

FOR NHS TRUSTS · SPECIALTY TEAMS · SECONDARY CARE LEADERS

# Don't just manage the pathway.

# Activate the cohort.

Health-Shared helps secondary care organisations build condition-specific patient communities that improve preparation, activation, recovery, and follow-through across the treatment journey.

Designed for specialty services, perioperative pathways, outpatient cohorts, and long-term treatment journeys. Works alongside your existing clinical pathways, outpatient models, and patient communications.

**Secondary care already has trusted relationships with large condition-specific cohorts.**

The question is not how to manage those pathways more tightly — it is how to help people become more active within them.

Not another patient portal

Condition-specific activation

NHS elective reform aligned

Prehab & recovery support

Evidence-grounded model

01 THE OPPORTUNITY

## Secondary care has an activation opportunity inside the cohorts it already serves.

Most secondary care services already know large groups of people well — people waiting for procedures, preparing for surgery, in recovery, or managing long-term specialty conditions. But those relationships stay mainly transactional: appointments, letters, scheduling. Health-Shared is built to change that.

**People waiting for procedures**

Waiting is not passive time. It is an opportunity to build readiness, confidence, and understanding before the procedure.

**People preparing for surgery**

Better preparation before intervention is directly linked to smoother recovery, fewer complications, and shorter stays.

**People in recovery and rehab**

Post-treatment follow-through determines long-term outcomes. Peer support and structured activation make a measurable difference.

**Long-term condition patients**

Chronic and recurrent specialty patients need more than appointments — ongoing self-management support between contacts.

**Health-Shared is built for that gap.** It helps services move from *controlling the pathway* to *activating the people in the pathway* — aligned with NHS England’s direction on personalised, digital elective reform and health optimisation before surgery.

## Why this matters operationally in secondary care.

### BETTER READINESS, BETTER OUTCOMES

#### Health optimisation & prehabilitation

NHS England's perioperative guidance links surgery dates to patients being **fit or ready from a health point of view**. NHS and Macmillan prehabilitation materials point to fewer complications, shorter stays, and fewer A&E admissions when prehab is done well.

Health-Shared supports this by creating a condition-specific community where people can learn, prepare, and engage earlier — not just receive isolated instructions.

### BETTER RECOVERY, LOWER REPEAT DEMAND

#### Reducing avoidable readmissions & utilisation

NHS England's supported self-management evidence says patient activation is associated with **lower use of some healthcare services**. Its intermediate care framework links better discharge support with reduced avoidable readmissions and improved independence.

Health-Shared supports this by helping people stay connected, informed, and active after intervention — reducing the chance that recovery becomes disengagement.

## Health-Shared gives secondary care services a condition-specific activation layer.

Specialty teams create structured digital communities where patients prepare better, learn from people at similar stages, build confidence through peer support, and stay engaged after intervention — instead of isolated letters, leaflets, or scattered messaging.



This is not social media noise. It is a **structured, specialty-relevant community model** informed by published work on communities of practice, patient engagement, and digital self-management support in healthcare.

#### 04 EXAMPLES IN SECONDARY CARE

## Examples of the model built around real specialty cohorts.

EXAMPLE — PERIOPERATIVE	EXAMPLE — VASCULAR SPECIALTY
<p><b>West Middlesex Fit for Surgery Community</b></p>	<p><b>Imperial College Varicose Veins Community</b></p>
<p>A fit-for-surgery community model can help bring together patients at different points before a procedure so they can build understanding, confidence, and readiness — while the service gains a better activation layer around preparation. The community supports patients across prehab, health optimisation, expectations, and shared experience from those further along the pathway.</p>	<p>A varicose veins community model can help support patients across education, decision-making, consent understanding, expectations, recovery, and longer-term self-management. Rather than isolated contacts at appointments, patients benefit from an ongoing peer community that reinforces understanding and confidence.</p>

*These are examples of how a service can build around a real specialty cohort it already knows, rather than trying to create engagement from scratch.*

## 05 GETTING STARTED

## Start with one specialty cohort, not an organization-wide rollout.

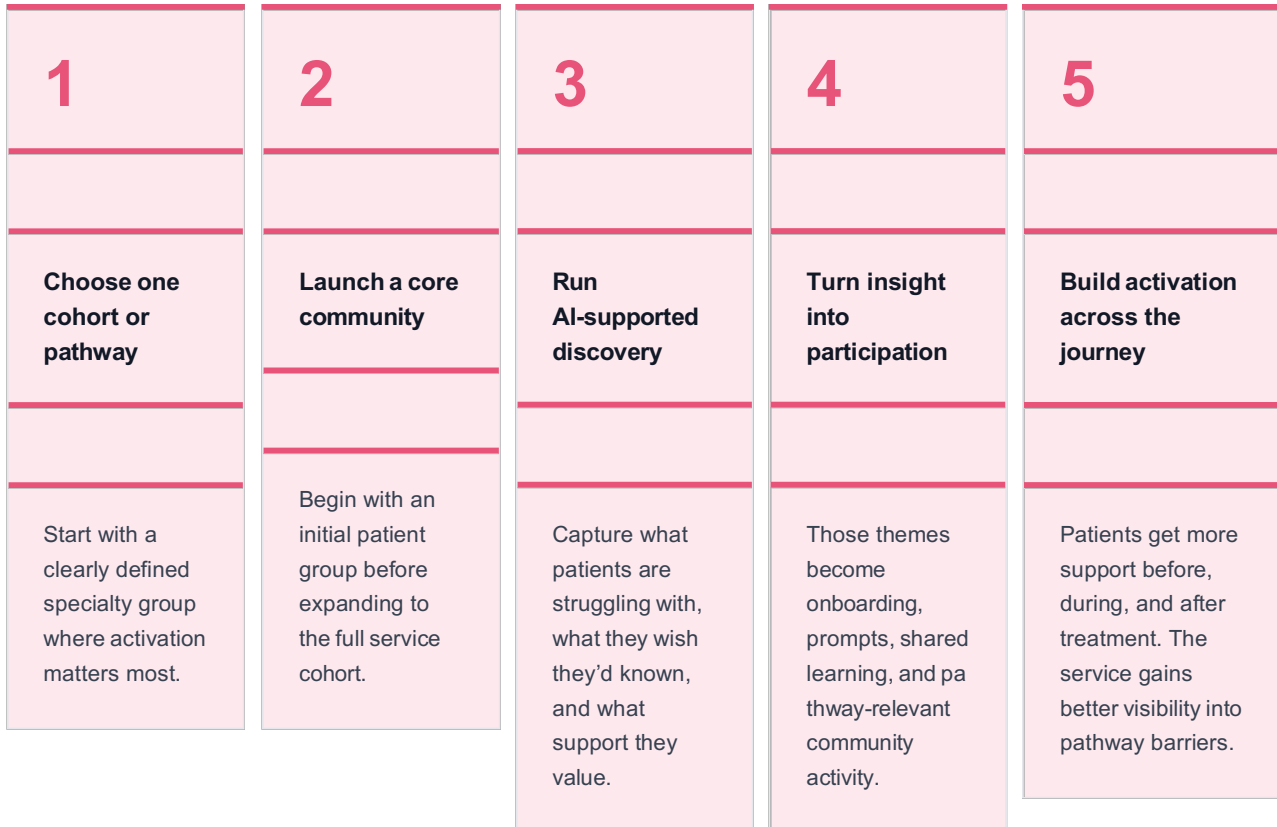
Health-Shared can begin as a focused pilot around a defined pathway or cohort — making it easier to test, learn, and build an internal case for scale without disrupting existing services.

## EXAMPLE PILOT COHORTS

PILOT-READY	PATHWAY-RELEVANT	SCALABLE
Start with one specialty group and one clear operational objective.	Build around real patients at real stages of the treatment journey.	Prove the model in one service, then expand with evidence.

<b>Prehab / fit-for-surgery cohorts</b>	<b>Vascular patient communities</b>	<b>Rehab and recovery pathways</b>	<b>Long-term outpatient cohorts</b>
<b>Recurrent condition populations</b>	<b>Procedure-specific education cohorts</b>	<b>Post-treatment self-management groups</b>	<b>Chronic specialty condition groups</b>

## Five steps from specialty cohort to active patient community.



## Supported by leaders across primary care, public health, and patient activation.

*“Health-Shared empowers individuals with the tools for sustainable self-care while providing verifiable insights for funders and policymakers. In an era of rising chronic disease burdens, it represents a scalable, equitable model to foster genuine behavioural change and reduce healthcare inequities.”*

**Prof Azeem Majeed**

Professor of Primary Care and Public Health

*“Empowering lived experience to lead and teach is a bold step toward inclusive, sustainable healthcare.”*

**Dr Sandra Appiah**

Health-Shared Africa Advisor

### BROADER SUPPORT

Health-Shared is supported by voices connected to public health and primary care, including leaders connected to PHAST and WeLReN.

The model is grounded in published research on community engagement, patient activation, and communities of practice in healthcare.

*Aligned with NHS England priorities on elective reform, prehabilitation, and supported self-management.*

## Grounded in published work on communities of practice, patient engagement, and self-management.

Every core claim is traceable to peer-reviewed research on what works in patient activation, community engagement, and digital self-management support.

<p><b>Virtual CoPs in vascular secondary care</b></p> <hr/> <p>Vascular nurse specialists and consultant vascular surgeons rated the Health-Shared.com platform as usable and acceptable, with strong potential to support patient activation, self-management, the patient journey, consent, and improved patient-provider engagement.</p> <hr/> <p>→ <i>Kashora et al.</i></p>	<p><b>Communities of practice in healthcare</b></p> <hr/> <p>A systematic review found CoPs in healthcare are often aimed at improving clinical outcomes. Among studies with significant effects, five improved hospital-based services such as discharge planning or rehabilitation.</p> <hr/> <p>→ <i>Noar et al.</i></p>	<p><b>Patient engagement and quality improvement</b></p> <hr/> <p>A systematic review found patient engagement can enhance service delivery and governance. Higher-level engagement was more often associated with care-process and structural outcomes than lower-level consultation.</p> <hr/> <p>→ <i>Bombard et al.</i></p>
<p><b>Patient engagement and utilisation</b></p> <hr/> <p>A growing body of literature indicates engaging patients can lead to improved effectiveness, efficiency, quality of care, health outcomes, and cost-effective health service utilisation.</p> <hr/> <p>→ <i>Bombard et al.</i></p>	<p><b>Community engagement and health outcomes</b></p> <hr/> <p>A systematic review found most studies positively affected health behaviours, service access, health literacy, and health outcomes, especially where real power-sharing and collaborative partnership were present.</p> <hr/> <p>→ <i>Cyril et al.</i></p>	<p><b>Community engagement and self-efficacy</b></p> <hr/> <p>A large review reported solid evidence that community engagement interventions positively affect health behaviours, health consequences, self-efficacy, and perceived social support across a wide range of contexts.</p> <hr/> <p>→ <i>O'Mara-Eves et al.</i></p>

## 09 INFORMATION GOVERNANCE

## Designed for NHS-grade healthcare environments.

Health-Shared is designed with information governance requirements for NHS secondary care in mind. Patient protection and data minimisation are built into the model from the outset — not added afterwards.

GDPR-Aligned by Design	NHS-Grade Security Framework	Patient Protection First
<p>The platform is designed around GDPR principles, with minimal data exposure and role-based access controls at every layer of the model.</p>	<p>ISO 27001-aligned security approach. Designed to meet NHS Digital standards and NHS England data security and protection expectations.</p>	<p>Data minimisation and patient confidentiality are primary design constraints — not compliance afterthoughts. The platform never oversells on IG claims.</p>

## 10 FIT WITH EXISTING SYSTEMS

## Built to complement, not replace, your existing pathways and clinical tools.

Health-Shared does not ask you to replace your EPR, letters, outpatient systems, scheduling tools, or clinical pathways. It sits around them — adding the community layer that supports what those systems do not easily create on their own: belonging, peer learning, shared experience, confidence, and sustained activation.

+ Elective care	+ Perioperative optimisation	+ Prehabilitation pathways	+ Outpatient redesign
+ Recovery and rehab	+ Supported self-management	+ Specialty cohort engagement	+ Post-treatment follow-up

## 11 VALUE BY ROLE

## What this means for your organization.

Specialty Clinical Leads	Operational Leaders	Patients	The Wider System
<p>A practical way to improve preparation, understanding, and follow-through across a real patient cohort. Community insight feeds back into pathway improvement.</p>	<p>A better activation layer that supports productivity, readiness, and reduced avoidable demand — aligned with NHS elective reform priorities.</p>	<p>More confidence, more peer support, more relevance between contacts. Better preparation before treatment and stronger follow-through after it.</p>	<p>A stronger chance of reducing unnecessary resource utilisation by helping people act earlier, prepare better, and recover more effectively.</p>

## 12 COMMON QUESTIONS

## Direct Answers.

### Is this another patient information site?

No. Health-Shared is a structured patient community and activation layer, not just a passive information resource. It is built around guided participation, peer learning, and measurable follow-through across the pathway.

### Does this replace our outpatient systems or pathway tools?

No. It is designed to complement existing systems — EPR, scheduling, letters, outpatient tools — not replace them. It adds the community layer those systems do not create on their own.

### Can this support prehabilitation or fit-for-surgery pathways?

Yes. That is one of the strongest secondary care use cases, with direct alignment to NHS England's perioperative guidance on patient readiness before surgery.

### Can this support long-term specialty cohorts, not just perioperative pathways?

Yes. It is relevant for any secondary care cohort where activation, self-management, and follow-through matter — vascular, respiratory, cardiac, oncology, rehab, and more.

### Can we start with one service?

Yes. The model is designed to begin with one specialty cohort or one pathway and then scale with evidence. A pilot can be operational within weeks.

TURN YOUR SPECIALTY COHORT INTO AN ACTIVE PATIENT COMMUNITY

**Secondary care already has trusted relationships with large groups of condition-specific patients. The next step is not just to manage those pathways more tightly — it is to help people become more active within them.**

[BOOK A SECONDARY CARE  
DEMO](#)

[ASK ABOUT A PILOT](#)