MELIORA MEDICAL

Built for young people. Trusted by everyone.

2025/26 Annual Report.

REPORTING PERIOD	YOUNG PEOPLE COVERED	APPOINTMENTS DELIVERED
Sep 2025 - Aug 2026	161,000+	~30,000

INSIDE THIS REPORT

Meliora Medical
48 Wimpole Street, London W1G 8SF · melioramedical.co.uk

MELIORA MEDICAL

1.1 THE PROBLEM

Adolescent health has never had an owner.

Adolescents are not mini-adults. Yet typically so much of their care, the policies around it and the studies that drive those policies are taken from adults. Being an adolescent in today's world means needing care that is bespoke to this demographic.

Care is fragmented

A single injured adolescent may pass through a school medical room, a GP, an urgent care centre, a physiotherapist and a coach, none of whom can see what the others recorded.

Expertise is uneven

Adolescent-specific expertise exists in the UK, but it is concentrated in a small number of places. Whether a young person reaches it is largely a matter of geography and circumstance.

Schools carry the weight

Schools are asked to make clinical judgements about head injuries, illness and safeguarding, often without a clinician available and always with legal responsibility attached.

1.2 OUR PURPOSE

Meliora is an adolescent healthcare organisation, built to close that gap. We put qualified clinicians where young people already are, connect the parts of their care that do not currently speak to one another, and use innovative technology to provide great care, whilst enabling us to study, analyse and publish. Creating the care delivery and wider healthcare infrastructure needed to give adolescents truly bespoke care.

OUR MISSION

To set the standard for adolescent healthcare in the UK.

Building the clinical expertise, evidence and infrastructure that young people, families, schools and the wider system can depend on.

OUR VISION

A UK where adolescent health is a clearly defined, well-resourced specialism.

We are the name that schools, families, clinicians and commissioners turn to first.

1.3 A WORD FROM OUR CHIEF EXECUTIVE

Setting the standard for adolescent healthcare.

Harry Black
Chief Executive Officer
Meliora Medical

For too long, adolescent health has fallen into a systemic gap. Young people are routinely treated as mini-adults, navigating a fragmented system where access to specialist care is largely dictated by geography. Parents are left uncertain where to turn, while schools carry an unfair clinical burden without dedicated medical support.

This year, we took decisive action to change that. We evolved from Return2Play into Meliora Medical - a structural transformation rather than a simple rebrand. We have moved beyond delivering standalone services to building the interconnected clinical expertise, evidence, research and infrastructure that families, schools and the wider health system can depend on.

Over the 2025/26 period, our network grew by a third to more than 120 clinicians. Together, we provided care for over 161,000 young people across 160 partner schools and clubs - up from 146,000 young people and 140 partners last year - delivering approximately 30,000 clinical appointments.

Through our proprietary R2P System, our School and Sports Medicine departments, and our clinic at 48 Wimpole Street, we ensure a young person can always reach a specialist who truly understands adolescent health.

A knee injury is rarely just a knee problem, and a headache is rarely just a headache. The presenting problem is often only a doorway to that young person, and they need - and deserve - specialist, holistic care. Our school doctors and nurses regularly manage mental health presentations, complex long-term conditions like diabetes and epilepsy, multi-agency safeguarding, and international boarders navigating a foreign health system. Delivering that breadth is what adolescent expertise actually requires, and it is why we describe ourselves as an adolescent healthcare organisation, and no longer a sports medicine provider.

While we are proud of our expanding scale, our true measure of success remains clinical quality. It is reflected in our 4.99 out of 5 Doctify rating at 48 Wimpole Street, and in the 96 per cent of surveyed concussion patients who would recommend us to family and friends.

Crucially, we spent this year proving our work rather than asserting it. Our concussion rehabilitation research earned first prize at the European Sports Concussion Conference, while the Centre for Youth Sports Medicine - our joint venture with HCA Healthcare UK and the Institute of Sport, Exercise and Health (ISEH) - hosted over 400 delegates at our annual conference to help advance the field. A key focus of the next year is continuing to publish our research, with some exciting updates to come here over the next few months.

As we look ahead to 2026/27, our objective remains clear: to ensure that high-quality, bespoke adolescent healthcare becomes the norm across the UK, not the exception.

1.4 THE YEAR IN SCALE

A year of adolescent healthcare, measured.

Where we hold comparable figures for 2024/25, they are shown alongside.

161k+

Young people covered by a Meliora service this year

From 146,000 in 2024/25

160+

Partner schools and clubs across the United Kingdom

From 140+ in 2024/25

120+

Doctors, nurses and physiotherapists in our network

From 90+ in 2024/25

~30k

Clinical appointments delivered in the year

From ~25,000 in 2024/25

10,624

Injury episodes recorded on the R2P System this year

From 9,668 in 2024/25

6k+

Head injury and concussion patients managed this year

From 5,000+ in 2024/25

4.99/5

Average Doctify rating at our Wimpole Street clinic

96%

Of surveyed concussion patients would recommend us to family and friends

97%

Of school clients renewed their partnership with us

What 161,000 means in practice

These are young people at schools where we hold clinical responsibility for some part of their healthcare. Most may never meet us. The point is that on the day something happens, a clinician who works with adolescents every day is already attached to their school.

What 30,000 appointments buys back

Many of these are consultations that would otherwise have joined a GP list, an urgent care queue or a fracture clinic. Delivered in a school medical room or by video within days, they return young people to learning and to sport sooner.

2.1 HOW MELIORA WORKS

One young person, one clinical team.

Meliora is not a group of separate services. It is one holistic organisation - two clinical departments, a specialist clinic and the proprietary technology to facilitate it all - enabling us to build a single clinical team around the young person.

CLINICAL DEPARTMENT

School Medicine

School doctors and school nursing delivering general adolescent healthcare on site: mental health, long-term conditions, medical complexity and safeguarding, alongside medical centre reviews and governance support.

CLINICAL DEPARTMENT

Sports Medicine

Head injury and concussion care, physiotherapy and rehabilitation, sports doctors and match-day medical cover for school and club fixtures.

SPECIALIST CLINIC

48 Wimpole Street

Our adolescent clinic and physical hub: face-to-face assessment, complex cases and the destination both departments refer into.

INFRASTRUCTURE

The R2P System

The record, triage and remote care platform behind our sports medicine pathway, now used by every one of our partner schools and clubs.

THE INJURY PATHWAY, WHEREVER IT STARTS

01
Injury
In school, on the touchline, or at home

02
Recorded
Structured record created at source on R2P

03
Care delivered
On site, remotely, or at Wimpole Street

04
Return
To learning and to sport, signed off clinically

05
Communication
Parents, schools and clubs kept informed throughout

A great deal of our work is about connecting care within a school, so that a young person is seen holistically rather than through a single lens. Where a case needs consultant assessment or imaging, established referral routes move it forward rather than sending the family back to the start.

2.2 SCHOOL MEDICINE

Adolescent healthcare, delivered in school.

A school is not a healthcare setting, but for a great many young people it is where healthcare actually happens. Our School Medicine department puts qualified clinicians into that space, and reduces and absorbs the clinical risk a school would otherwise carry alone.

IN 2025/26

+20%
Growth in the number of schools the department serves

2
New services launched: School Nursing and Medical Centre Reviews

8
New clinicians joined the department this year

CLINICAL BREADTH

The presenting problem is rarely the whole picture.

Our school doctors and nurses manage the full range of what presents in a school population, and the caseload is one of the clearest demonstrations of what adolescent expertise actually requires.

- **Mental health**
  The fastest-growing category of presentations we see.
- **Long-term conditions**
  Diabetes, epilepsy, asthma, allergy and neurodevelopmental conditions among many others, managed day to day within school life.
- **Medical complexity**
  Pupils on multiple medications, care plans held with the school, coordination with specialist teams, safeguarding cases with several stakeholders, and international boarders far from their own health system.

Embedded, not outsourced

The clearest sign of the year was what schools started asking us to do. Not only to run clinics, but to review their medical governance and advise on how their medical centres should be staffed. That is reflected in the 97 per cent who renewed, in a sector under real budget pressure.

2.2 SCHOOL MEDICINE, CONTINUED

What a school gets, and what it no longer carries.

- **School Doctors**
  Regular, named clinicians who know the school, the staff and the pupils.
- **School Nursing**
  Launched this year. Nurses who are trained, checked and clinically supported by us rather than recruited and supervised by the school.
- **Medical Centre Reviews**
  Also launched this year. Structured clinical review of a school's medical facilities, protocols and record-keeping, with a written improvement plan.
- **Governance and Safeguarding Support**
  Clinical governance advice and safeguarding practice, so that a school is not holding medical risk on its own.

SAFEGUARDING

Keeping children safe is the first job, not an adjacent one.

Every clinician working in a school operates in a safeguarding environment as much as a clinical one. Our safeguarding lead sits within clinical leadership rather than alongside it, safeguarding forms part of onboarding for every clinician in the network, and our teams work alongside each school's own designated leads rather than in parallel with them.

Complex cases frequently involve several stakeholders at once. Holding that coordination is part of the service, not an exception to it.

Care Quality Commission

Rated Good

Regulated, inspected and rated

Meliora Medical is registered with the Care Quality Commission and rated Good. Our most recent inspection took place before this reporting period. Registration means our regulated clinical activity is inspected against national standards rather than assured by us alone.

WHAT A SCHOOL PARTNER SAYS

"It begins, of course, with peerless medical up-to-date competence and then extends way beyond into matchless communications across the school, deep pastoral instincts for the boys and collaborative approaches with parents. Hand on heart, I cannot conceive of how Meliora could be better."

HARROW SCHOOL

Alastair Land, Headmaster, Harrow School

School Doctor · Sports Doctor · Physiotherapy · Head Injury and Concussion Care · Match Day Medical Services

2.3 SPORTS MEDICINE

From the touchline to full return to sport.

Young athletes are still growing, are managed by teachers and volunteers as often as by clinicians, and the injuries that shape their adult health are frequently the ones treated least carefully. Sports Medicine is our largest department, and accounts for most of our clinical volume.

IN 2025/26

500+
Match-day sessions covered at school and club fixtures

5,567
Physiotherapy appointments delivered

80
Of our 120+ clinicians work in Sports Medicine

Two services began this year: a concussion rehabilitation service running from 48 Wimpole Street, which holds a five-star rating on Doctify, and Performance Physiotherapy for young athletes carrying higher training loads.

- **Head Injury and Concussion Care**
  Our founding service, and now roughly half of all the care we deliver. Set out in full on the page opposite.
- **Match Day Medical Cover**
  Doctors and physiotherapists pitchside at school and club fixtures, with immediate assessment where it matters most.
- **Sports Doctor Clinics**
  Regular on-site clinics with sport and exercise medicine doctors, assessing and managing injuries in school without the wait for an external referral.
- **School Physiotherapy**
  Regular on-site clinics, so an injury is assessed and rehabilitated in school hours rather than after weeks of waiting.
- **Performance Physiotherapy**
  A new service launching this year to help young athletes not just return to sport, but return to peak performance.

"Georgie is incredibly friendly and hugely helpful. I have notably improved, and attribute it almost entirely to the support I received here, after several prior months of no progression."

Concussion and physiotherapy patient

2.4 HEAD INJURY AND CONCUSSION

Our founding service, now a governed pathway.

Concussion is the clearest illustration of why adolescent health needs specialists. The injury is invisible, the guidance is inconsistently applied, and the consequences of getting it wrong fall on a developing brain whilst under the pressures of school and social life.

IN 2025/26

14,813
Concussion appointments delivered, around half of all our clinical activity

10,624
Injury episodes recorded on R2P this year, up from 9,668

96%
Of surveyed patients would recommend us to family and friends

A head injury reported at a school now enters a structured route rather than a queue.

Because most of this is delivered remotely, a young person at a rural school reaches the same concussion specialist as one in central London, usually within days.

> "He gave me a very clear explanation about what was going on and a practical path to recovery. Very reassuring."
>
> **Post-concussion patient**

DAY ZERO
Injury reported
Logged by the school on R2P, symptoms and mechanism captured at source.

WITHIN DAYS
Duty doctor appointment
A concussion-experienced doctor sets the management plan.

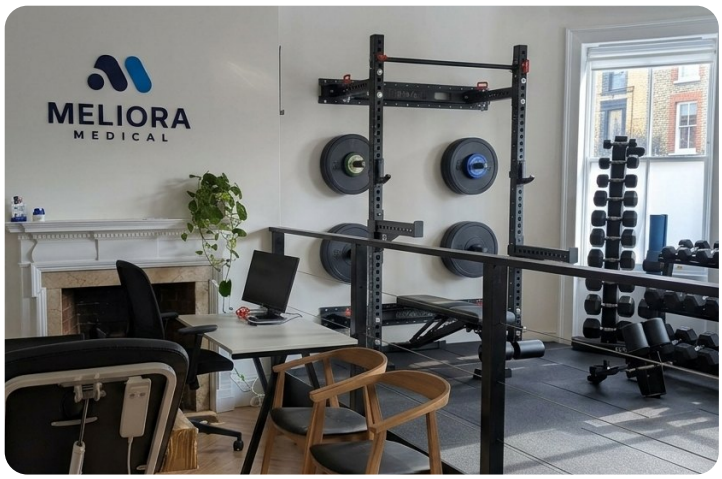
RECOVERY
Graduated return
Return to learning then to sport, signed off clinically rather than by guesswork.

WHERE NEEDED
Rehabilitation or complex clinic
Specialist rehabilitation, or onward referral for cases not following the expected course.

2.5 48 WIMPOLE STREET

A clinic built for adolescent patients.

2025/26 was the clinic's first full year, having opened partway through the previous one. Two new services began there: concussion rehabilitation and physiotherapy.



The clinic has become the destination both our departments refer into. A case that begins in a school medical room or on a touchline now has somewhere specialist to go: face-to-face assessment, complex case work, physiotherapy and rehabilitation, delivered by clinicians who see adolescent presentations every day rather than occasionally.

Patient experience is measured continuously through Doctify, the independent review platform, rather than sampled internally. Across the year the clinic holds a rating of 4.99 out of 5, and the new concussion rehabilitation service holds a full five stars.

Recognised for patient experience

This year the clinic received a Doctify Great Patient Experience award, based on verified reviews left by patients on the independent platform rather than on feedback we collect ourselves. Our concussion rehabilitation service, launched during the year, holds a full five stars.

> "Welcomed by friendly, professional staff and a clean, well-organised environment. Five-star service in every sense. This will be my one and only medical group for any future treatment."
>
> **Patient, Wimpole Street**

> "Visiting for sessions was always very easy and clear, and the facilities were excellent. I had the sense I was in the best place for my rehab."
>
> **Patient, Wimpole Street**

2.6 THE R2P SYSTEM

The infrastructure beneath the model.

We are constantly innovating our proprietary software to allow us to provide gold-standard clinical care in the most efficient and timely way, no matter where the patient is.

IN 2025/26

466k+
Registered users across all roles on the system

10,624
Injury episodes recorded this year, up from 9,668

45k+
Episodes held in total, and growing every week

- **Integrated with the systems schools already use**
  We increased the number of integrations with EdTech providers this year, so that injury data sits alongside the other systems a school runs rather than in isolation.
- **Analytics in the hands of schools**
  New in-built AI tools let a school interrogate its own injury data directly, rather than waiting for a report from us.
- **Built for research**
  We substantially improved our ability to analyse the dataset and run research studies from it, which is what the next chapter is built on.
- **Dedicated technology leadership**
  Brought in this year to accelerate the platform and consolidate the systems behind clinician onboarding, scheduling and compliance.

Why it matters for access

Capture begins at the point of injury rather than the point of appointment. Triage, consultation and sign-off all run through the platform, so travel distance and geography no longer limit a young person's access to high-end, bespoke care. And because records are consistent across tens of thousands of episodes, routine care produces a structured clinical dataset.

3.1 FROM CARE TO EVIDENCE

Proving it, not claiming it.

Much of what is recommended for young people in sports medicine is extrapolated from studies of adults. Because our clinical model records what happens at the point of need, routine care produces data, data supports research, and research changes adolescent care.

3.2 RESEARCH

Award-winning work on concussion rehabilitation

Our research on the concussion rehabilitation service won first prize at the European Sports Concussion Conference this year: external validation from an independent scientific audience.

Questions we are positioned to answer

How long adolescent recovery from concussion takes. Which young people are at greater risk of prolonged symptoms. Whether structured rehabilitation shortens recovery. There is a real evidence base behind each of these, but much of it is drawn from adult populations, and the adolescent-specific literature remains comparatively thin. A large, consistently recorded dataset of adolescent episodes is a useful contribution to closing that gap.

3.3 THE CENTRE FOR YOUTH SPORTS MEDICINE

Data alone does not produce peer-reviewed knowledge. It needs an academic setting and clinical partners. CYSM, our joint venture with HCA Healthcare UK and the ISEH, provides both.

A fifteen-year-old with a persistent knee problem does not need a referral into a general queue. They need someone who sees adolescent knees, reachable within 24 hours.

- **Referral pathways that work** Settled routes connect schools, clubs and primary care into specialist assessment.
- **Consultant-level access** Consultants and facilities a school medical service could not otherwise offer.
- **An academic home** What we observe in practice can be tested and published properly.

3.4 BRINGING THE FIELD TOGETHER

400+

Delegates at the CYSM annual conference

Co-hosted with HCA Healthcare UK and the ISEH, the conference drew more than 400 delegates and over twenty international speakers, and was oversubscribed at registration.

In the year ahead we will publish more of our own research and work with research institutions on larger projects.

4.1 OUR CLINICAL NETWORK

A place to build a career in adolescent medicine.

Meliora is a network of more than 120 doctors, nurses and physiotherapists who work in adolescent healthcare because they think it matters, not because it is the obvious career. Clinical placement partnerships with several universities began this year, and we have already appointed our first placement student, a physiotherapist, on graduation.

Adolescent medicine sits between paediatrics and adult practice, and clinicians drawn to it have historically had to build careers around that gap rather than within it. Part of what we are building is somewhere for those people to work.

4.2 THE ASSURANCE FRAMEWORK

Structure, not reassurance.

Holding one clinical standard across 160 schools, 120 clinicians and 30,000 appointments is a question of structure. Ours rests on four layers.

- **01 Regulatory footing**
  Registered with the Care Quality Commission and rated Good, with named registered managers and a designated data protection officer.
- **02 Named clinical leadership**
  An accountable lead for each department, with the safeguarding lead inside clinical leadership.
- **03 Credentialled clinicians**
  Consolidated onboarding, credentialling and compliance across the network.
- **04 Governed pathways**
  Defined pathways with triage, escalation criteria and complex case review.

4.3 WHAT PATIENTS AND PARENTS TELL US

Feedback is collected routinely across our services rather than sampled occasionally, and reviewed as a quality signal rather than a marketing one.

4.99/5 Average rating for the Wimpole Street clinic on Doctify

96% Of surveyed concussion patients would recommend us to family and friends

100% Of our staff describe Meliora as a positive place to work

> "Dr Barke supported my son's recovery from a collapsed lung, through rehabilitation and recovery, to the point he could play contact rugby again. So approachable, understanding and responsive."
>
> **Parent of a patient**

> "He gave me a very clear explanation about what was going on and a practical path to recovery. Very reassuring."
>
> **Post-concussion patient**

The consistent theme is not comfort. It is clarity.

Read together, what patients and parents describe most often is being told plainly what has happened, what will happen next and who is responsible for it. For families used to being handed uncertainty, that is the difference the specialism makes.

5.1 THE YEAR AHEAD

What we are building next.

1 Reach young people beyond independent schools
Our network of partner schools continues to grow each year. The next stage is extending the same services to sports clubs, families and universities, so that access to adolescent expertise is not determined by the school a young person attends.

2 Deepen the clinical offer
School Nursing and Medical Centre Reviews both launched this year and will scale from a standing start. At 48 Wimpole Street, following its first full year and the launch of concussion rehabilitation and physiotherapy, we will add further specialist services.

3 Publish more, and with partners
Having won first prize at the European Sports Concussion Conference and substantially improved our ability to run studies from the dataset, we will take the concussion and injury data further into peer-reviewed research alongside academic institutions, so that adolescent recommendations rest on adolescent evidence.

4 Scale the R2P System
R2P is now used by every one of our partner schools and clubs. The work ahead is depth rather than reach: more integrations with the systems schools already run, and better tools for schools to interrogate their own data.

5 Grow our specialist referral pathways
Build out more routes from our services into specialist assessment, so that a young person who needs consultant-level care reaches it within 24 hours. The Centre for Youth Sports Medicine shows what a settled pathway looks like; we want several of them, across more of adolescent health.

5.2 THE LONGER AMBITION

A standard that does not depend on postcode, school or sport.

A UK where adolescent health is a properly resourced specialism, and where the care a young person receives is the same wherever they happen to be. There is a great deal still to do.

OUR MISSION

To set the standard for adolescent healthcare in the UK.

Building the clinical expertise, evidence and infrastructure that young people, families, schools and the wider system can depend on.

PARTNERSHIP ENQUIRIES
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Meliora Medical Group Ltd, company number 12632407. Details of our registered managers, safeguarding lead and data protection officer are available on request. Figures cover 1 September 2025 to 31 August 2026.

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