



commvitaTM

CONNECTED CARE PLATFORM

The operating layer for health systems
moving care out of hospitals.

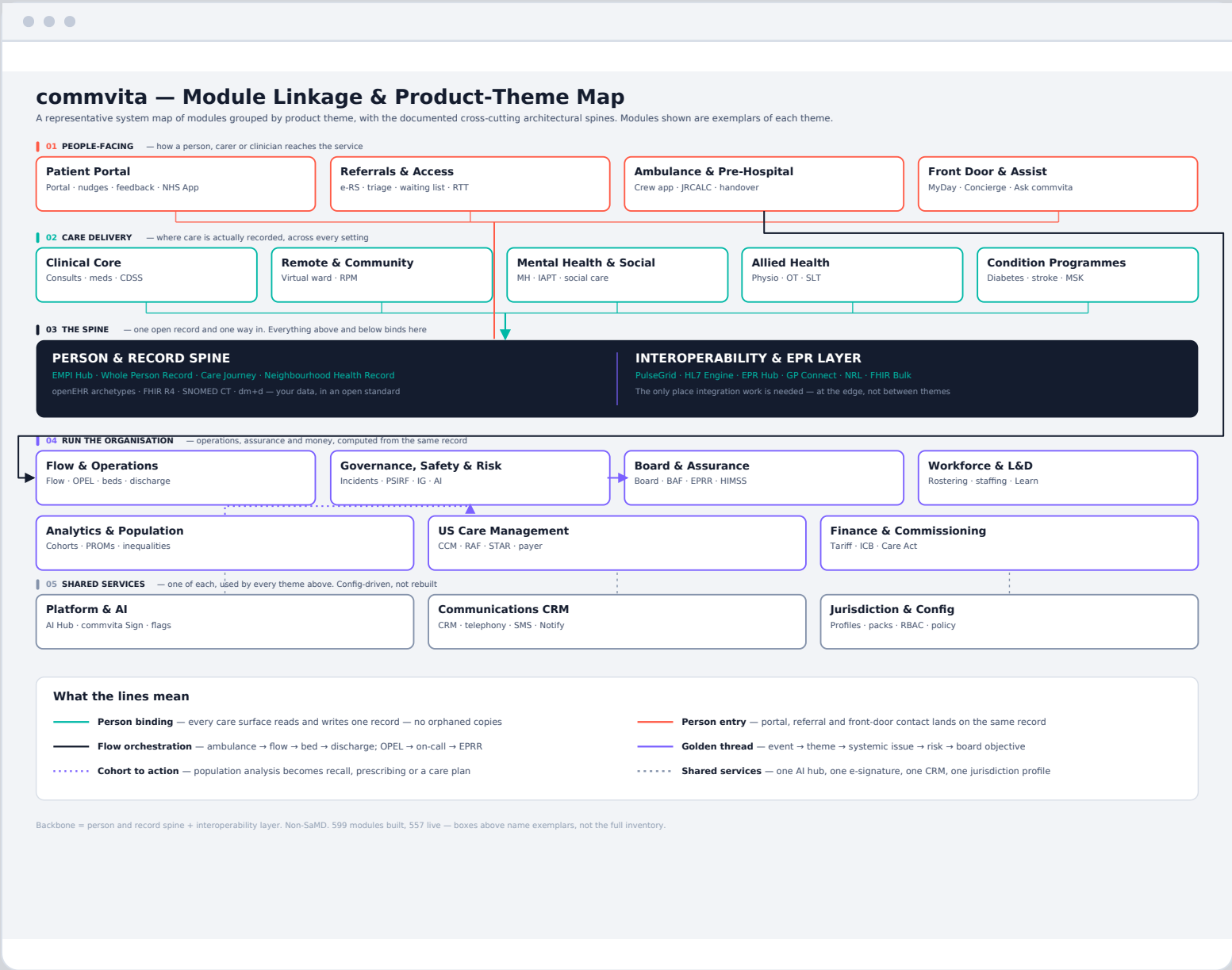
Three shifts are now national policy. None of them are measurable.

Hospital → Community

Analogue → Digital

Treatment → Prevention

Systems are mandated to shift care left. They cannot yet show whether it is happening, at what pace, or who is being left behind.

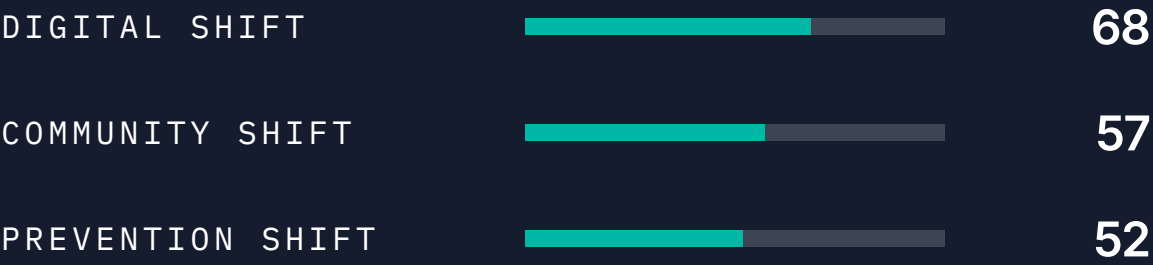


One platform. One person record.
Everything else plugs into it.

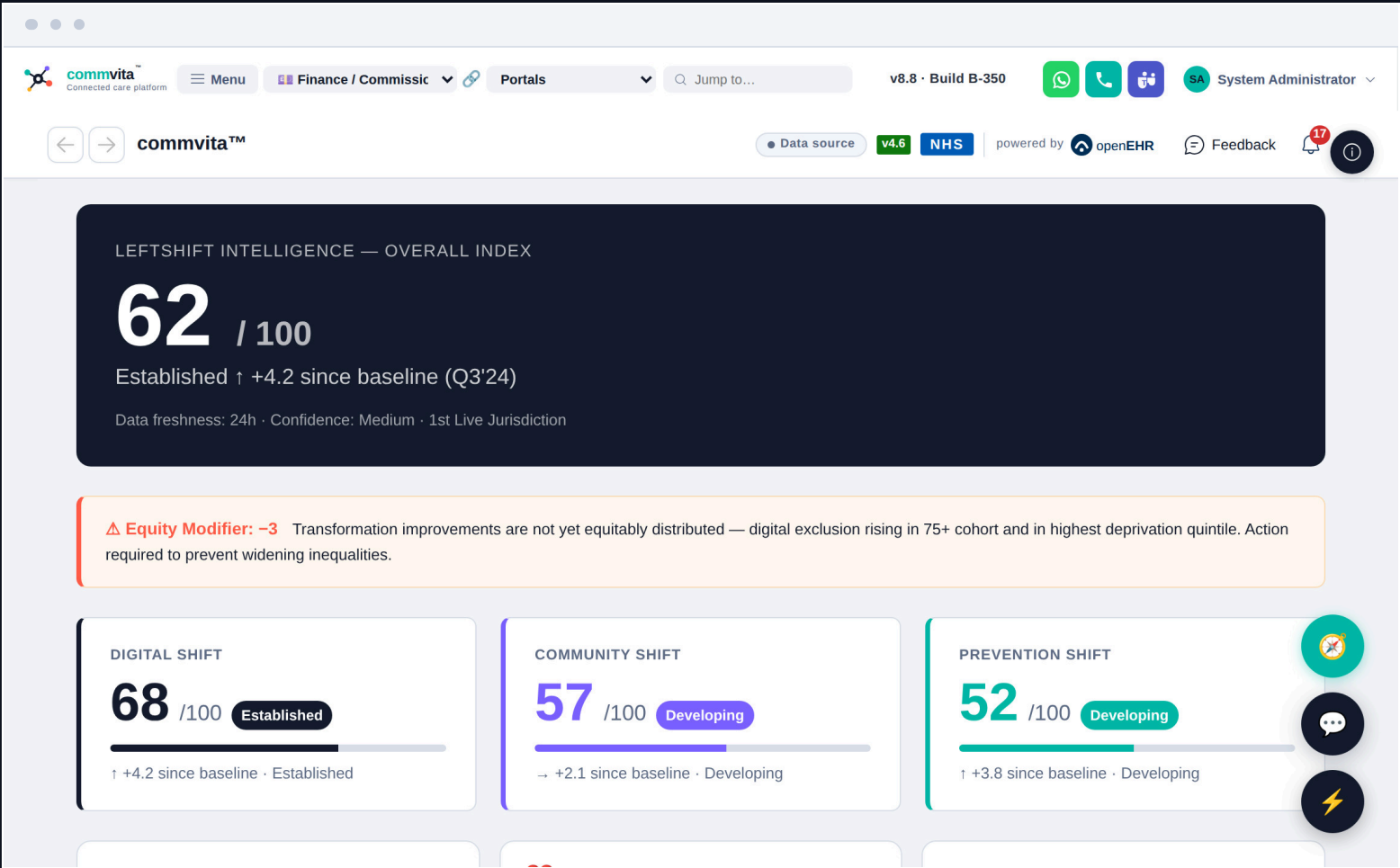
599 modules, 557 live, across nineteen themes, all binding to a single person and record spine and one interoperability layer. Built on openEHR. Non-SaMD by design.

LEFTSHIFT INTELLIGENCE

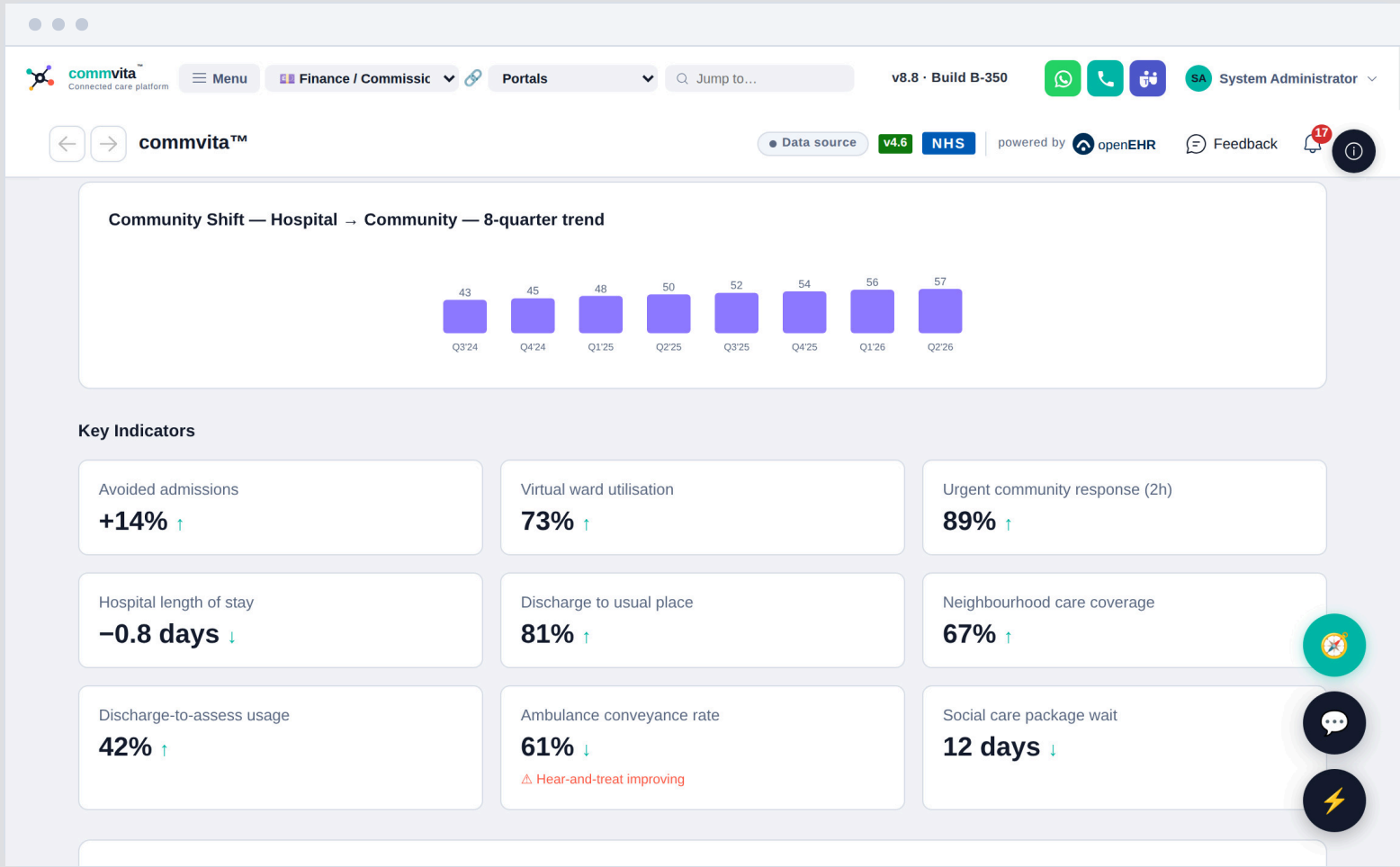
62 / 100



A single index for whether a system is actually shifting care left, with an equity modifier that penalises uneven progress.



SEEDED DEMONSTRATION



The index resolves to operational reality.

+14%

Avoided admissions

-0.8 days

Hospital length of stay

89%

Urgent community response within two hours

73%

Virtual ward utilisation

Every number resolves to a named list of people.

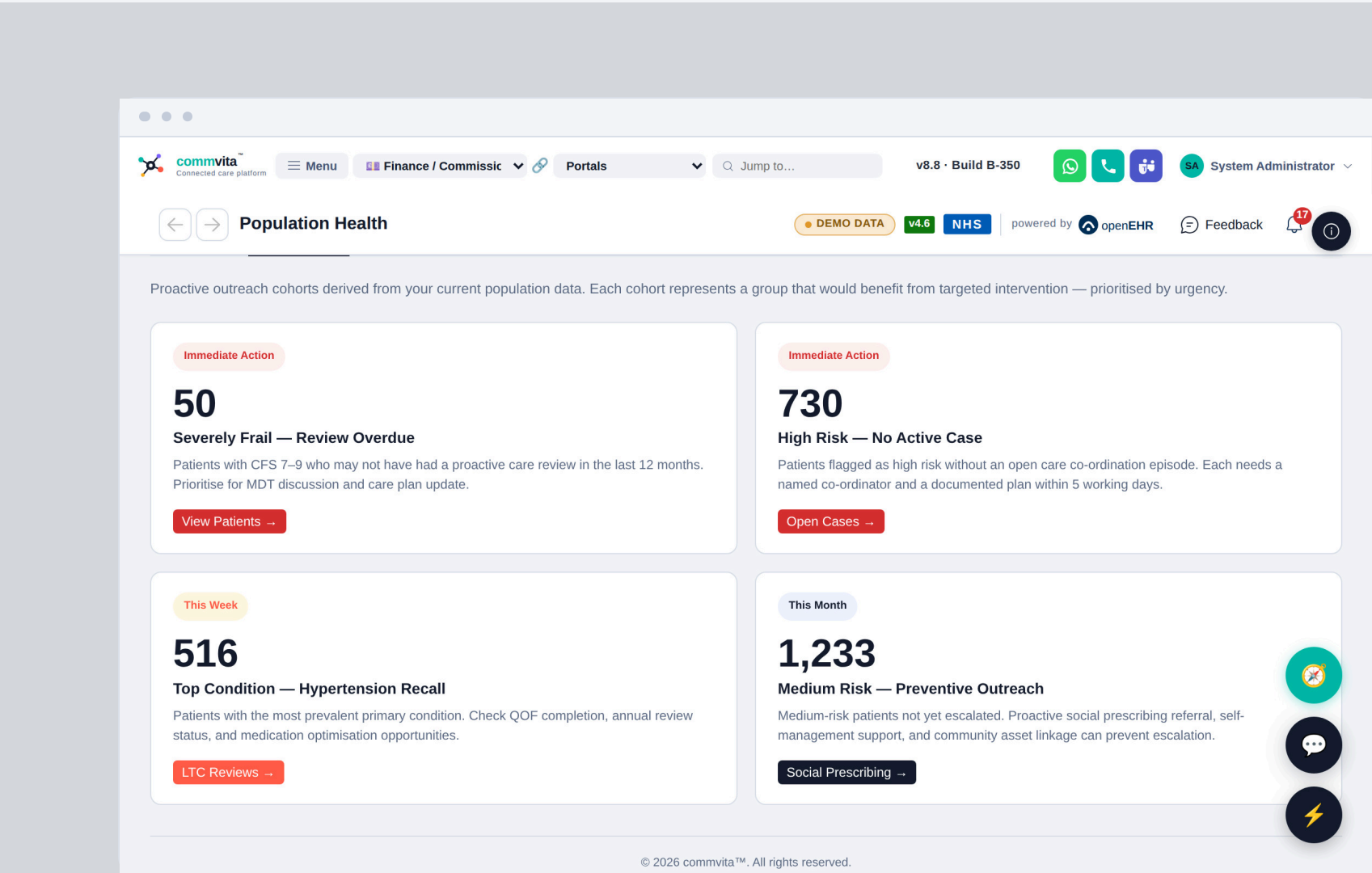
Cohorts are derived from live population data and prioritised by urgency, then handed to the team that can act on them.

730

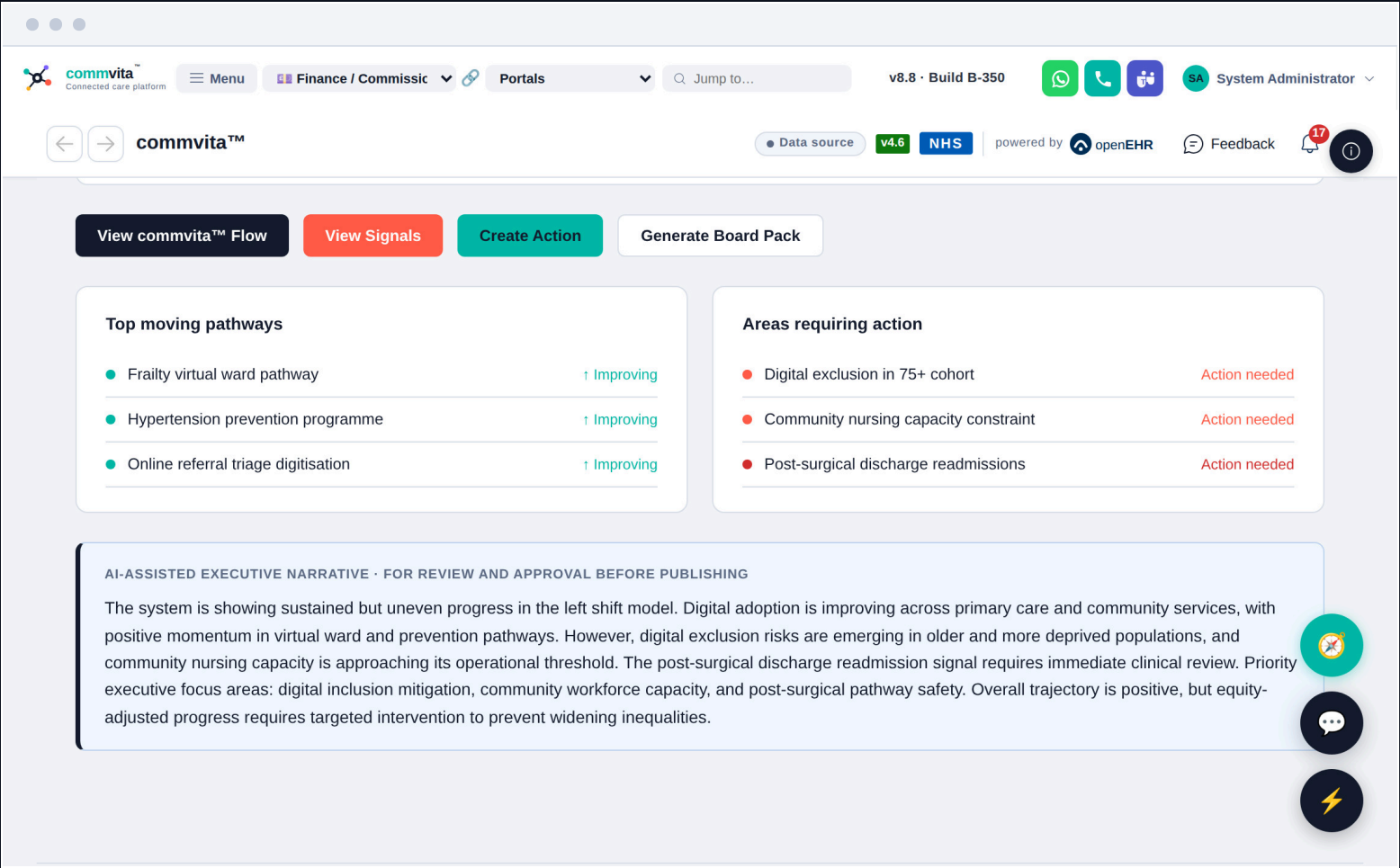
High risk, no active case

516

Hypertension recall due



POPULATION HEALTH · OUTREACH



The board pack writes itself. A human signs it off.

Pathway movement, areas requiring action and a drafted executive narrative, generated from live data and held for approval before publication.

Configured per jurisdiction, not rebuilt per customer.

JURISDICTION PACKS

Sixteen configured today
NHS · Gulf · Caribbean

Policy, pathways and coding travel as configuration.

STANDARDS

openEHR · SNOMED · FHIR

Vendor-neutral record. No lock-in argument to win.

REGULATORY POSTURE

Non-SaMD by design

Intelligence and orchestration, not diagnosis.

Priced against the cost of the care that did not need to happen.

UNIT

per employee

Governance & Assurance, banded by workforce.

CONTRACT

Annual

Perpetual licence; governance billed yearly.

GROSS MARGIN

80%+

Self-hosted; no per-seat infrastructure cost.

Built by people who have worked
inside health systems, not sold to
them from outside.

FOUNDER & CHIEF STRATEGY OFFICER

Martin Carpenter

Sole architect and IP owner of the platform.

CO-FOUNDER & CHIEF COMMERCIAL OFFICER

Hassan Chaudhury

Built the national offer for Healthcare UK.

CO-FOUNDER & CHIEF DATA & ANALYTICS OFFICER

Professor Marc Farr

HSJ 100 Most Influential, 2025.