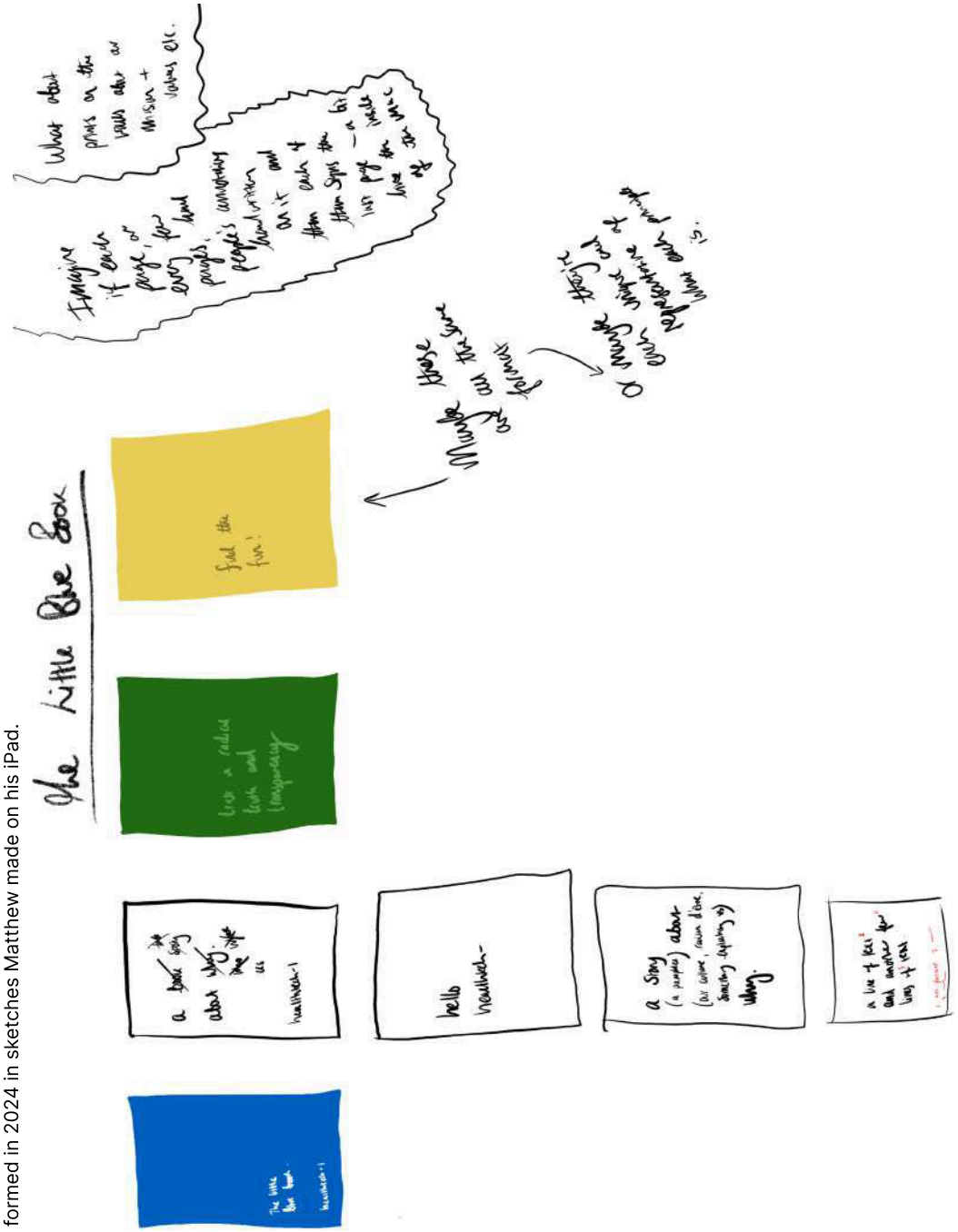
Reading this might just help to save our NHS...

the handbook to **healthtech-1**



Ideas first formed in 2024 in sketches Matthew made on his iPad.

A story

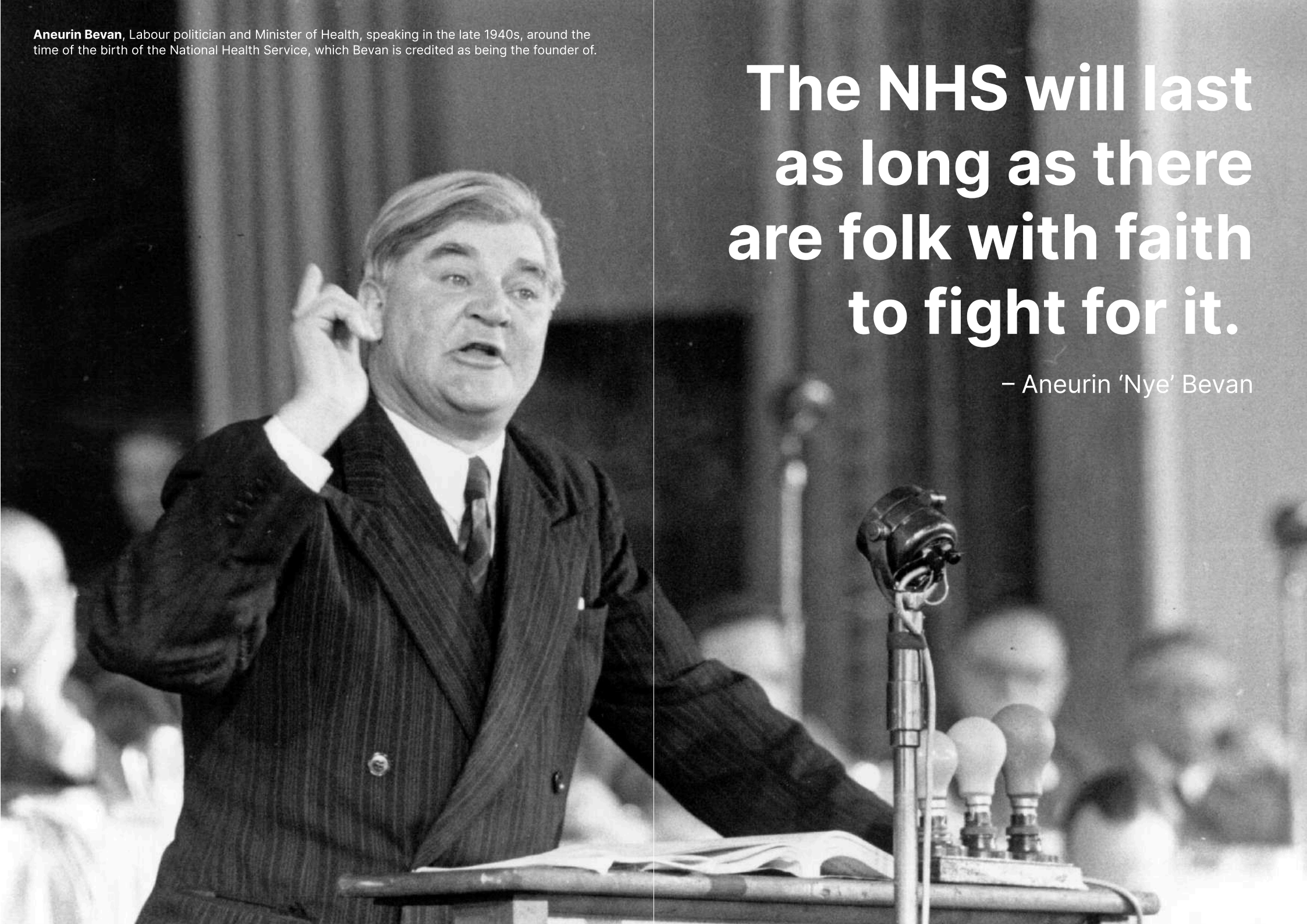
(a booklet)

about

(our culture; why we exist; the product we're building; how we do things)

us.

The Healthtech-1 Handbook was written by Raj and Pete and designed by Matthew in January 2026.



Aneurin Bevan, Labour politician and Minister of Health, speaking in the late 1940s, around the time of the birth of the National Health Service, which Bevan is credited as being the founder of.

The NHS will last as long as there are folk with faith to fight for it.

– Aneurin ‘Nye’ Bevan

Patient satisfaction is at an all-time low.

For the NHS to survive, it needs to improve.

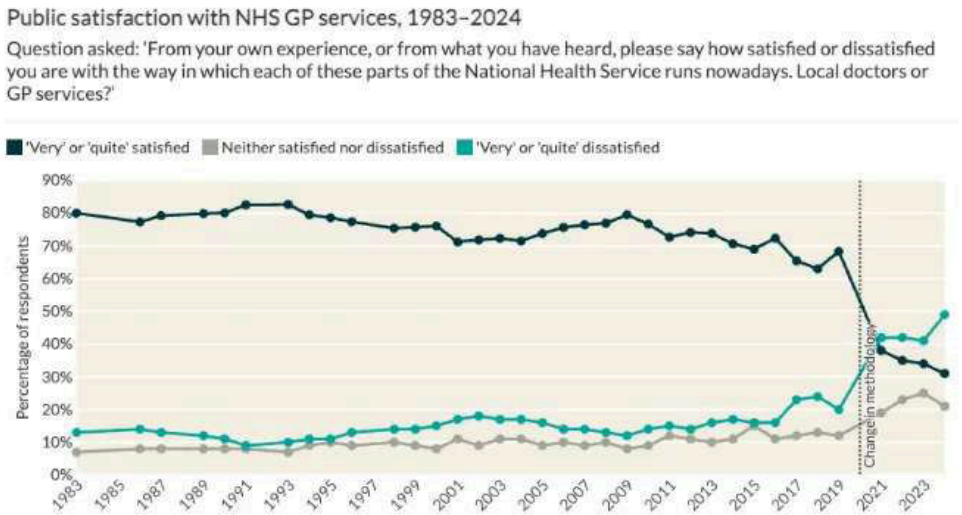
There are many ways to measure improvement.

We decided the metric to move is patient satisfaction. It moves faster than outcomes like life expectancy or disease control, which lag by years.

Patient satisfaction is at a 25 year low.

What do patient surveys tell us is the biggest problem to solve?

Access.



It’s not about the number of GPs.

You shouldn’t believe the headlines.

It’s easy to look at the headlines and conclude that the number of fully trained GPs is the key constraint in improving access.

However, this masks a pattern of increasing number of GPs in training and other allied health professionals such as pharmacists, physiotherapists, social prescribers.

A record number of appointments have been delivered.

In 2025, 383.3 million appointments were delivered by GP practice and primary care network staff.

That’s 7.3 million weekly appointments booked.

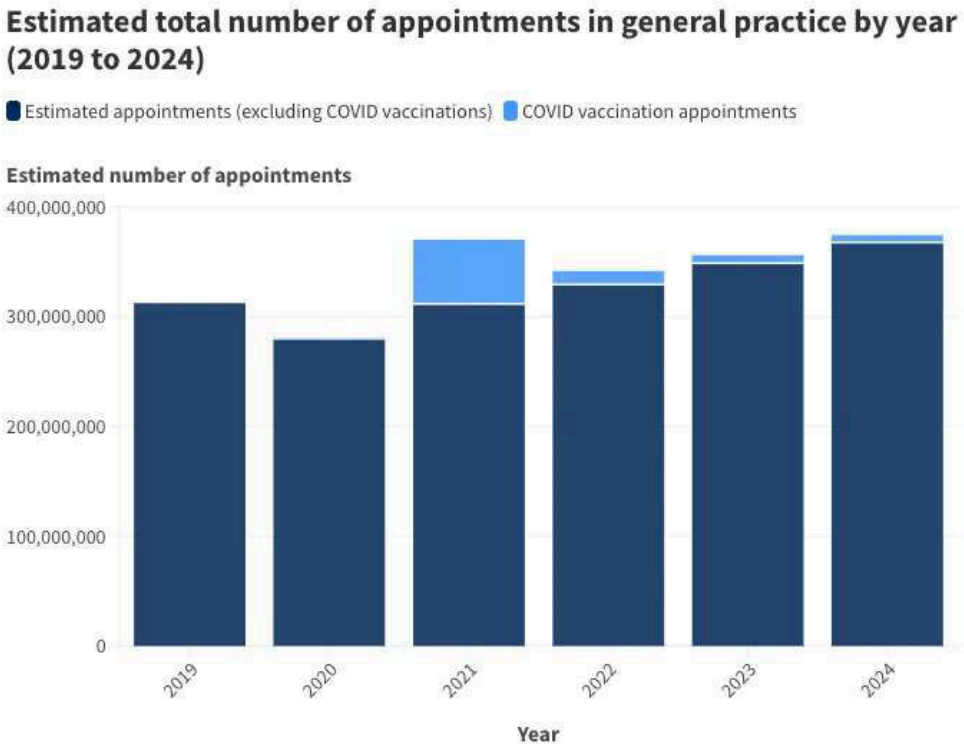
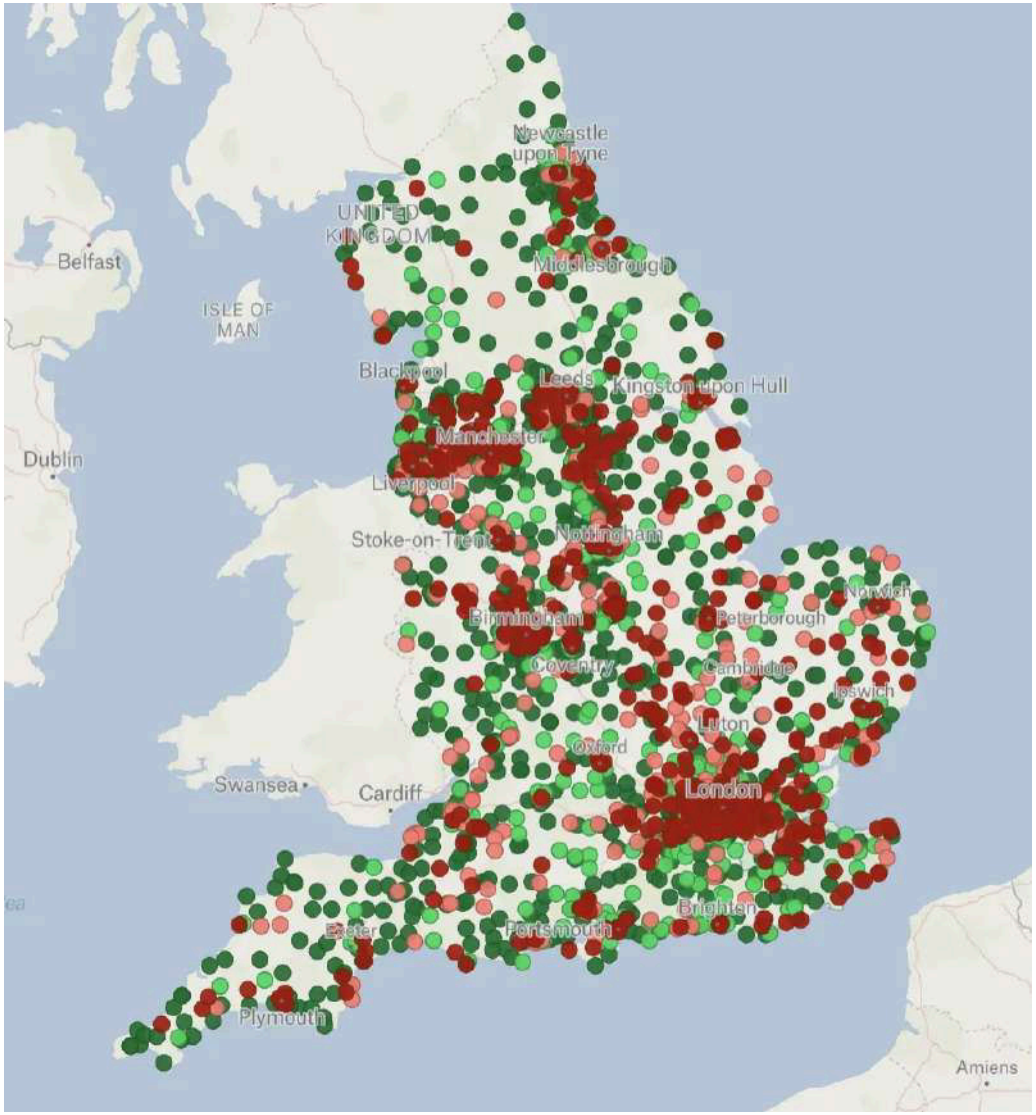
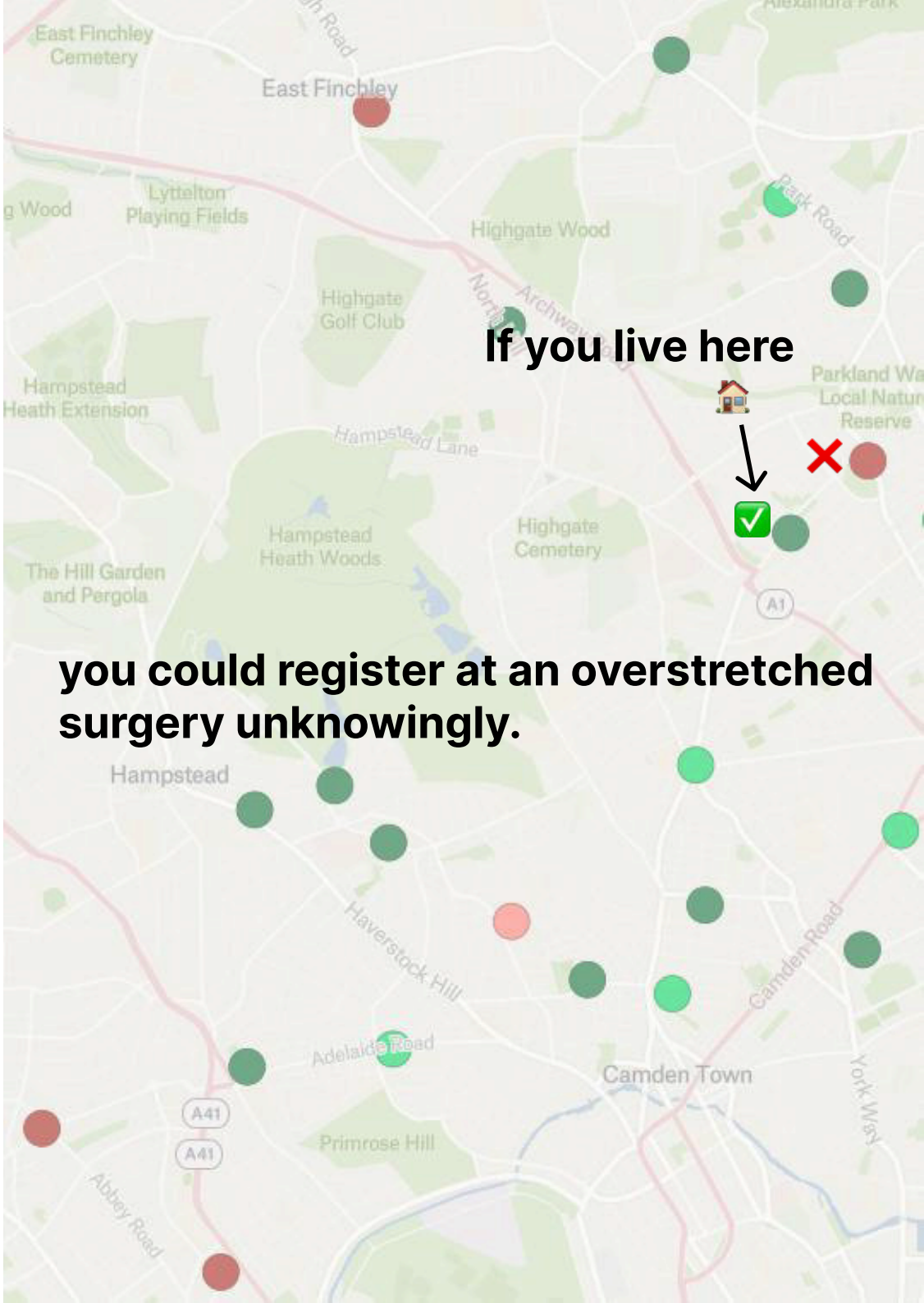


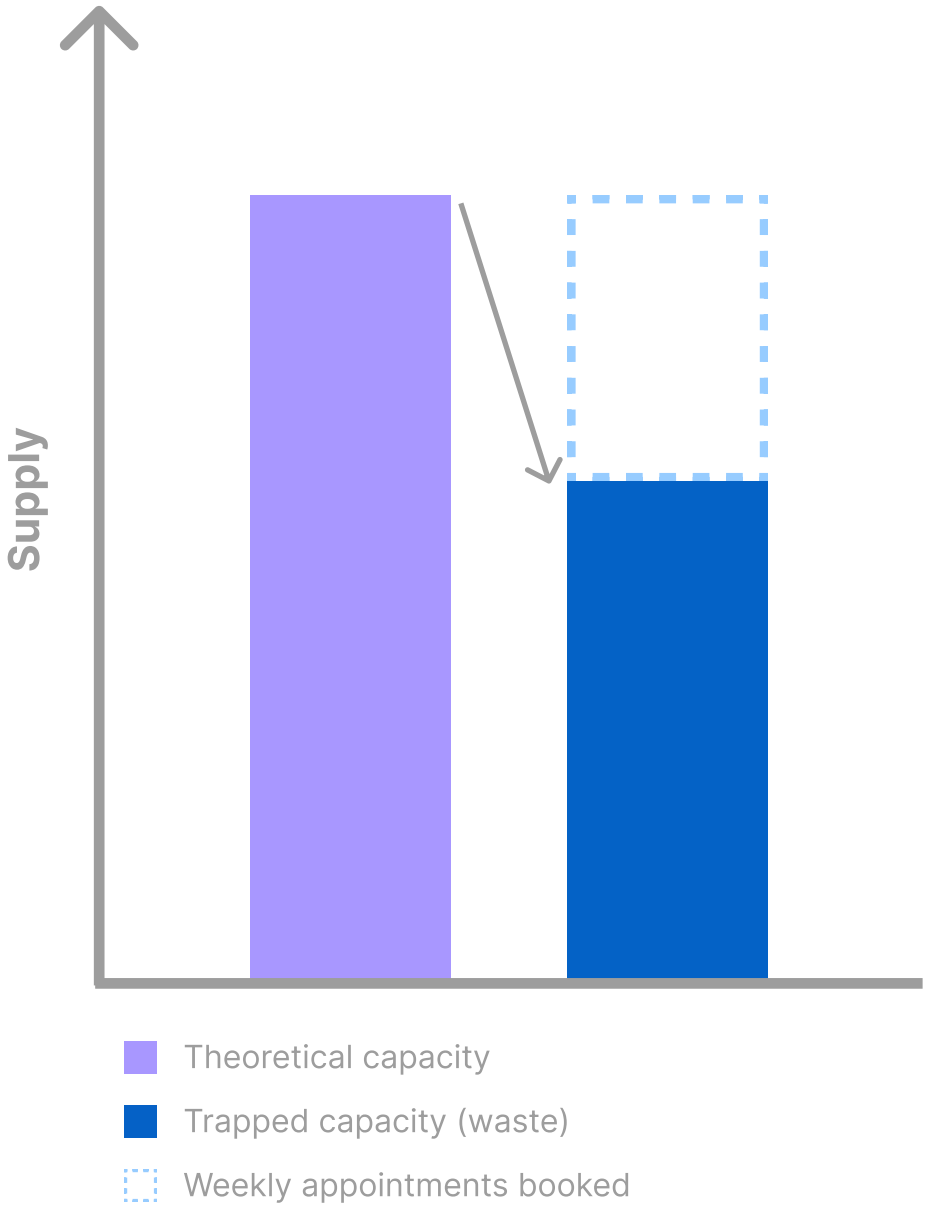
Figure 1: General practice and primary care network staff delivered approximately 367.5 million appointments in 2024, which is 17.7% more than in 2019 [1].



Data showing the ratio patients per GP FTE, published NHS England. Green is a desirable patient ratio (≤1,800 to 1 GP FTE), light green is acceptable (1,800-2,100), light red is undesirable (>2,100-2,500), and dark red is severely overstretched (>2,500).



Capacity becomes waste.



There are other constraints.

1. **Administration** – ~25% of clinical time is spent on admin. This could be turned into capacity.

2. **Geography** – Capacity is not where it is most needed. Doctors prefer to return to near their parental home after training leading to geographical healthcare inequalities.

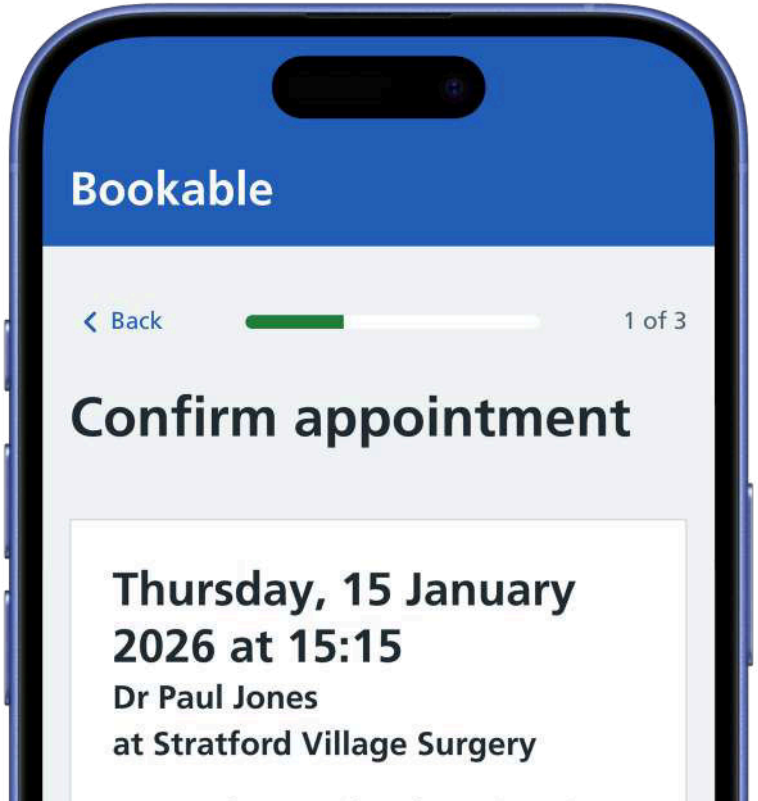
3. **Discoverability** – Anecdotally we know appointments are not utilised because they are not discoverable. There are 220 services available to a patient at any one time yet patients can only think of two or three.

4. **Navigation** – Patients are not navigated to the right place, first time. This elongates their experience and doubles demand. 16% over-triaging is worth 1.1 million weekly appointments booked.

5. **Eligibility** – Complex eligibility rules act as barriers to access. The same-day access scheme in Newham for urgent but not life-threatening care wastes 40% of its GP appointments.

Our vision is a healthcare system where every appointment is transparent and instantly bookable.

Our mission is to unlock access to healthcare by navigating patients to the right place, *first time*.



What is *Bookable*?

Bookable is a platform that maps the **eligibility** requirements of every appointment across all organisations and **geographies**.

Bookable makes appointments **discoverable** by surfacing them online and **navigating** patients to the right place, first time – all while automating the **administrative** workload for staff.

How will we deliver it?

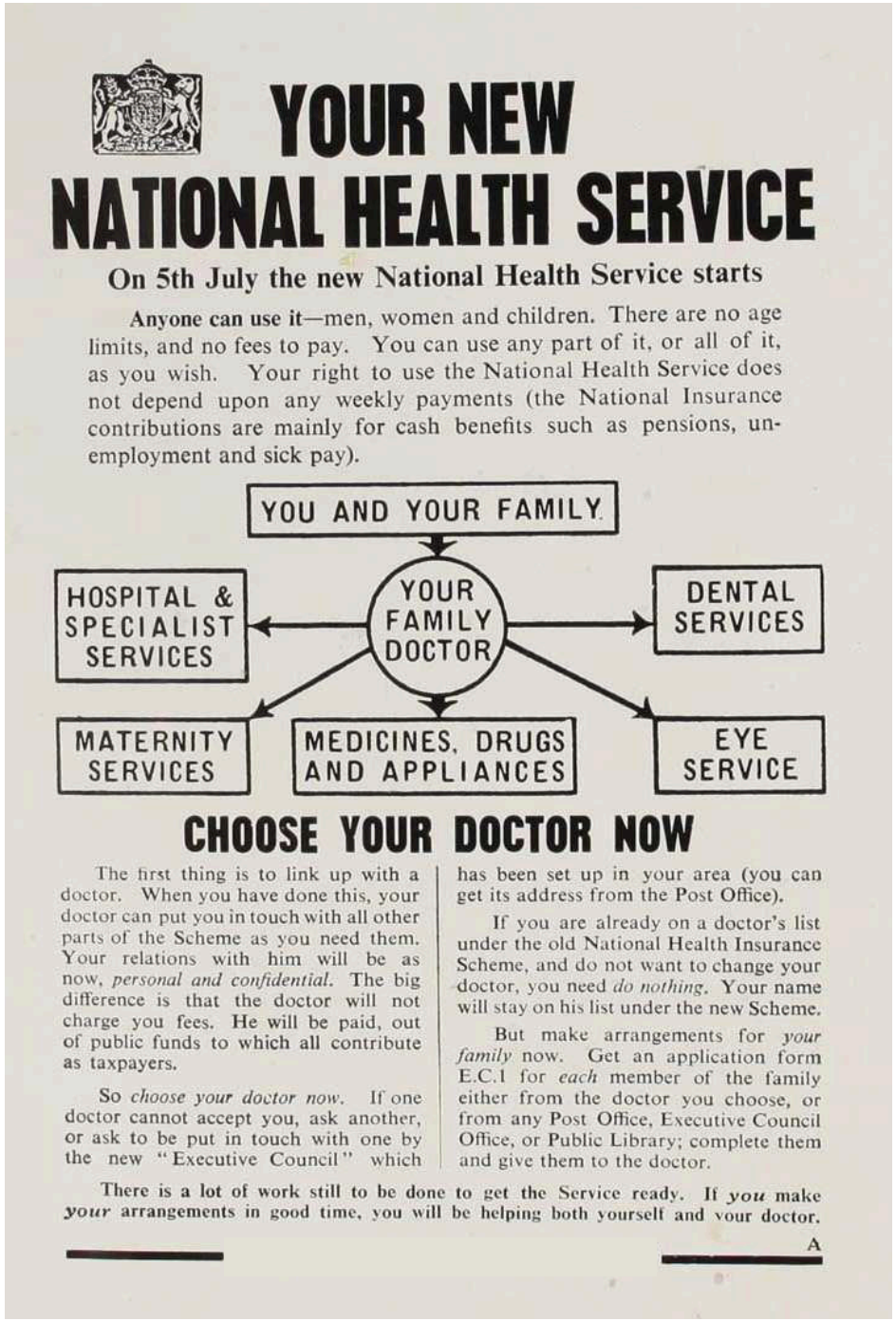
1. Automate new patient appointments (1% of GP surgery appointments).

2. Automate existing patient appointments (99% of GP surgery appointments).

3. Automate appointment booking across other NHS services (like pharmacy and dentistry).

4. Automate referrals to secondary and tertiary care.

5. Automate appointments delivered by private providers (like ADHD, physiotherapy, and other therapy appointments).



YOUR NEW NATIONAL HEALTH SERVICE

On 5th July the new National Health Service starts

Anyone can use it—men, women and children. There are no age limits, and no fees to pay. You can use any part of it, or all of it, as you wish. Your right to use the National Health Service does not depend upon any weekly payments (the National Insurance contributions are mainly for cash benefits such as pensions, unemployment and sick pay).

YOU AND YOUR FAMILY

HOSPITAL & SPECIALIST SERVICES

YOUR FAMILY DOCTOR

DENTAL SERVICES

MATERNITY SERVICES

MEDICINES, DRUGS AND APPLIANCES

EYE SERVICE

CHOOSE YOUR DOCTOR NOW

The first thing is to link up with a doctor. When you have done this, your doctor can put you in touch with all other parts of the Scheme as you need them. Your relations with him will be as now, *personal and confidential*. The big difference is that the doctor will not charge you fees. He will be paid, out of public funds to which all contribute as taxpayers.

So *choose your doctor now*. If one doctor cannot accept you, ask another, or ask to be put in touch with one by the new "Executive Council" which has been set up in your area (you can get its address from the Post Office).

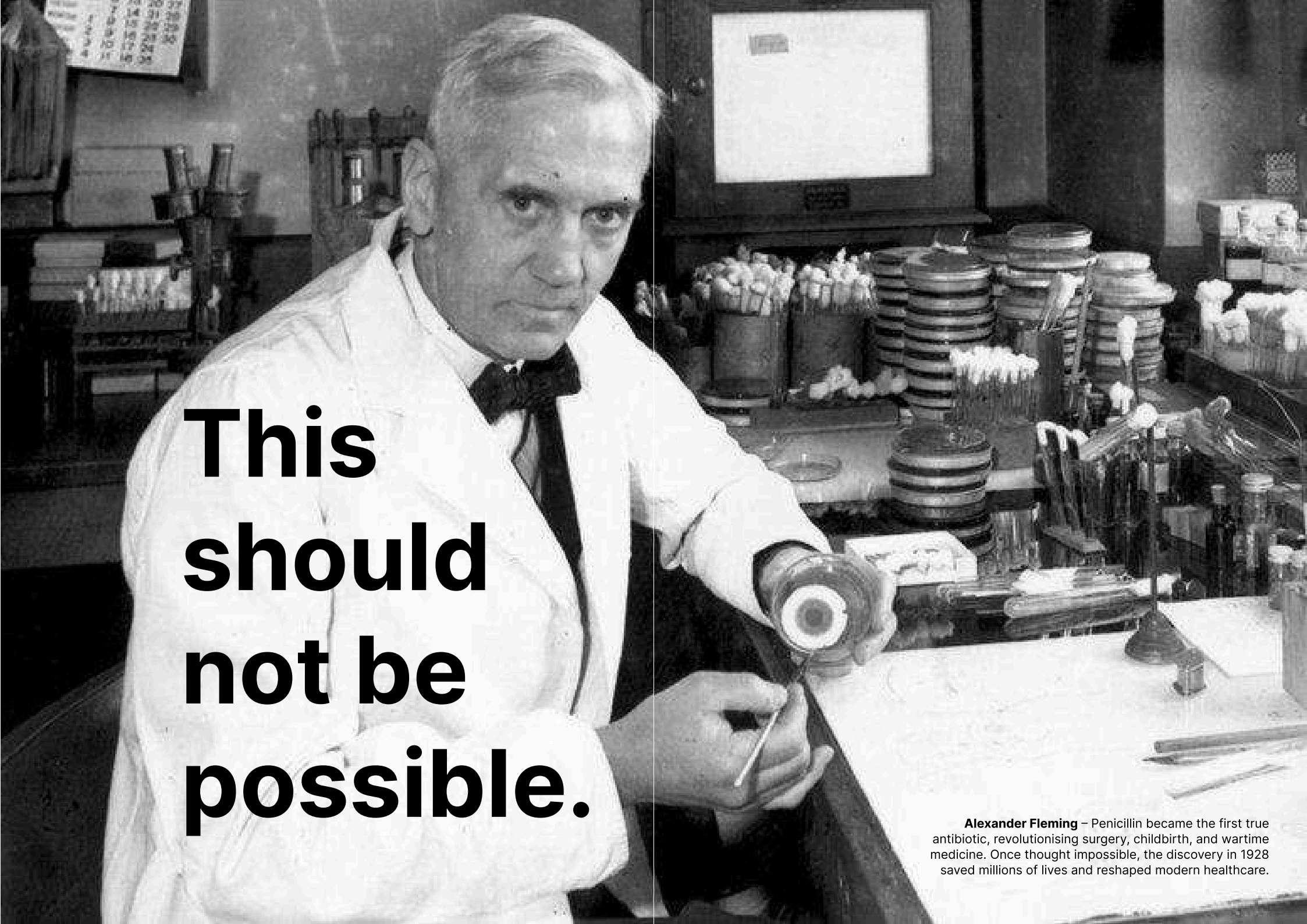
If you are already on a doctor's list under the old National Health Insurance Scheme, and do not want to change your doctor, you need *do nothing*. Your name will stay on his list under the new Scheme.

But make arrangements for *your family* now. Get an application form E.C.1 for *each* member of the family either from the doctor you choose, or from any Post Office, Executive Council Office, or Public Library; complete them and give them to the doctor.

There is a lot of work still to be done to get the Service ready. If *you* make *your* arrangements in good time, you will be helping both yourself and your doctor.

A

The National Health Service pamphlet, given to all citizens as the NHS launched in 1948.



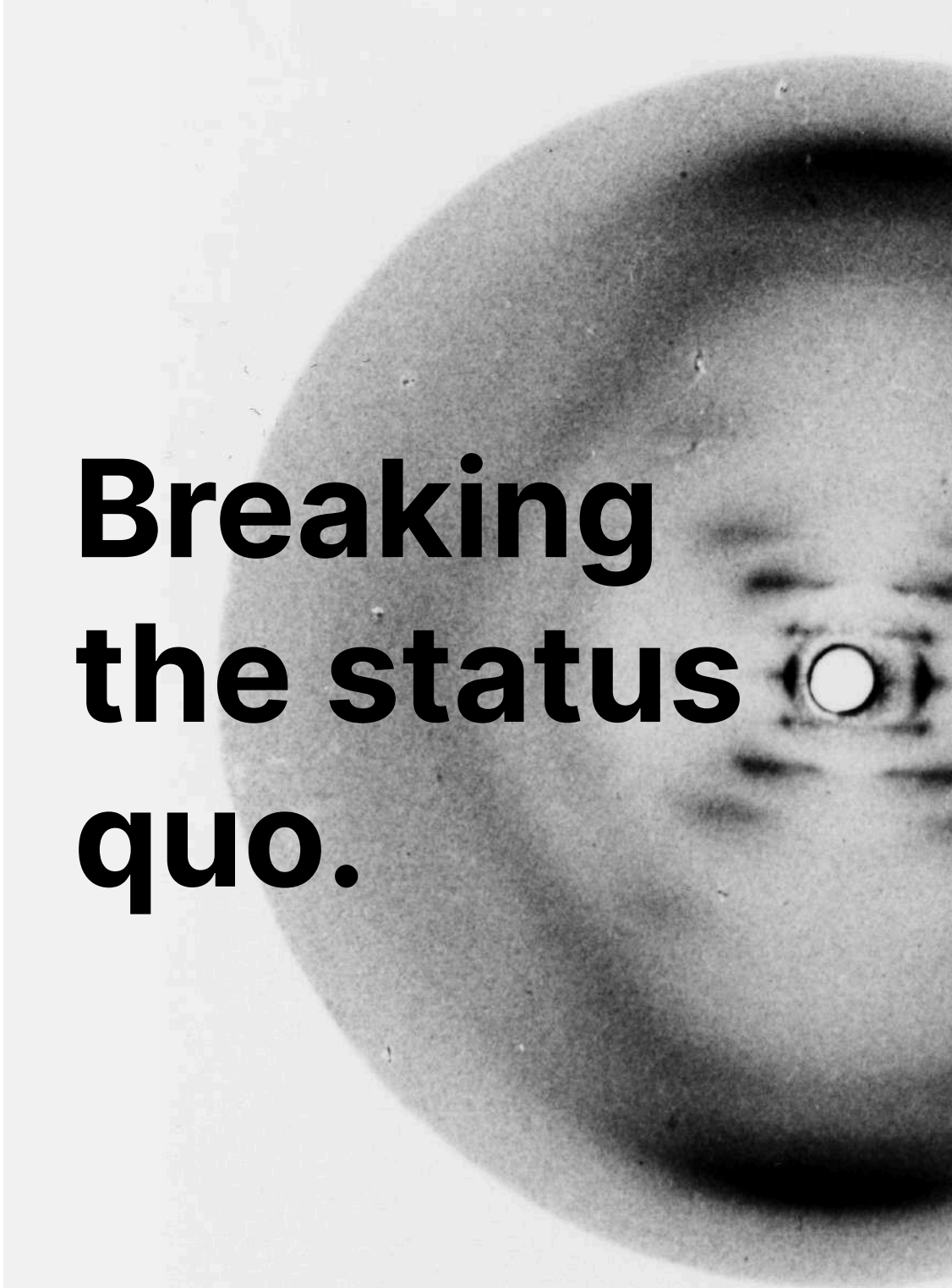
Alexander Fleming – Penicillin became the first true antibiotic, revolutionising surgery, childbirth, and wartime medicine. Once thought impossible, the discovery in 1928 saved millions of lives and reshaped modern healthcare.

There are a number of socioeconomic, political, and technological forces that have aligned to create a 10 year launch window.

1. Patient satisfaction is at a record low.
2. NHS England being abolished and dissolved into the Department of Health and Social Care.
3. The birth of Artificial Intelligence.
4. Clinical systems are not yet cloud-based.
5. The registrations API is barely functional.

That will change.

Breaking the status quo.



Rosalind Franklin's **Photo 51**, the breakthrough image that revealed the helical nature of DNA.

From: pete@healthtech1.uk
To: all@healthtech1.uk

Subject: Breaking the status quo.

There are people in the world that accept the status quo - even all of its ugly bits - and do nothing about it.

Then there are people that believe to their core that there is a better version of the future. They see it, and not working on it drives them insane.

That future may be for themselves, for their loved ones, for the environment around them, for society.

And with that belief in hand, they do something about it.

They find their vector, and use that vector to drive change.

They relentlessly throw themselves at the problem, and do whatever it takes now, to make the future happen.

Some people build a career in politics. Others create art. Others' vectors of change are through media, community service, charity, or education.

For us at Healthtech-1, our vector for societal change is building a tech startup. An organisation of people that build things that patients and NHS staff love.

This is the most effective and quickest way to improve society.

Look at the recent changes in society. Where have they come from? More often than not, technology companies!

Google, Facebook, OpenAI, Airbnb, Apple.

Where they focus on digitising social interaction, or organising information, or helping you rent a nice cottage in the middle of nowhere, we exist to unlock access in healthcare - a fundamental human need.

Isn't that amazing?

However, breaking the status quo and creating a new stable one is incredibly hard.

It requires tonnes of resilience, ingenuity, hard work and excellence.

It's not for the faint of heart. It's not for everyone.

Healthtech-1 is a bunch of people who are deeply driven by the mission. People who are relentlessly ambitious and strive to do their life's best work.

Note that we're not normal people and we don't do things normally here. We're different.

We as co-founders are committed to creating a space - a vehicle for you to fully apply yourself - to give this mission your best shot. So in 50 years time, when you look back at this moment, you feel pride and peace.

"I did my life's best work back then, and I helped so many people".

Rosalind Franklin, an English chemist and X-ray crystallographer whose work was central to the understanding of the helical structure of DNA.

Pete talks of the Healthtech-1 Helix: the idea that we will sometimes grow apart but as long as we care about the mission, we will grow together.

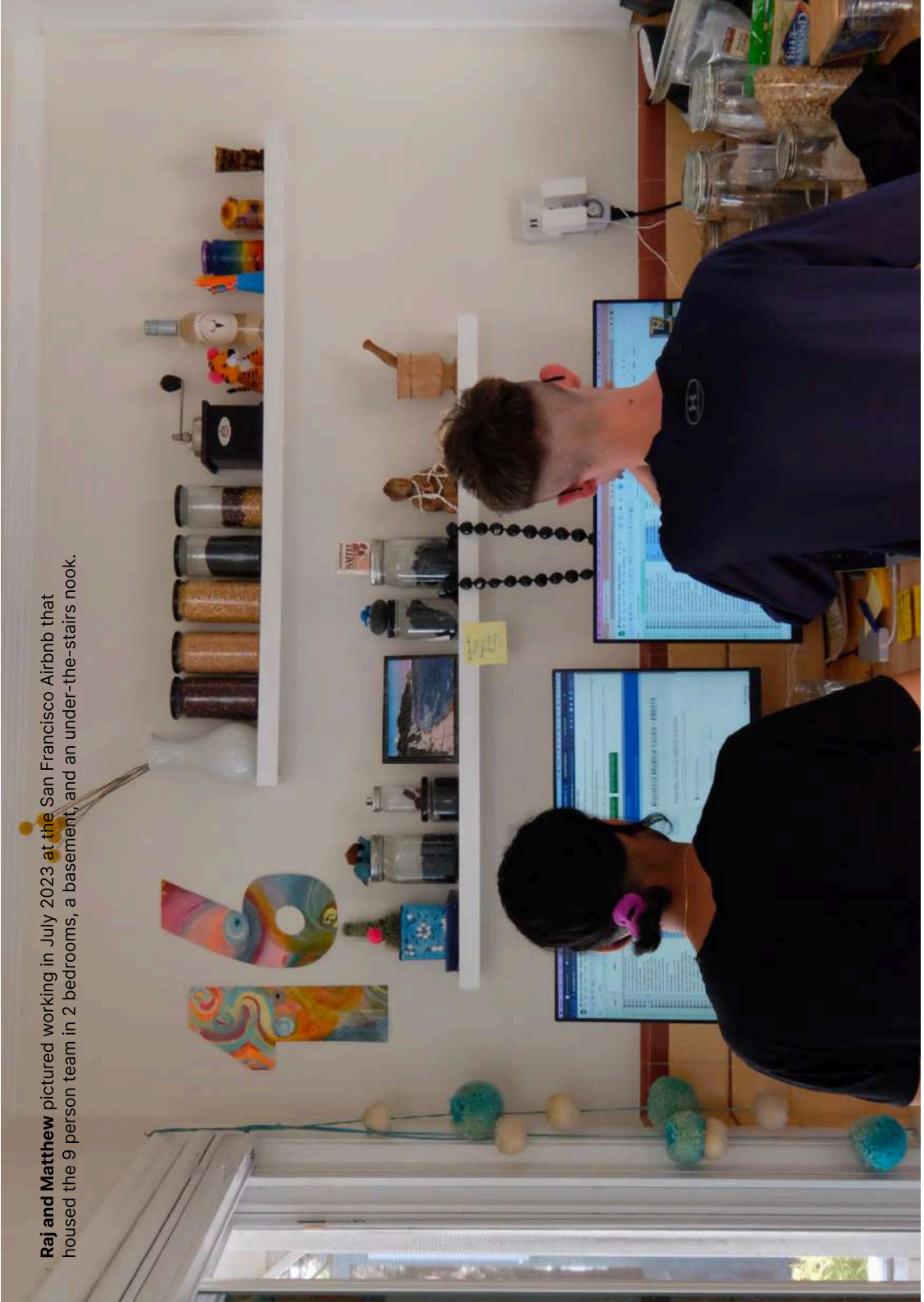
Great people with great principles and great processes build great products.

At Healthtech-1, we see our company operating system as having four main parts:

1. The principles we follow.
2. The people we hire and grow.
3. The processes we apply.
4. The products we use and build.

Principles

Our values and behaviours.



Raj and Matthew pictured working in July 2023 at the San Francisco Airbnb that housed the 9 person team in 2 bedrooms, a basement, and an under-the-stairs nook.

🏆 Do your life's best work

Healthtech-1 was founded to be a place where exceptional people can do their life's best work.

Not every role, project, or week will feel monumental, and that's okay. Life's best work isn't about daily perfection or solo heroics, it's about persistence.

When you retire, we want you to be able to look back at your time here with a pride and positivity: "Oh I really did my life's best work back then".

This means:

- recognising you're cutting a corner, and pushing yourself to do better;
- assessing a project by it's impact on patient and staff lives, not by how it will look on your CV;
- working with a team, not doing solo heroics; and
- enabling others when they're trying to do something great.

A drawing **Rosie** made for **Pam**, a long-serving NHS staff member for her retirement in Summer 2024.

💙 Care deeply

Purpose comes from caring deeply. Life is most meaningful when we commit ourselves to grander purposes - things beyond yourself. A mother for her child. A nurse for her patient. A teammate who shows up when it matters.

Every minute of every day, a member of staff in the NHS is caring deeply for people they may never meet again. Helping our loved ones live longer. So, it is our duty to respond with deep care too.

This means:

- caring deeply for the mission, our vision for better and how we get there;
- caring deeply about each other. help, amplify and improve your peers; and
- caring deeply about the quality of our work because what we build touches patients lives.

💪 Work hard

We are attempting something rare and serious: unlocking access to healthcare and restoring pride in one of the most important institutions in this country.

If we fail, patients and clinicians suffer and the fragile public belief we have in the NHS erodes.

If we succeed, we change the lived experience of millions of people. That level of responsibility demands effort. Real effort. Sustained effort.

We do not believe work of this importance can be achieved by coasting or by strictly containing our energy to office hours.

We believe hours matter, because progress compounds when talented people apply consistent time, focus, and care to a hard problem.

This is not a 9–6 company.

Your priorities are:

1. Your physical and mental health
2. Your family and the people you love
3. The mission

In that order.

When those foundations are strong, we expect deep commitment to the mission. Treat it as something you willingly invest time and energy into because it matters.

What "work hard" means:

- You willingly put in more hours when the mission needs it.
- You take ownership beyond your job description.
- You push yourself to learn faster and raise your personal bar.
- You take pride in your work.
- You treat your mind like an athlete treats their body: sleep, nutrition, and focused rehabilitation are non-negotiable.
- When an NHS staff member or teammate needs help, you step up.
- Look for opportunities to work smarter.
- Be very aligned with your manager, sharing what you need to do your life's best work.

What it does not mean:

- Measuring worth by hours alone rather than output.
- Presenteeism: turning up for perception rather than value.
- Endless exhaustion or permanent crisis mode.
- Missing important family moments.
- Silent burnout or resentment.

Working hard is not about suffering in silence. It is about choosing to care deeply and acting accordingly. If at any point the load feels unsustainable, speak up early.

That is not weakness. That is professionalism.

There are natural ebbs and flows in our lives, that means we can commit more or less to the mission.

Our job as leaders is to protect the team while still honouring the mission.

The **Neon Sign** being installed. Pete's handwritten 'Healthtech-1' shines neon blue, with the backing signed in order of joining the team by everyone in December 2024. The Neon Sign is a symbol of commitment to the mission and an artefact that gives Healthtech-1 HQ a glowing heart.

🤝 Be your word

In simple terms, great team work comes from great trust. And great trust comes from reliably delivering on what you said you will or will not do.

Notice in life that you are always making little promises or contracts: "Yes I'll get that to you end of day", "See you at 12pm tomorrow". Each time you break one of these contracts, you break trust. It may seem small at the time, but over time they compound and eventually you're considered a person that makes commitments but never delivers.

Alternatively, there's an exciting place where we all commit to what we say we would do, or update each other when we're not on track. We have such high trust that we can come together to tackle a problem, split tasks and come back together with all parts completed. This is one of the best feelings of teamwork, when everything comes together and you succeed together.

This means:

- being on time to all meetings;
- saying what you'll do and by when (exact date and time);
- if you're running late on an item, updating someone the first moment you can;
- apologising when you let a team mate down; and
- compassionately feeding back to people when they aren't their word.

The door between Healthtech-1 HQ and Stratford Village Surgery.

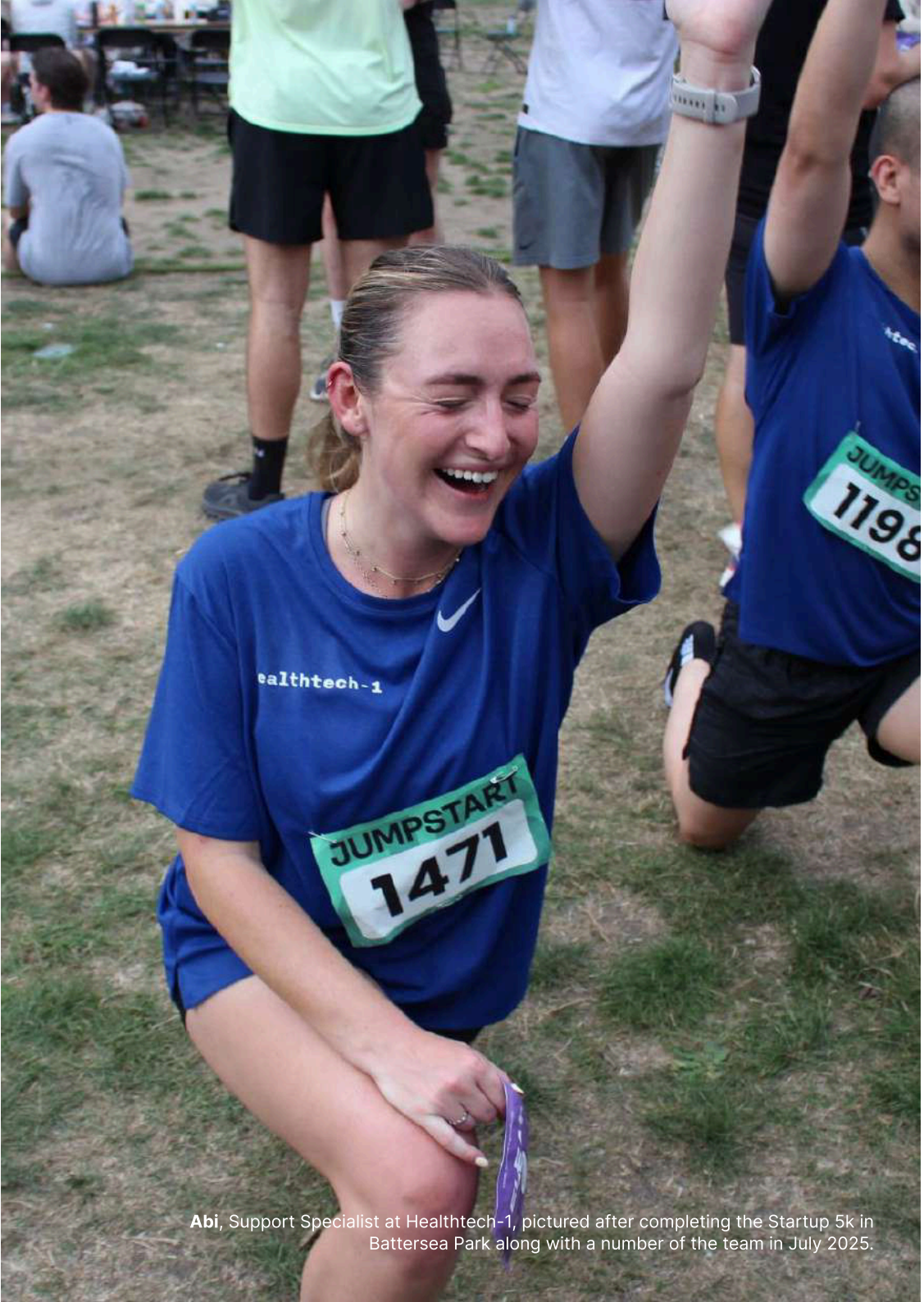
💬 Trust in transparency

How do we change if we don't know what to change? How can someone improve if no one tells them what they really think?

Strong relationships and incredible performance are both built on a bedrock of radical honesty.

This means:

- challenging hard with love;
- saying what we're scared to say, don't be afraid to be wrong;
- praising honesty and taking feedback as a gift;
- recognising that all feedback is true for the person giving it; and
- bringing feedback directly to your peers, rather than spreading it behind backs.



Abi, Support Specialist at Healthtech-1, pictured after completing the Startup 5k in Battersea Park along with a number of the team in July 2025.

🥳 Find the fun

This is serious work, but that does not mean it has to feel heavy. We believe the best teams enjoy the craft of what they do and bring warmth, humour and humanity into every interaction.

We work with NHS staff every day. They are under immense pressure, deeply mission-driven, and often brilliantly funny. If we can make their day even slightly lighter while doing meaningful work, we should.

Joy is not a distraction from excellence. It is fuel for it.

This means:

- bringing positive energy into rooms, calls, and messages;
- leaving people feeling better than when they met you; and
- laughing together, even when things are hard.

Processes

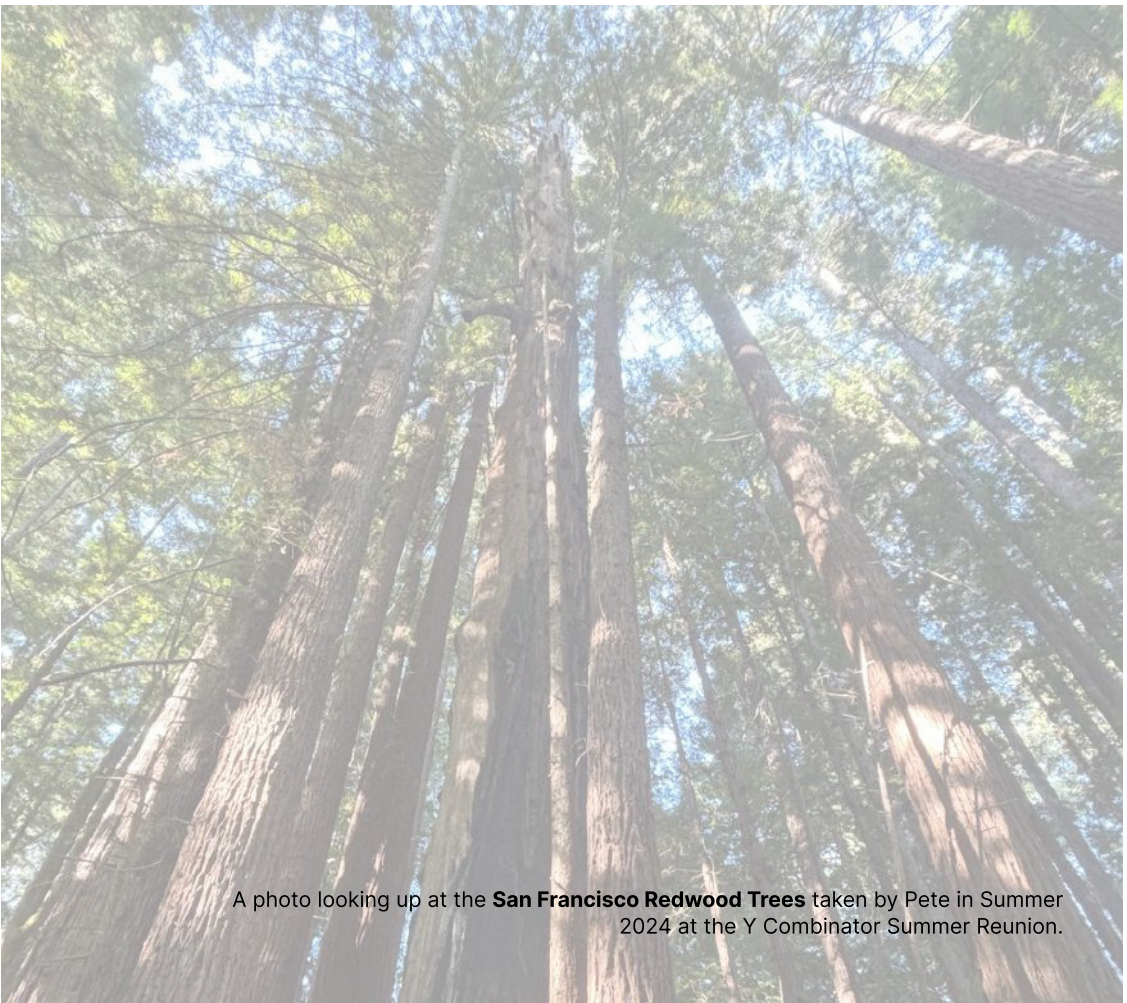
We are where we are because
of how we got here.

8 weeks or 10 years.

It's hard to have a 2 year plan as a startup. Every day, the ground moves.

So we have a pretty good idea of where we want to be in 8 weeks, and where we want to be in 10 years.

8 weeks is a *Growth Cycle*. After each one we take another look at where we want to be in 10 years to plan out the next 8 weeks.



A photo looking up at the **San Francisco Redwood Trees** taken by Pete in Summer 2024 at the Y Combinator Summer Reunion.

The secret sauce.

If you ask what the secret sauce is at Healthtech-1, it's Growth Cycles. Developed by Pete and Raj in their last company, they brought this company operating model to startups to create order.

There are 6 Growth Cycles a year, each lasting 8 weeks long. A year has 6 Growth Cycles.

Week 0 is planning week. The remaining 7 are for work.

In planning week, we:

- retro the past cycle 🌀
- present our mission, vision, strategy, and goals 🔭
- plan the next 7 weeks 📄
- celebrate our work so far 🎉

There are some rules for planning week:

- You should be in attendance all week in person.
- Planning should be your top priority.
- Business-as-usual work should be fit around company sessions.
- The social is a working day, and you should attend.

People

Finding and growing great people.

Finding great people.

Hiring is not posting a job. It is a curated experience, from first impression to passing probation.

Finding great people is everyone's responsibility. How we work, what we share, and the standards we hold are what attracts exceptional talent.

High standards are a perk.

If you know someone exceptional, bring them in. The best hires are often people we already trust, respect, and enjoy working with.

Growing great people.

We believe great people are intrinsically motivated and growth-oriented. Most learning comes from the work itself.

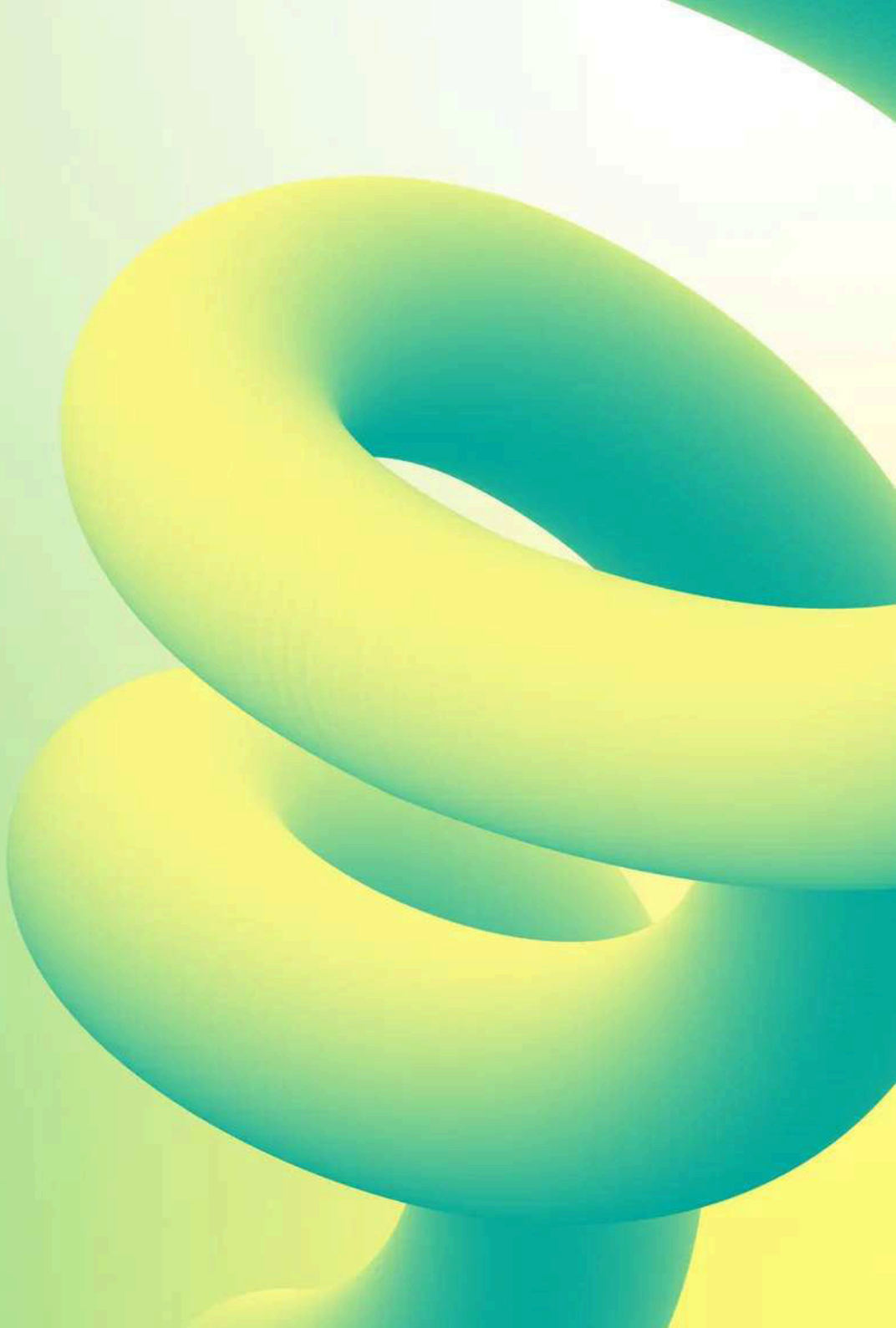
We will actively invest in your growth through strong onboarding, management, and coaching.

Our benefits and policies exist to remove friction so you can do your life's best work.

link.ht1.uk/benefits-and-policies.

Products

Designing and building
products that NHS staff love.



From: raj@healthtech1.uk
To: all@healthtech1.uk

Subject: Lessons from building products in healthcare.

Our first “automated” registrations product was barely automated.

It was front-end form feeding a spreadsheet. When a patient registered, Pete and I logged into the clinical system with NHS smartcards and manually copied everything across.

Herne Hill Group Practice still signed a contract at £2 per registration. We then went on to manually process over 1,000 registrations.

It was painful. And it was the best thing we ever did.

Doing the work ourselves taught us the real job. Where data breaks. What staff actually care about. Which steps matter and which are noise. It showed us the gap between what people say in interviews and what really happens in the back office.

That experience changed everything.

We could speak to practices as equals. We could challenge bad assumptions. We could design with nuance. And when a defensive registration clerk pushed back, we could go toe-to-toe and earn their respect.

Most health tech is built from the outside looking in.

We started from the inside.

That’s why it worked.

Product Principle 1: Become the user.

The fastest way to understand a problem is to live it yourself. Watching, interviewing or surveying users is good. Doing the job is better.

This is why you spend your first week at Healthtech-1 working on reception.

When you become the user, you stop debating hypotheticals and start seeing reality. You feel the friction, notice the edge cases, and understand what actually matters versus what sounds good in meetings.

Speaking from lived experience helps you sell a product with passion.

Most health tech companies cannot become the user. We are privileged to work in a real NHS GP surgery with easy access to clinical systems and healthcare processes.

This is our unfair advantage.

Use it.

Stratford Village Surgery – one of a group of four GP surgeries in East London; it's where our story began and where our story continues to be written.

Product Principle 2: Talk to users.

Most startups fail because teams build something nobody wants. The only reliable way to avoid that is to talk to users constantly.

User conversations are not “research” or a box to tick. They are the work. They tell you what to build, what to cut, what to ignore, and what to double down on.

User conversations are not “product’s job” or something to outsource, they are part of engineering.

If you are arguing internally over the roadmap, talking to users will cut through the noise.

Product Principle 3: One less task for NHS staff.

NHS staff already have more work than they can handle. Every feature we design should start with a single question: does this give them less work or more?

If a feature creates extra steps, extra clicks, or extra thinking, it is a tax on people who are already overloaded.

If something can be automated, we have a responsibility to automate it.

If we are not reducing load, we are part of the problem.

Product Principle 4: Create win-wins.

Practices are happy when their patients are happy. Badly built health tech products trade-off patient happiness against practice happiness.

Great products create win-wins.

Product Principle 5: Protect the patient.

“Move fast and break things” does not apply to clinical data.

When you are working on code that touches the patient record, slow down. The cost of mistakes is high and the cleanup is painful. Broken data erodes trust fast, and in healthcare, trust is everything.

If we do make a mistake, we own it and we fix it. We do not leave mess behind for NHS staff to clean up.

Speed matters. Accuracy matters more.

Notes on language.

Words set the culture. Choose them carefully.

You own a piece of this company. You have agency. This is not just Raj and Pete's company. It is ***our*** company.

Trust matters. Trust = Credibility + Intimacy + Reliability ÷ Self-orientation. The more you say 'I', the less people trust you. Your communications will be better received.

'Employee' is a legal label. It flattens talent into a contract. Use 'teammate', 'colleague', or even 'health-techie'.

'Boss' misses the reality. We are just people in a room with a shared purpose, not a hierarchy of importance.

No society can legitimately call itself civilised if a sick person is denied medical aid because of a lack of means.

– Aneurin Bevan