Health Shared Communities

GP PARTNER PACK · HEALTH SHARED COMMUNITIES

The Missing Activation Layer for Primary Care

A structured, community-led model that transforms what happens between appointments — where patient outcomes are truly determined.

Primary care has been optimised for the consultation. Health Shared exists for everything that follows it. This is not a tool upgrade — it is a new category of care continuity.

01 — THE PROBLEM

A Quiet Inefficiency No System Has Solved

Patients leave consultations equipped with advice, plans, and prescriptions. What they consistently lack is the reinforcement to act on them. Motivation fades. Behaviour change stalls. Conditions remain unmanaged. Demand returns to the system.

THE RE-ATTENDANCE CYCLE

Consultation → **Drop-off** → **Deterioration** → **Re-attendance**

WHAT PATIENTS LEAVE WITH

— Advice and care plans
— Prescriptions and referrals
— Clear clinical guidance

WHAT PATIENTS STILL LACK

— Ongoing reinforcement
— Confidence to act
— Shared experience and support

"Healthcare does not fail **in** *the consultation. It fails* **in the gap after it.** *No amount of faster notes, better booking systems, or automated reminders will resolve a fundamentally human and behavioural challenge."*

02 — THE MODEL

A New Layer in Primary Care

Health Shared occupies the space between clinical decision-making and real-world patient behaviour. It operates around existing systems — adding the structured community dimension that clinical tools alone cannot provide.

CURRENT STATE
— "Tell patients what to do"

→

HEALTH SHARED
— "Help patients sustain what works"

01
PEER LEARNING
Patients learn from shared experiences within structured cohorts.

02
SOCIAL REINFORCEMENT
Clinical advice reinforced through community beyond the consultation.

03
CONTINUOUS ENGAGEMENT
Engagement becomes an ongoing experience — not isolated appointments.

04
BEHAVIOUR CHANGE
People change behaviour more durably when supported by peers.

03 — STRATEGIC FIT

Why This Matters Now

Every major NHS reform — the shift to prevention, PCN growth, integrated care, personalised care models — improves the system. None reliably improves patient confidence, behaviour change, or long-term adherence. That is precisely the gap Health Shared closes

SECTOR DIRECTION
— Prevention and population health
— PCN and integrated care growth
— Personalised care expansion
— Digital infrastructure at scale

THE REMAINING GAP
— Patient confidence post-consultation
— Sustained behaviour change
— Long-term treatment adherence
— Continuous engagement infrastructure

04 — IMPLEMENTATION

The One-Cohort Pilot

Do not transform everything. Start with one cohort, prove value, and scale with evidence. This minimises adoption risk while generating real-world insight that informs internal decision-making.

PILOT SPECIFICATION	FREE · SELECTED PRACTICES
DURATION	8 – 12 weeks
COHORT SIZE	30 – 150 patients
FOCUS	One condition or population group
COMMITMENT LEVEL	Low — designed for practice reality

Frailty / falls risk
Community activation for older patients with complex needs and social isolation.

Type 2 diabetes
Peer-supported adherence, lifestyle reinforcement, and shared self-management.

Hypertension
Behaviour change around medication, diet, and monitoring between reviews.

Post-discharge
Structured support during the high-risk period after hospital discharge.

05 — VALUE BY ROLE

Clear Impact Across Your System

FOR GPS

— Better translation of clinical advice into patient action
— Reduced avoidable and repeat consultations
— Greater confidence in long-term condition management

FOR PRACTICE MANAGERS

— Scalable engagement without manual follow-up burden
— Improved operational efficiency across LTC cohorts
— Real engagement data for reporting and planning

FOR PCNS

— Strengthens personalised care and prevention strategy
— Supports population health at cohort level
— Research-active positioning and QI alignment

FOR PATIENTS

— Increased confidence managing their own condition
— Reduced isolation through peer experience
— Practical learning that supplements clinical care

INFORMATION GOVERNANCE

DATA PRINCIPLES
Aligned with GDPR and designed for minimal data exposure at every layer of the model.

SECURITY FRAMEWORK
ISO 27001-aligned approach with role-based access and patient protection as the primary design constraint.

DESIGN PHILOSOPHY
Healthcare innovation requires trust. The model is built to exceed the baseline — not merely meet it.

06 — RISK & MITIGATION

Considered Responses to Real Concerns

RISK	MITIGATION
Low patient engagement	Structured onboarding with guided prompts and community facilitation from week one.
Staff hesitation to adopt	Small-scale pilot with minimal commitment. No existing workflows disrupted.
Perceived complexity	One cohort. One focus. Clear start point — designed for practice reality.
IG uncertainty	GDPR-aligned by design with role-based access controls and minimal data exposure throughout.

07 — COMMON QUESTIONS

Direct Answers

Is this another system to integrate?

No. Health Shared sits around your existing systems. There is nothing to integrate and no workflow that requires modification.

Will this add workload to our team?

The model is designed to reduce avoidable demand over time. The pilot requires minimal staff input and generates evidence that supports internal decision-making.

How does the free pilot work?

A limited number of GP practices and PCNs are invited to run a free, structured pilot — reducing adoption friction and building partnerships through demonstrated value.

Is it suitable for an NHS environment?

Yes. Designed for healthcare-grade environments with GDPR alignment, minimal data exposure, and role-based access controls built in from the outset.

Is there a research pathway?

Yes. Health Shared is developing academic collaboration pathways — including with Imperial College London — and real-world evaluation opportunities for participating practices.

08 — INTERNAL ADVOCACY

Starter Language for Your Colleagues

EXPLORATION — Improving patient follow-through between appointments

"I've come across a model that specifically addresses what happens after appointments — for our long-term condition cohorts. It's called Health Shared and it uses structured peer communities to reinforce care plans and sustain behaviour change. Worth a look before our next patient engagement discussion."

PILOT PROPOSAL — Testing one cohort — low commitment, real data

"I think there's something worth exploring. The pilot is small — one cohort, 8–12 weeks — and the free model means we can generate real evidence without significant risk. Could we discuss running this with our T2D or frailty list?"

PCN ESCALATION — Relevant to our personalised care agenda

"This feels relevant at PCN level, given our population health and personalised care commitments. Health Shared directly addresses patient activation between appointments — the gap our other tools haven't closed. Worth discussing at the next clinical directors' meeting."

NEXT STEPS

Ready to close the gap?

Book a GP demo, explore the free pilot, or share this pack with a colleague.

BOOK A GP DEMO | EXPLORE FREE PILOT