing decisions may fall within scope. No specialist has reviewed that hypothesis.
DTAC Procurement	**Planned**	Not started. DTAC covers clinical safety, data protection, technical security, interoperability, and usability and accessibility, so it depends on the items above.
DSPT Information governance	**Planned**	Not started. Reedley does not currently process any NHS patient data.
ICO registration and supplier DPIA (UK GDPR) Data protection	**Planned**	No patient data is processed today. The website collects business contact details only, as described in the privacy notice. Registration with the Information Commissioner's Office (the data protection fee) is not yet in place, and no form is switched on until it is: by the founder as data controller until the company is incorporated, then by the company.
Cyber Essentials and Cyber Essentials Plus Security	**Planned**	Not yet certified.
Independent penetration test Security	**Planned**	Not commissioned. During development the website has had automated security checks run by the build and code reviews by AI review agents. No person has carried out a security test and none of it is independent, so it does not replace an independent test.
Clinical-system integration (for example IM1 pairing) Integration	**Not yet assessed**	No integration with EMIS Web, EMIS-X or SystmOne exists or is claimed. The build runs against a simulated clinical system. Integration routes have been researched; no application has been made.
WCAG 2.2 level AA (this website) Accessibility	**In progress**	This website has WCAG 2.2 AA as its target and was checked during development with automated tests run by the build, including scripted keyboard checks, and by AI review agents. No person has audited it, and it has not had an independent audit.
Real-world evaluation with practices Clinical evaluation	**Planned**	No clinician has used Reedley yet. A walkthrough pack for synthetic-data sessions and a pilot protocol are drafted. One model-in-the-loop run on synthetic development documents exists; the locked holdout has not been sent to a model.

Before any real patient data

None of the following is in place today. All of them must be, for the scope concerned, before Reedley processes any real patient data, including in a pilot:

- A clinical safety case report for the pilot scope, approved by a Clinical Safety Officer (DCB0129), and the practice's own DCB0160 assessment
- A written opinion from a regulatory specialist on whether any feature is a medical device (MHRA), and any registration or conformity assessment that requires
- Reedley Clinical Systems Ltd incorporated and registered with the Information Commissioner's Office
- A Data Security and Protection Toolkit submission at "Standards Met"
- A data protection impact assessment and a data processing agreement with each practice, covering data minimisation, retention and deletion
- Cyber Essentials Plus certification and an independent penetration test of the product
- UK hosting for clinical data, and a published list of sub-processors, including any AI model provider
- Encryption in transit and at rest, multi-factor authentication, separate environments with no real data outside production, and tested backup and restore
- An incident response plan with named roles and notification routes
- Professional indemnity, product liability and cyber insurance
- The relevant clinical-system supplier or national approvals (for example IM1) for any integration
- An agreed protocol with success measures and a way to stop at any time

Prospective pilot structure

Four stages, at your pace. Each stage is optional, and nothing moves to real data without the approvals described.

01 **A conversation**

An hour to understand your workflows, systems and pressures, and whether a pilot makes sense for you. No commitment.

02 **Synthetic walkthroughs**

Your team uses Reedley on synthetic patients and documents modelled on your real workflows, built without using any of your patients' records. No patient data is involved.

03 **Structured feedback**

Timed tasks and short interviews with pharmacists, GPs and administrative staff, reported honestly — including what did not work. Founder and independent results are reported separately.

04 **Governed evaluation**

Only if both sides agree, and only once everything in the "Before any real patient data" list is in place. None of it is in place today.

Who may be suitable

- GP practices in England using EMIS Web or SystmOne
- Primary care networks with shared clinical pharmacists
- Teams with a named clinical lead willing to give structured feedback
- Practices interested in correspondence, medicines and monitoring workflows

What to expect

- Eligibility and participation are subject to assessment and appropriate approvals
- We will not promise dates or capabilities that are not established
- No live clinical data is used without the approvals, safeguards and agreements above
- You can withdraw at any stage

Contact

Register interest in about a minute, or request an exploratory conversation. A conversation is not a pilot place and not an indication that Reedley is available; no practice uses it yet.

Register interest
reedleyclinical.co.uk/pilot

Request a conversation
reedleyclinical.co.uk/request-a-demo

Email
info@reedleyclinical.co.uk

Supplier: Reedley Clinical Systems Ltd (in formation — not yet incorporated); founder Salim Miah MPharm; contact info@reedleyclinical.co.uk. Company information: reedleyclinical.co.uk/legal/company.

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