THE DELIVERY PARTNER FOR LIFE SCIENCES

Why Aire Logic?

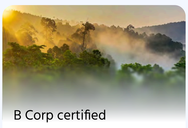
We are the delivery partner that makes life sciences ambitions executable — built on two decades of NHS infrastructure work, not on promises.

Employee Owned | B Corp Cerfified | ~20 Years NHS

Aire Logic is an **employee-owned, B Corp certified** technology company. We are not a generic IT consultancy, we are specialists in the systems, standards, and culture of UK healthcare. Our mission is to help ethical life sciences organisations **navigate the NHS** and realise their tech-for-good potential.

Employee-owned

We are invested in your success, not just the outcome of a contract.



B Corp certified

Ethics isn't a marketing line. It's how we're structured and how we work.

~20 years NHS delivery

Scotland, England, Wales and Singapore. National-scale architecture is our core.

PROOF POINTS

Delivered at national scale

44k+

NHS systems connected via the Spine

Core delivery partner migrating critical national infrastructure to cloud-native microservices.

2.8M

Citizens' records unified in Greater Manchester

FHIR interoperability enabling real-world evidence and clinical trial recruitment at regional scale.

50%

Reduction in manual GP registration tasks

NHS Spine PCRM programme. Registration automation lifted from 58% to 83%.

AireForms | Digital forms | Patient engagement | Reduced workload

£540k

Saved from NHS vaccination data remediation

180,000 incorrect records corrected nationally — zero clinical hours required.

3 months

Ahead of schedule — MESH cloud migration

Delivered with zero Sev 1 or 2 issues. High-availability service, now cloud-native.

100%

Uptime during Christie EHR modernisation

Strangler pattern migration from legacy ASP to containerised microservices — clinicians never disrupted.

Uptime 100%

PROOF POINTS

Delivered at national scale

01 Referral and Case Management — Pharma/NHS

Major Pharmaceutical Partner · Community/ Tertiary

CHALLENGE

Manual, admin-heavy referral workflows between community and tertiary care. Poor data quality, siloed systems, high friction at the care interface.

SOLUTION

Digitised workflows, integrated systems, improved data quality and information flow. Measurable reduction in friction between settings.

LIFE SCIENCES RELEVANCE

Demonstrates the three-shifts agenda in action: hospital to community. Real-world model for pharma companies influencing care pathway design.

02 NHS Spine and MESH — National Infrastructure

NHS Digital / Spine Futures · England-wide

CHALLENGE

Monolithic 30-year-old infrastructure joining 44,000+ systems. MESH: high-volume secure file transfer at risk from technical debt.

SOLUTION

Cloud-native microservices migration. MESH rearchitected on AWS — 3 months early, zero critical issues. Spine PCRM automation: 58% → 83%.

LIFE SCIENCES RELEVANCE

Gold standard for patient identity management. Consent-to-research flags at national scale. Blueprint for secure genomic data transfer.

03 Greater Manchester Care Record (GMCR)

Interoperability Architecture · 2.8M citizens

CHALLENGE

Care plans fragmented across primary, secondary and social care. Clinicians and researchers lacked a longitudinal view across the region.

SOLUTION

HL7 FHIR API layer and XDS document repository. Unified data fabric enabling structured, machine-readable care plans across all EPR systems.

LIFE SCIENCES RELEVANCE

Blueprint for Phase IV / real-world evidence. Enables precision trial recruitment across millions of patients. Directly applicable to pharma and biotech.

04 National Vaccination and Immunisation Data

NHS Digital · National · Post-Market Surveillance

CHALLENGE

180,000 vaccination records with incorrect product codes. Manual correction would have cost £540K and 15,000 clinical hours.

SOLUTION

PySpark-based data deduplication and "block and reflow" strategy. Records corrected at national level with zero clinical intervention required.

LIFE SCIENCES RELEVANCE

Blueprint for post-market surveillance and pharmacovigilance at population scale. Maintains single source of truth for long-term drug safety tracking.

OUR APPROACH

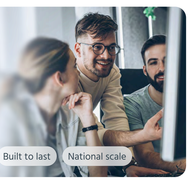
What makes us different

NHS domain depth

We know the difference between DTAC, DCB0129 and DCB0160 — and we build compliance in from the start. No retrospective audits.

Full-stack DevOps

Design, build, run and maintain. We don't hand off. We stay with you from architecture through to live national deployment.



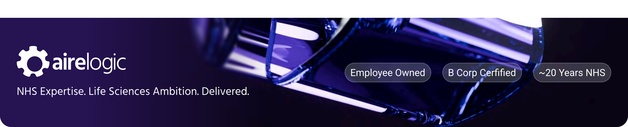
Design to deploy | We stay with you | Built to last | National scale

National scale architects

Scotland, England, Wales and Singapore. We define the architectures that underpin population-scale health services.

Co-creation, not consultancy

Partners on the ground, invested in delivery. Strategic guidance and flexibility that SMEs need to move fast in a risk-averse system.



airelogic

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