

Year in Review 2025-2026

Reflections on a Year of Growth





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Directors' Note

When people ask me what Edge does, I usually say we are a specialist healthcare analytics, economics and data engineering consultancy. That we build models, dashboards, data pipelines, evaluations and economic cases. That we help organisations understand demand, capacity, outcomes and variation. By about this point, most people are nodding politely.

This is all true, but it increasingly feels like it misses the mark.

What has struck me most over the past year is that our work is often less about the numbers and the data themselves, and more about the people those numbers affect. Children whose needs are hidden inside adult datasets. People drawing on care and support, whose journeys cross services that do not always speak to one another. Veterans, young people, older adults, patients waiting for treatment, staff trying to keep services moving under pressure. Clients who can see something clearly themselves but find it hard to show anyone else. Our work may begin with data or an analytics need, but it rarely ends there.

AI has made this feel even more important. It comes up every day: with clients, with the team, and probably in more meetings than anyone would have expected. AI is already useful, though it has the unnerving habit of being most confident exactly when it is wrong. We are using it, testing it, adapting to it, learning where it can genuinely help, and taking clients along the same journey. There is still real uncertainty about how it will affect things in the long term, but what feels more certain is already in front of us: our team, the relationships within it, our clients and partners, and the people affected by the work we do.

The range of that work still surprises me. Our health economics on genomics, a genuinely exciting area, has taken us as far as New Zealand. Our data transformation and digital delivery work with the DHSC, Psychiatry UK and Proximie is a fast-growing area, where we are seeing how the new age of data and AI puts pressure on legacy systems and ways of working alike. Our productivity and performance work has supported NHS Online, the first new trust established in the NHS in three decades. There is a realisation in all of it: that the work is having a bigger and more profound impact than I could have imagined.

That is one of the things I am proudest of from the past year. Our projects are technical, and they need to be. Good analysis and robust methods matter, and so does understanding the economics, the operational reality, and the limitations of the data and the analysis. But the analysis, or the cleverness of the tool, is never the end in itself. The point is to help people make better decisions in systems where those decisions are difficult, constrained and carry real consequences.

This is also what I see in the growing Edge team. There is a lot of technical skill here. What makes the work good is the care people take alongside it: in understanding the problem properly, in building relationships, in noticing the detail, in asking whether the answer is actually useful, and in remembering who is ultimately affected by the work.

Looking back over the past year, that is the thread I keep coming back to. Edge may be known for analytics, economics, data and AI, but at its best the work is about attention and connection. Paying attention to what is hidden, what is changing, what is not working, and what might be possible with a clearer view, and making sure it is done in partnership. After all, there is no shortage of problems to fix in health and care, and in wider society. The tools will change, probably uncomfortably fast. But the need for careful thinking, trusted relationships and work that stays focused on people will remain.



George Batchelor
Director & Co-founder



Edward Bramley-Harker
Director & Co-founder



Christian Moroy
Director & Co-founder



Jonathan Bruce
Director

Key areas of impact in 2025 – 2026



Edge Health

Our impact and achievements

7

Cancer Indications



health economic evidence on the introduction of **ctDNA testing** across seven cancer pathways in the UK for the Genomic Network of Excellence

22

Primary Care Networks



supported with quality improvement and population health analytics

46

GP Practices

And 200 GP staff engaged for improvement recommendations for **early cancer diagnosis**



Demonstrated socioeconomic benefits of long-acting **injectable buprenorphine**, treatment for opioid use disorder



Across

10

Countries

HSJ award winners

of Data Integration Project of the Year and identified as a **UK leading management consultancy 2026** by the Financial Times



£4bn estimated

impact of extreme heat on the health system in 2050s high-heat scenario for the Climate Change Committee Well-Adapted Report

700

Registered users

across 180 providers using metrics displayed on the GIRFT SPaedIT dashboard curated for Paediatricians



50+ Benchmarking data packs

produced for Children's Hospital Alliance (CHA) over 4 Fiscal Quarters. These enable key stakeholders to make data-backed decisions



27,000+ individuals



receiving NHS continuing health care and joint-funded packages assessed for Department of Health and Social Care

Co-development of intelligent dashboard for **Proximie** for hospital administrators and clinical teams to improve planning

24%

increase in Operation Room (OR) productivity



Accredited with ISO27001, ISO9001 and Cyber Essentials+ certificate of assurance ensuring data is secure and protected

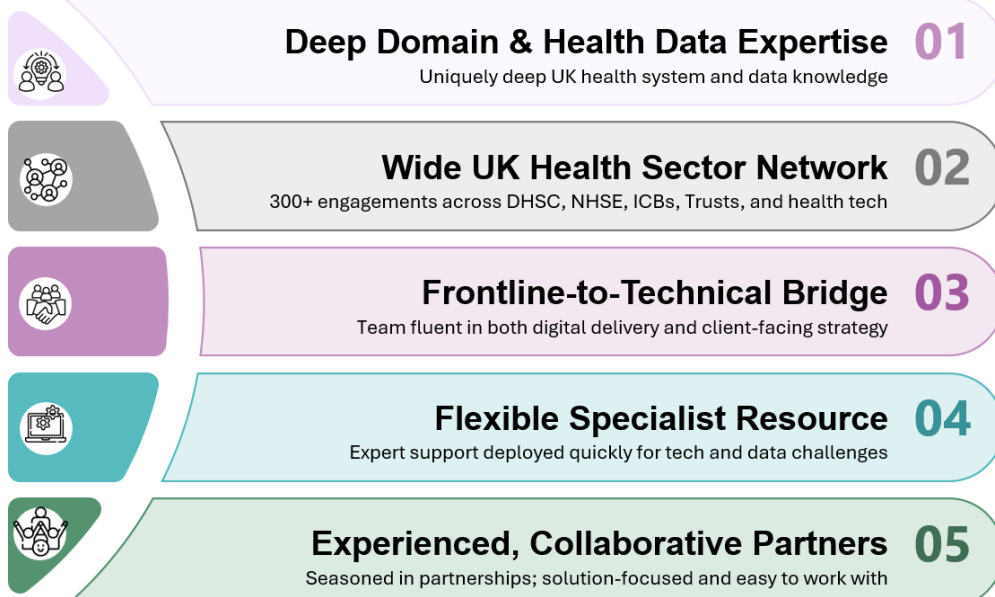
About Edge Health

Edge Health is an independent healthcare data analytics and consultancy firm established in 2017 to further the goals of the health system through robust, effective and impactful analytics. We bring together health economists, data scientists, analysts and engineers to help NHS organisations, government bodies, life sciences companies and health innovators make evidence-led decisions.

Our work covers:

- **Health economics** - Independent health economics for NHS, pharma and health innovators including cost-effectiveness, budget impact and business cases.
- **Productivity, performance and demand & capacity modelling** - Supporting front-line hospital teams, NHS organisations and policy makers to improve operational performance, reduce unwarranted variation and deliver better outcomes.
- **Advanced analytics and AI** - Bespoke data science, predictive modelling and advanced analytics that translate complex data into practical insight for clinical and operational decision-making.
- **Digital products and data transformation** - End-to-end data engineering and digital product development that turns raw health data into scalable, actionable solutions owned and used across the health sector.

We bring five distinctive strengths to a partnership





Section: Telling stories through data

Four core stories that surfaced across our work with data this year

Using paediatric health data for national advocacy in children's healthcare

Supporting transformation of health and social care through data

Using data to expand access, quality and delivery of care

Data driven equity for vulnerable communities

“Edge Health’s expertise in data was evident in day-to-day engagement and the quality of their deliverables. Edge Health were able to quickly grasp the core of an issue and translate our requirements into actionable steps for the team.”

Raj Malhi
Head of Strategy and Data,
Department of Health and
Social Care

“Edge Health brought deep analytical expertise and a collaborative approach to help us model the future of healthcare funding in Surrey Heartlands. Their work has given us a robust evidence base to rebalance investment, improve efficiency, and support a sustainable, high-quality, health system for our population.”

Jack Wagstaff
Executive Director of
Strategic Commissioning,
Surrey Heartlands ICB

“Partnering with Edge Health has been fantastic. I can strongly recommend working with Edge: they have integrated extremely well with our in-house team, brought unrivalled health data expertise based on their deep knowledge of the NHS and delivered above expectations.”

Paul Renshaw
Director of Product Solutions,
Proximie

“What was particularly valuable about Edge Health’s approach was that it helped clinical teams move from the broad promise of ctDNA testing to practical decisions about implementation. The health economic modelling showed where in each pathway testing could add the most benefit, helping us to focus on how to maximise value for patients and the NHS.”

Professor Michael Hubank
Circulating Biomarker Network
of Excellence

”

Using paediatric health data for national advocacy in children's healthcare

The distinct needs of Children and Young People (CYP) are often overlooked within a healthcare system that is optimised for adults. In the UK, a child's earliest years are the baseline for their lifelong health, wellbeing, and economic contribution. Yet all too often, the data infrastructure that records and reports their care is built on an adult template. Children are frequently treated in data collections as younger versions of the average adult patient, with their unique clinical pathways compressed into metrics that fail to capture their true experience. We specialise in navigating this complex paediatric landscape, separating children and young people out from adult-centric metrics to turn abstract data into national advocacy and frontline change.

The stresses that exist in paediatric services do not look like the stresses on adult services. Unique strains include the tightly bound relationship with the capacity of parents and carers, transition services and paediatric-specific issues such as vaccinations and school-readiness. To manage this safely, the system cannot rely on retrospective data; it needs an effective operational tool.

Our co-development of **GIRFT's SPaedIT (Summary Paediatric Indicator Table)** was designed to meet this need. By providing granular, national visibility across **180 NHS trusts**, SPaedIT allowed operational and clinical teams to identify opportunities for accelerating elective recovery through better use of the resources available to them.



Children and Young People (CYP) account for 24% of the population, but just 11% of NHS expenditure and 5% of research funding.

Case Study: Recovering Paediatric Elective Care at a National Scale (SPaedIT)

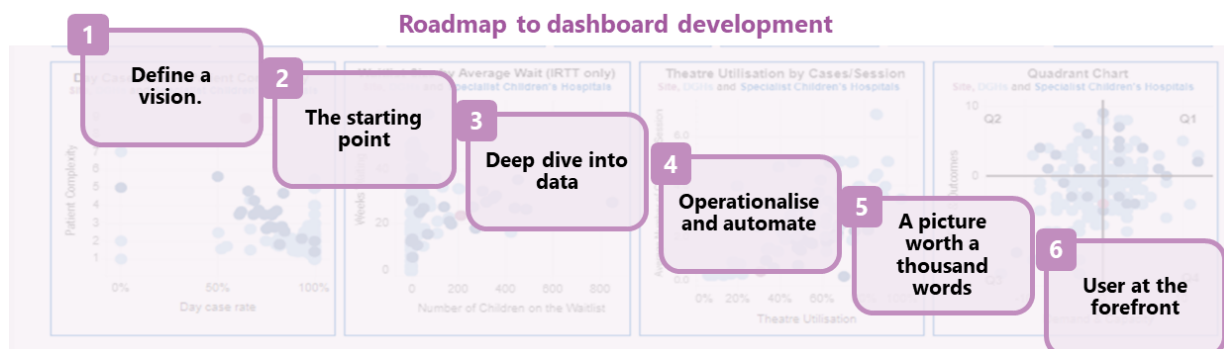
The Challenge: Post-pandemic, paediatric waiting lists were growing 60% faster than adult lists. Child-specific data was routinely excluded or buried within adult-centric reporting, leaving trusts unable to secure the dedicated theatre time needed to prevent lifelong developmental harm.

Key Analysis: Developed in partnership with GIRFT and NHSE CYP Transformation team, SPaedIT integrates monthly data **across 8 surgical specialties for 180 providers**, isolating paediatric performance from adult metrics for the first time. The resulting visibility enabled trusts to pinpoint under-utilised resource and launch targeted initiatives such as "Super Paeds Days," directly releasing capacity at the moments that matter most in a child's development.

Recognised as Data Integration Project of the Year at the 2025 HSJ Partnership Awards.



Roadmap to dashboard development



Getting the immediate operational response right is only half the battle. Equity for CYP healthcare requires shifting the national conversation through advocacy informed by a reliable and unified evidence base.

Our long-standing partnership with the **Children's Hospital Alliance (CHA)** acts as that strategic bridge. Representing **14 specialist children's hospitals** across England and Northern Ireland, the Alliance holds the collective key to understanding complex paediatric tertiary care. By leveraging collaborative benchmarking across these specialist sites, we have helped transform isolated institutional data into a powerful national voice.

Our collaborative approach with the CHA anchors national advocacy firmly in a data-driven reality. When the CHA speaks to policymakers, we provide the backing of standardised data that reflects the state of children's specialist healthcare across the UK, which is often hidden amongst dominant adult-focused data, particularly in all-age NHS Trusts.

Case Study: Driving National Excellence through Collaborative Benchmarking with the CHA

The Challenge: UK specialist children's hospitals lacked meaningful comparative data, with generic adult-focused reporting obscuring critical paediatric trends. Without a robust evidence base, leaders struggled to advocate for Children and Young People (CYP) services against competing organisational priorities.

Key Analysis: The first dedicated benchmarking programme across leading paediatric centres integrates complex patient-level activity with public data on catchments, bed utilisation, and workforce. We developed a proportional flow methodology to map true service populations, ensuring valid comparisons that account for health inequalities and deprivation. Member trusts have used these insights to secure board-level investment, including additional PICU beds and paediatric-only theatre allocations, while shaping national policy for more equitable children's care.



ROYAL
STATISTICAL
SOCIETY
DATA | EVIDENCE | DECISIONS

Highly Commended at
the 2025 Florence
Nightingale Award for
**Excellence in
Healthcare Analytics.**



Working with Prescribing Services Limited, the contracted data processor for NHS England's Complications from Excess Weight Pilot across 38 NHS Trusts, we helped surface data quality blind spots and generate timely insights to support national commissioning decisions

Case Study: Insight for Complications from Excess Weight Clinics (CEW)

The Challenge: With 1 in 4 UK children overweight or living with obesity by primary school, NHS England piloted specialist CEW clinics to address severe complications including Type 2 diabetes. A robust quantitative evidence base was needed to assess clinical effectiveness for long-term commissioning decisions.

Key Analysis: Moving beyond traditional body mass index measures, the analytical programme integrated biomarker data and quality of life measures to build a holistic view of patient progress, actively identifying data blind spots and variation across clinics. **Our approach transformed the data culture within clinic teams, driving baseline biomarker completeness from 23–52% up to 60–83% in just four months.** This evidence base now captures the full complexity of each child's journey, thereby supporting informed national decisions on the programme's future direction.

Ultimately, treating children's health within adult data models is an expensive mistake the NHS and wider systems of care can no longer afford to make. Our work with SPaedIT, the CHA, and CEW clinics, amongst other paediatric-focused projects, demonstrates what is possible when data is used to make the distinct needs of babies and CYP visible. It allows us to move from a reactive, fragmented support system towards one that protects the future. By equipping clinicians with frontline visibility and advocating with national evidence, we are helping our clients build a healthcare system that is designed around the child, rather than asking families to navigate a system built for someone else.

Supporting transformation of health and social care through data

Adult social care generates significant data across a wide range of organisations, from care providers and local authorities to national government systems. But for the people who need it most, that data has rarely been accessible in a form that supports strategic planning or a clear understanding of local need. The connections that matter, between population need, available provision, and local market conditions, go unseen. The result is a sector where decisions get made without sufficient evidence, and where access to insight varies significantly depending on an organisation's own analytical resource.

The challenge is not a shortage of data. Data on workforce, service use, outcomes, and local need is being collected across the system. But it sits across multiple organisations, in different formats, at varying levels of quality, and is rarely brought together in a way that is useful for the people making decisions on the ground. Co-production with **care providers and local authorities** is essential to solving this: only they can tell us which questions most need answering, and whether the answers we produce are genuinely useful.

Our work with the **Department of Health and Social Care (DHSC) on the Data Access Project** is changing that. Working in close partnership with care providers and local authorities to understand what they need to know, we are bringing together data from across government, applying the analytical rigour needed to make it trustworthy, and making it accessible to the people making decisions on the ground.

Case Study: DHSC Get Adult Social Care Data

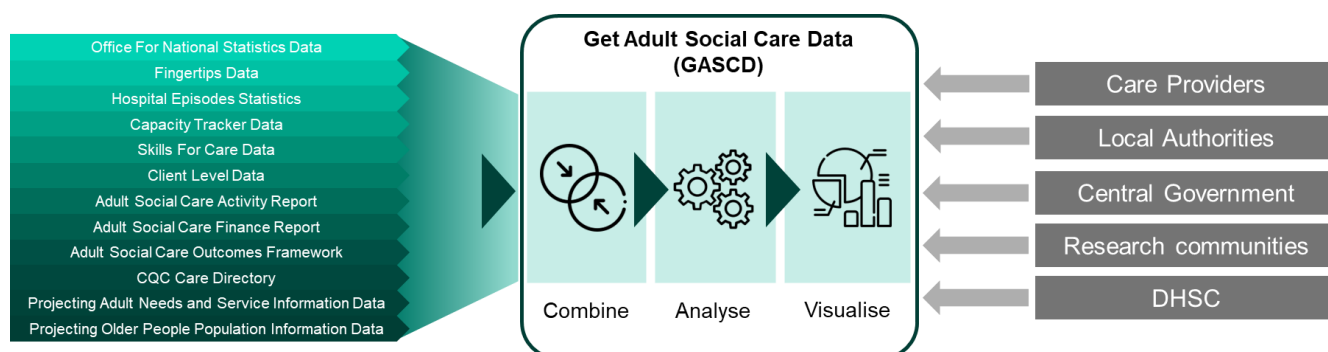
The Challenge: The adult social care sector is vital, but accessing and sharing crucial data remains a significant challenge. The current landscape, with data scattered across various providers and local authorities, creates fragmentation and makes it difficult to gain the insights needed to deliver the best possible care.

Key Analysis: We partnered with Made Tech to develop the **Get Adult Social Care Data (GASCD) platform** for DHSC, creating a centralised platform that makes existing adult social care data more accessible and useful for care providers, local authorities, and other key stakeholders. Built in line with Government Digital Service (GDS) standards, GASCD is now in Private Beta following a successful Alpha phase, being used by an invited group of local authorities and care providers, with ongoing user research ensuring the platform continues to be shaped by the people it is designed to support, laying the foundations for better outcomes for those drawing on care and support, and the staff providing it.

Case Study: Linking health and social care datasets

The Challenge: People drawing on care and support rarely interact with just one part of the system, however the data describing those journeys sits in different and disconnected datasets, held by different organisations. The result is a siloed view that leaves local authorities identifying need at the point of crisis, with little ability to plan proactively across services.

Key Analysis: We are supporting **DHSC on the Data Access Project** through an analytical workstream that links person-level data from Hospital Episode Statistics, the Emergency Care Data Set, and the Client Level Data collection to trace individuals' journeys across acute, emergency and social care. We are ensuring the model is shaped by operational reality, policy context and analytical rigour. The pilot is identifying individuals at elevated risk of requiring long-term adult social care based on their patterns of healthcare use, with seven distinct cohorts at elevated risk identified so far, enabling local authorities to spot rising-risk groups months in advance and take preventative action before need escalates.



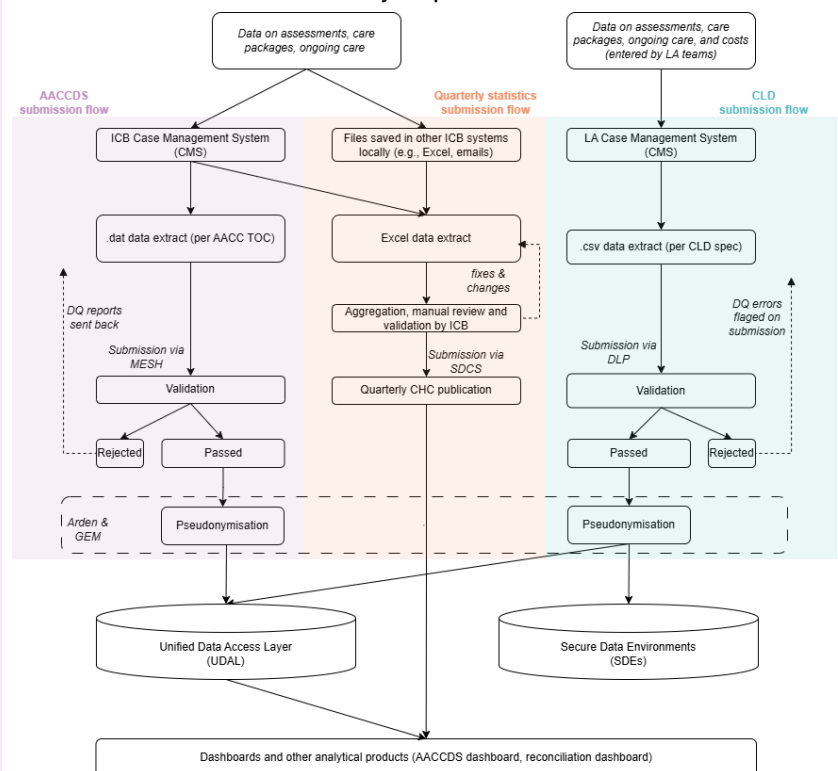
But access alone is only part of the challenge - the data itself has to be good enough to use. **NHS Continuing Healthcare (CHC) sits at the intersection of health and social care**, providing fully NHS-funded packages of care for individuals with the most complex ongoing health needs. The NHS is spending over £5 billion in 2024/25 on CHC, a figure growing at pace. Significant variation in eligibility and **care delivery** across regions persists, in part because the underlying data has never been complete enough to explain it.

Case Study: NHS CHC analytics and data landscape

The Challenge: Despite CHC's scale and growth, the data underpinning it remains incomplete and poorly suited to national oversight. The national CHC dataset captures only a partial picture of who is receiving care, at what cost, and why. Without more complete and reliable data, DHSC cannot evaluate whether CHC is delivering value, understand the root causes of significant variation in eligibility and expenditure across England, or make evidence-based policy decisions about a system growing at pace.

Key Analysis: We were commissioned by the DHSC to address this across two workstreams. To establish what a more complete picture of the standard and fast track CHC population could look like, we worked with six ICBs to obtain bespoke individual-level data, examining the demographics, clinical needs, and expenditure patterns of individuals receiving CHC. The analysis revealed a population spanning very different profiles and needs: fast-track CHC is dominated by older adults approaching end of life with short, lower-cost packages, while standard CHC serves a more mixed population, where learning disabilities is the largest cost driver. In parallel, we assessed the current CHC data landscape, engaging stakeholders across NHSE, DHSC, ICB teams, and case management system suppliers, and set out practical recommendations for improving data quality and submission practices, strengthening governance, and enabling linkage with wider health and social care datasets.

End-to-end CHC data flow mapping from source to national data collection and other analytical products.



Case Study: Sensor-based fall prevention and detection (SBFPD) in Care Homes

The Challenge: Falls are three times more common in care homes than in the community, often resulting in "long-lies" that cause severe injury or death. The **Digitising Social Care (DiSC) programme**, launched in 2022 by the DHSC and NHS England, aims to invest £150 million to help adult social care providers adopt digital innovations for safer, higher-quality care. A key focus is the adoption of SBFPD technologies.

Key Analysis: Our evaluation of SBFPD in Black Country ICB found that fall sensors reduced care home staff response times to falls to just two minutes. By identifying "hidden falls" that would have gone undetected between hourly checks, the Pyronix pilot delivered a positive return on investment, returning £1.19 for every £1 spent through reduced ambulance dispatches and ED admissions.

Across these projects, a consistent picture emerges. Adult social care generates substantial **data**, but it is **fragmented across organisations**, incomplete in places, and rarely structured in a way that supports good decision-making. The result is a system where commissioners plan without full evidence, variation goes unexplained, and need goes unidentified until it reaches crisis point.

Our response to that has taken different forms - building infrastructure to make **data accessible**, linking records across health and care to identify risk earlier, strengthening the underlying data so it can bear the weight of **national policy**, and demonstrating that acting on real-time insight pays back. In doing so, we are excited to be working on one of the most pressing challenges in public policy - improving the evidence base for adult social care and the services that surround it, so that the people who depend on them receive the support they need.

Using data to expand access, quality and delivery of care

Expanding access to healthcare is not only a question of resources. It is a question of whether the systems **delivering care are built to scale, perform, and respond**, and whether leaders have the evidence to make that happen. Too often, they do not. Capacity goes unmeasured, inefficiencies build up, and services grow faster than the infrastructure supporting them can. Again, the constraint is not a shortage of data. It is the weakness in turning that data into something decision-makers can act on. The projects below speak to what becomes possible when that changes.

For NHS England, the answer to a critical strategic question whether clinicians would supply hours to a new national digital service turned out to be a 'yes', and in greater numbers than projected. That finding did not just validate **NHS Online**; it gave national leaders an evidence-based foundation from which to design and scale a service with confidence.

Case Study: NHS Online

The Challenge: NHS Online represents a fundamental shift in how hospital care is delivered - a nationwide digital-first model designed to expand access and make better use of existing clinical capacity. But before it could be designed and scaled with confidence, a critical question had to be answered: would consultants and SAS doctors participate, and on what terms? Without a rigorous evidence base to understand workforce motivations and working preferences, national leaders risked designing a service around assumptions that did not reflect how clinicians wanted to work undermining both recruitment and the credibility of capacity projections from the outset.

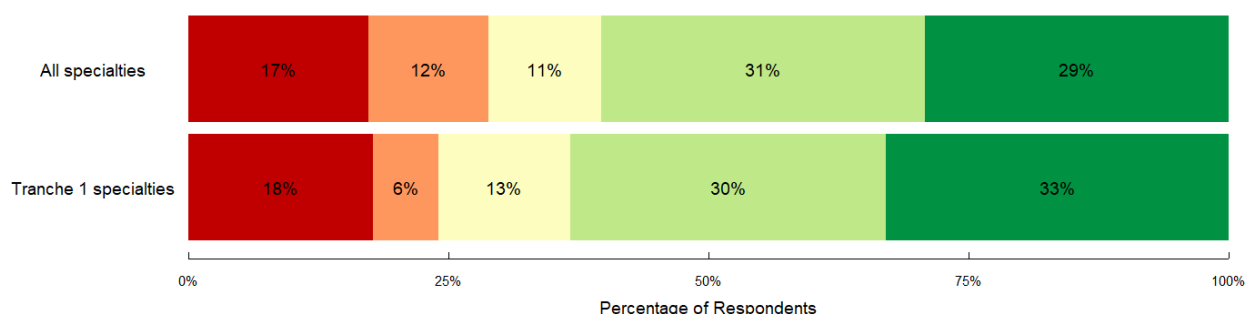
Key Analysis: We were commissioned by NHS England to provide that foundation. Through a nationwide quantitative survey of consultants and SAS doctors, combined with qualitative clinical focus groups, we modelled workforce supply against projected service demand examining preferences across contract type, task profile, and hours commitment. The findings exceeded initial projections: 60% of respondents expressed willingness to contribute, with a strong preference for casual contracts and flexible commitments of one to eight hours per week. By translating these **behavioural insights** into a **structured supply design**, we gave national leaders the quantitative grounding to design NHS Online around how clinicians want to work and to identify and address the structural barriers that would otherwise have constrained participation.



Interest in delivering care for the NHS online hospital

Responses to: 'I would be interested in delivering care for the NHS online hospital, alongside my substantive work (if applicable).'

Strongly Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Strongly Agree

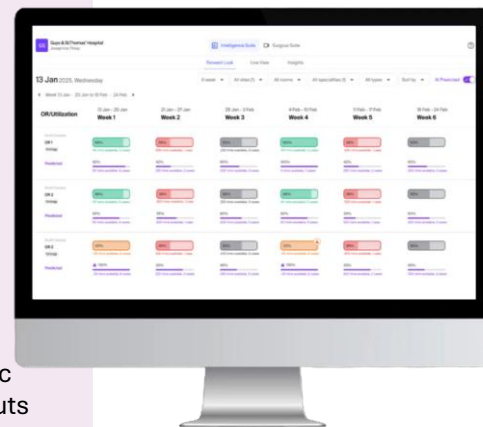


We have also collaborated with **Proximie**, a health tech company connecting operating rooms (OR) to healthcare professionals around the world. By making the operating room legible for the first time, it revealed that the **capacity** to perform hundreds more procedures each year was already there; it just had never been visible. Up to 300 additional procedures per OR per year were unlocked, not by adding **resource**, but by being able to see where it was being lost.

Case Study: Proximie

The Challenge: The operating room is one of the most resource-intensive environments in healthcare and one of the least understood. Modern ORs generate enormous volumes of intraoperative data, yet that information has historically been siloed, captured manually, or lost entirely. The result is that **operational inefficiencies** go undetected, surgical delays compound, and leaders lack the visibility to know where time and capacity are being lost. Proximie's Intelligence Suite set out to change that, building an ambient AI infrastructure layer for the OR, but translating multi-stream video and real-time inputs into reliable, scalable clinical insight required a rigorous analytical foundation to validate and accelerate its route to market.

Key Analysis: We partnered with Proximie to build that foundation. By integrating and standardising disparate data streams historical electronic health records, wide-field OR video, and real-time computer vision outputs we developed an analytical framework that automatically tracks surgical milestones, surfaces data anomalies, and identifies precisely where operational friction occurs during a procedure. Aggregated into structured dashboards, this intelligence gave hospital administrators and clinical teams a clear view of how inefficiencies compound across the surgical pathway. The impact was measurable: partner facilities achieved up to a **24% increase in OR productivity, unlocking up to 300 additional procedures per OR per year** - capacity that had always existed, but had never been visible.



We have also supported **Psychiatry UK (PUK)** by building a robust data foundation ahead of acquisition and regulatory inspection which demonstrated something more fundamental: that the quality of care being delivered was as strong as the organisation believed it to be, evidenced rigorously enough to satisfy both **investors and the CQC**.

Case Study: Psychiatry UK

The Challenge: Psychiatry UK is one of the UK's leading online mental health providers, delivering ADHD and autism assessments at scale through a single qualifying NHS contract. Rapid growth in demand, a high-stakes investment acquisition, and an imminent CQC inspection arrived in close succession. Each of these events required a level of data rigour that their existing infrastructure could not support. Siloed legacy systems and limited auditability meant that leadership lacked the evidence base to demonstrate performance with confidence, at precisely the moment when the stakes of doing so were highest.

Key Analysis: We partnered with Psychiatry UK's Data, Analytics and Reporting team to build the infrastructure that could meet that moment. Working closely with frontline clinical and operational teams to understand their workflows, we developed scalable ETL pipelines, integrated internal and external datasets, and implemented historical change tracking to ensure complete auditability of patient data across England. The result was a data foundation that gave leadership clear, evidenced visibility of contract and performance data and which was robust enough to support a successful acquisition and to demonstrate, under CQC scrutiny, that the quality of care being delivered was as strong as the organisation believed it to be. The inspection concluded with an official rating of Good.



Beyond these detailed case studies, our work to expand access continues through key partnerships. We have consolidated evidence on the introduction of ctDNA testing across seven cancer pathways in the UK for the Genomic Network of Excellence and collaborated with the Association of the British Pharmaceutical Industry (ABPI) to quantify the benefits of access to **genomic testing** for clinical trials, helping to broaden care access across the genomics industry. We have also partnered with NHS England on a pilot programme across 22 Primary Care Networks to deepen the utility of **primary care data**. Together, these initiatives reinforce a core message: the organisations best equipped to expand access are not always those with the most resources, but those with the clearest visibility into what they have and how it is performing.

Data driven equity for vulnerable communities

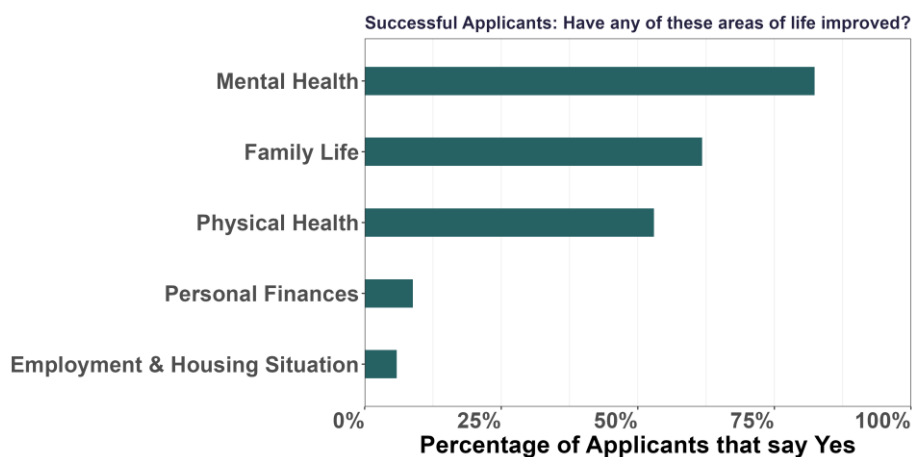
Care has always been organised around distinct populations. The challenge is what happens at the edges where individual need outpaces what the standard pathway was designed to handle. Those edges are often where gross inequalities exist. They are also where data and technology are starting to make a real difference by enabling care to be shaped around the person rather than the group they happen to belong to.

Veterans are one example. Their needs rarely map neatly onto a civilian pathway, and when the fit is poor, care drifts out of step with the person it is meant to serve. Our evaluation of the Veterans Mobility Fund (VMF) found that a simpler, targeted route to the right equipment improved life satisfaction and sense of purpose within six to twelve months. More than 500 applications pointed to substantial unmet need within a group the system tends to treat as uniform. When that nuance is missed, people end up in hospital for problems better support could have prevented – an outcome that is expensive, and rarely what anyone wanted.

Case Study: VMF evaluation

The Challenge: Veterans with service-related injuries face complex and fragmented pathways across NHS provision, charities, and self-funding when accessing specialised mobility equipment. This administrative burden delays care, increases stress, and can contribute to wider socio-economic issues such as isolation and unemployment.

Key Analysis: Evaluation of VMF shows it significantly reduces system friction by providing a streamlined access route to equipment. Longitudinal data and qualitative insights indicate meaningful improvements in wellbeing-particularly life satisfaction and sense of purpose-within six to twelve months. Strong demand (500+ applications) highlights both the scale of unmet need and the value of a simplified, targeted support model.



It is often assumed that tailoring care costs more. Increasingly, it costs less. The setting where care happens is just as important as getting the right treatment to the right people. Virtual wards have expanded quickly, and where conditions are right, they keep patients safely at home while freeing acute capacity for those that need to be seen inpatient. Our evaluation of Doccla's remote monitoring programme for high-risk patients found reductions in healthcare utilisation evidencing that data-led early intervention can hold complex cases in the community, at lower cost and with better outcomes for patients.

Case Study: Virtual monitoring using Doccla evaluation

The Challenge: People living with multiple long-term conditions are among the most complex and costly patients in the NHS. Deterioration in this group is often detected late - at the point of crisis rather than before it results in preventable emergency admissions that place significant pressure on acute services. For clinicians managing these patients in the community, the absence of real-time data means decisions are made retrospectively, when intervention is harder and the consequences are greater.

Key Analysis: The Doccla Virtual Care pilot in Leicester, Leicestershire and Rutland (LLR) utilised remote **monitoring for high-risk patients with complex comorbidities**. Scaled results demonstrated an 89% reduction in GP appointments and a 79% reduction in Emergency Department visits.

Technology also reaches people the system has long struggled or found difficult to access. Our evaluation of Supporting Independence through Technology (SITT) found that **supporting elderly** to remain independent for just one extra week could save more than £550 per week per person. The case for care closer to home is as much human as it is clinical, and is also backed by the economics.

Case Study: Supporting Independence through Technology (SITT) pilot evaluation

The Challenge: Maintaining independence for the elderly is often hindered by a lack of real-time monitoring, leading to premature bed-based care.

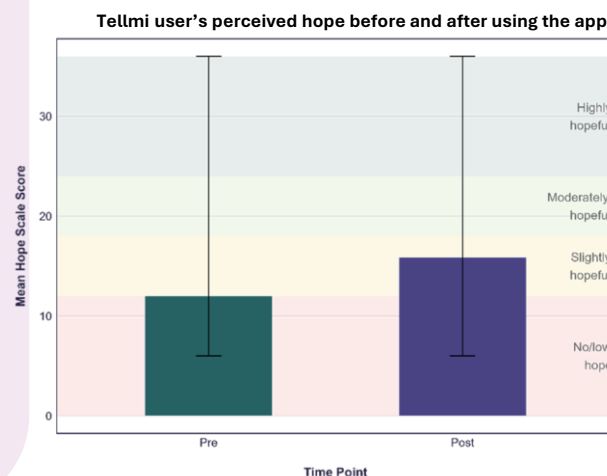
Key Analysis: The SITT pilot evaluated assistive technology tablets. Prospective analysis showed that if technology can support just one additional week of independence by avoiding a standard four-visit-a-day care package, the system could save £550 per week per citizen. This underscores how digital tools can replace high-cost face-to-face visits with sustainable virtual support

For young people, the public conversation rightly focuses on the harm social media can do to **mental health**, but technology is also one of the few things that can reach **young people** early and extend support further than conventional services can. Our evaluation of Tellmi, commissioned by LLR ICB, found significant improvements in hope, self-esteem, and social connectedness among its 2,793 active users, with 76% saying they would lose a valuable resource if the platform were no longer available.

Case Study: Tellmi evaluation

The Challenge: Mental health services across Leicester, Leicestershire and Rutland (LLR) ICB are under acute pressure, with growing waiting lists and rising complexity of need. Before Tellmi, no single digital mental health platform covered the full LLR geography for both children and adults.

Key Analysis: LLR ICB commissioned Tellmi in April 2024 as an all-age digital peer support platform for anyone aged 11 and over. An independent evaluation by us showed that users entered the platform with poor baseline mental health. Through user research we were able to quantify significant improvements to hope and social connectedness. Qualitative feedback consistently described Tellmi as a safe, anonymous space that reduced isolation – with majority respondents to independent survey saying they would lose a valuable resource if the platform were no longer available.



Data-driven equity is critical to addressing the entrenched health inequalities affecting **socioeconomically deprived communities**. Through the RM Partners initiative, data was used to identify, target and reduce barriers to **early cancer diagnosis** in boroughs including Brent and Croydon. This enabled a shift from reactive treatment to proactive intervention, supporting earlier detection, improving outcomes, and directing support towards populations that have historically been underserved.

Case Study: RM Partners (RMP) Early cancer diagnosis

The Challenge: Earlier cancer diagnosis is critical to improving survival, but only 6% of cancers are detected through national screening programmes. Most patients rely on symptomatic presentation and referral through primary care, where diagnosis can be complex and opportunities for delay are significant. In Brent and Croydon, historically low early diagnosis rates were compounded by inequalities linked to deprivation, including delayed presentation, lower screening uptake, and higher smoking rates.

Key Analysis: Alongside RM Partners, we developed the **Primary Care Cancer Quality Improvement Scheme** to strengthen cancer-focused care across primary care. The programme was based on research involving more than 200 staff across 46 GP practices, which identified six improvement areas: inequity, workforce stability, practice operations, system awareness, clinical improvement, and adoption of quality services.

The scheme was implemented across all 96 GP practices in Brent and Croydon. Practices reviewed over 3,200 cancer patient journeys, improved safety-netting processes, engaged over 825 patients, held 34 PCN meetings, and increased clinical decision support tool use from 80% to 94%.

This project was nominated for a HSJ Award.

Across each of these projects, the picture is consistent: data makes difference visible, and increasingly lets us act on it by meeting people where they are instead of asking them to navigate a system built around someone else's needs. That is what equitable care looks like in practice.



Section: Using AI and Edge DASH

AI at Edge

Edge brings together advanced analytics, health economics, data engineering, modelling, policy insight and practical experience from across health and care. Artificial Intelligence (AI) is a developing technology that can improve the quality and impact of our work, but our experience is that it only does so when it is explainable, well governed and deliverable in practice. Our AI offering for clients is grounded and delivery-focused. We help organisations identify where AI can add value, manage the risks, build the right safeguards, and turn emerging technology into practical improvement.

Back in 2018, our Space Finder solution for hospital theatre scheduling was listed in the Academic Health Science Network's Accelerating Artificial Intelligence in Health and Care report. AI has developed at an extraordinary pace since then, but our philosophy has stayed broadly the same. We apply expert judgement to put AI where it demonstrably sharpens insight and improves outputs, and we stay honest about where it doesn't belong.

We treat AI as one tool within a broader analytical approach, sitting alongside the health economics, statistical modelling and domain expertise our team has built over years of work. Some problems are better solved without it, while others are transformed by AI. Knowing and understanding the difference makes the difference to whether AI adds value or creates noise.

From automating analytical pipelines to embedding large language models into client-facing tools, we apply AI where it has a clear and demonstrable impact. Here is what that has looked like in practice:

Rebuilt the mortality benchmarking behind the National Neurosurgical Audit Programme, training a machine learning model on over 113,000 historical episodes to **risk-adjust 30-day mortality** across the 24 NHS neurosurgical units in England, with an automated pipeline that now produces validated unit-level reports on a repeatable basis

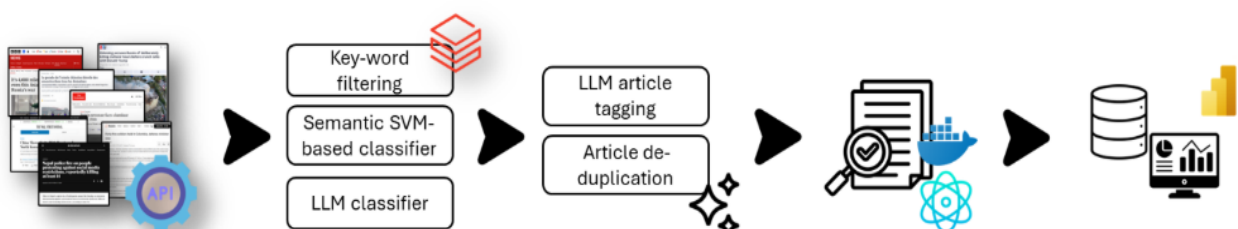
Applied machine learning to **demand forecasting**, risk adjustment and operational theatre scheduling, supporting more reliable capacity planning across health systems

Built an AI-enabled media intelligence platform for the UK government, combining machine learning classifiers and LLMs to **automatically filter, label and summarise** thousands of news articles, reducing days of manual research to a matter of clicks

Developed AI-powered smart summaries within our NHS public data dashboards, giving leaders clear, **contextualised insight** without having to interrogate the raw data themselves (check our page on Edge DASH!)

Alongside the work itself, we have invested in making sure our team understands these tools properly. That means internal training, clear guidance on where AI belongs and where it does not, and documentation that lets people trust and challenge the outputs rather than take them at face value. We are engaged with this technology and committed to using it wisely, so that it deepens the quality of insight we provide.

UK Government project: From Manual Research to AI-Powered Threat Detection



Making Data Accessible

Over the past few years, our data engineers have been working to create a platform that makes public NHS data easier to access. This effort has led to the development of the **Data Analytics and Software Hub (DASH)**.

Our goal is to simplify access to public health data, enabling teams to use this data more effectively and easily. DASH currently includes **four free dashboards** that provide easy-to-understand snapshots of data.

These dashboards focus on:



DASH Tools

These tools will allow users to quickly grasp key information without requiring extensive knowledge of data analytics or spending significant time on analysis.

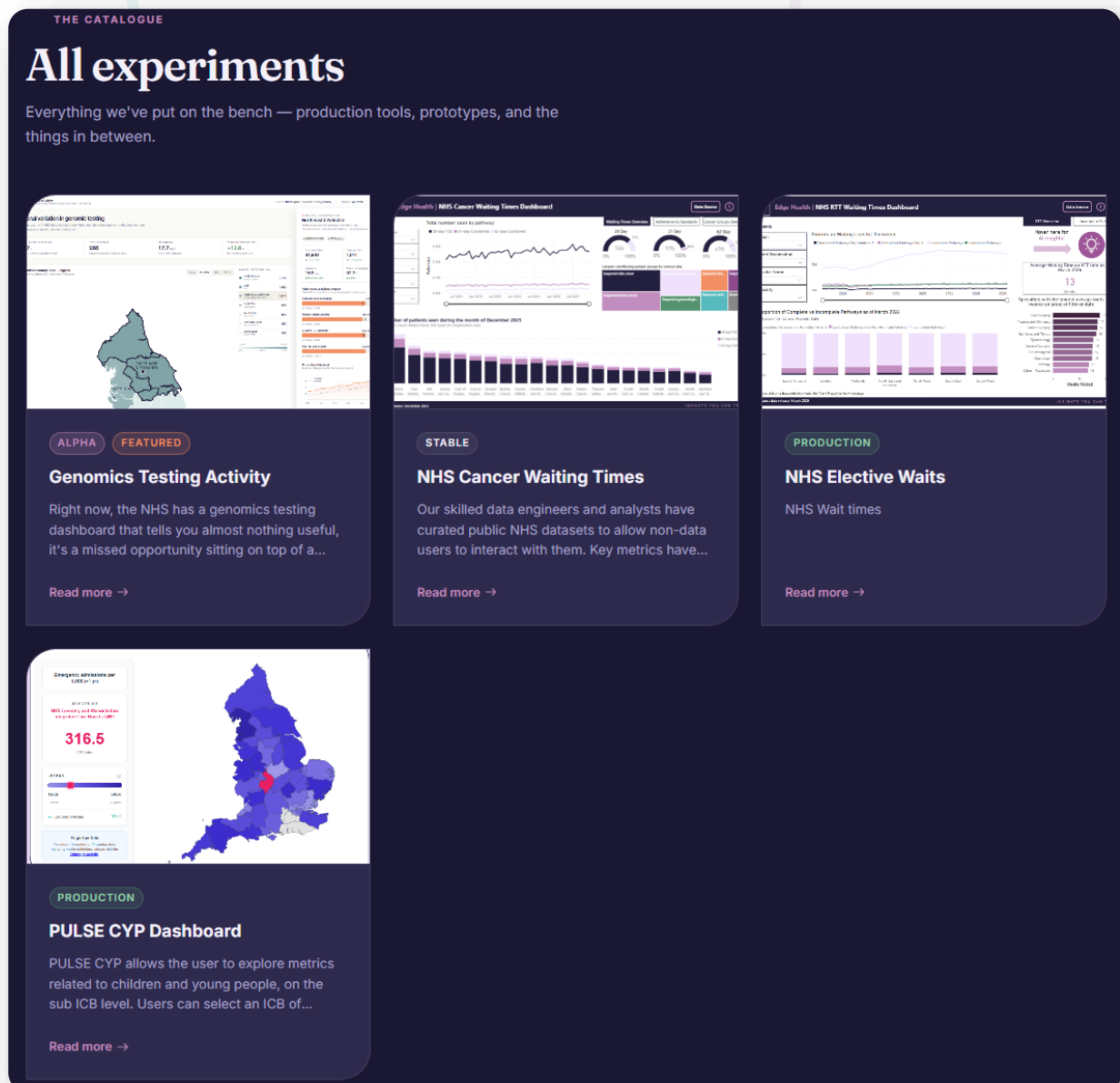
We are dedicated to further enhancing this resource by adding more data and insights.

RTT Waiting Times dashboard

Cancer Waiting Times dashboard

Pulse CYP dashboard

Genomic Testing dashboard



Section:
**Our culture
and social
value work**

Our Social Value work

At Edge Health, our impact extends far beyond data and analytics. While our core project work transforms how populations experience healthcare, our commitment to social value drives us to support and uplift our wider community, particularly its most underserved members.



Championing Inclusion Health with Pathway

Since September 2025, we have partnered with **Pathway**, the UK's leading homeless and inclusion health charity. This collaboration directly supports Pathway's mission to "continue development of its model of integrated healthcare for people experiencing homelessness and rough sleepers by putting the patient at the centre of their own care."

By pairing Pathway's deep expertise with our background in data, insight, and analysis, we are currently delivering an evaluation of the **Pathway Partnership Programme**. This work will generate vital insights, foster evidence-informed decision-making, and build a robust business case for further investment in inclusion health.

We were privileged to welcome the Pathway team and volunteers from their *Lived Experiences Programme* to our office in December 2025. Hearing their personal stories provided our team with invaluable perspective on how vulnerable groups navigate the healthcare system, which will help to inform our future work.



Our Social Value work

Widening Opportunities: The ASPIRE Internship

Building a fairer healthcare system starts with creating a more diverse industry. First launched in Summer 2025 to run alongside our established Summer Internship scheme, the **ASPIRE Internship** creates dedicated career pathways for individuals from minority ethnic backgrounds, people living with disabilities, and those from socio-economically disadvantaged backgrounds.

Following a highly successful inaugural year, we are incredibly excited to continue the ASPIRE Internship in 2026!



Cultivating an Inclusive Culture

Inclusion isn't just an external goal; it is a crucial part of our internal team culture. Over the past year, we have expanded our calendar of **Equity, Diversity, and Inclusion (EDI)** activities to celebrate our team's backgrounds and better inform the work we do.

Key initiatives include:

- **The EDI Blog Series:** Tackling our blind spots, such as our piece on the [LGBTQ+ Data Gap](#)
- **Cultural Celebrations:** Hosting internal events to learn from one another and mark key cultural and religious milestones, such as celebrating Eid and Chinese New Year together
- **Community Outreach:** Delivering targeted school and university talks to inspire the next generation of healthcare analysts.



Wellbeing and Social Activities

We believe that a healthy and happy culture fosters great work, which is why over the last few years we have consciously prioritised the wellbeing of our team. Alongside the more formal routes of promoting our team's wellbeing, we organise bi-annual team events to celebrate and reward them for their hard work. Last winter we cruised down the Thames partying on a boat.

We have encouraged the organic growth of extracurricular activities, including a running club, book club and climbing sessions. Alongside these, we have organised wellbeing events at the office, such as painting sessions and hotpot dinners. The range of events on offer has ensured that Edge has become a more inclusive place to work. We believe that these events have led to a healthier, happier and more integrated workforce, positively influencing team cohesion and the quality of our work.





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