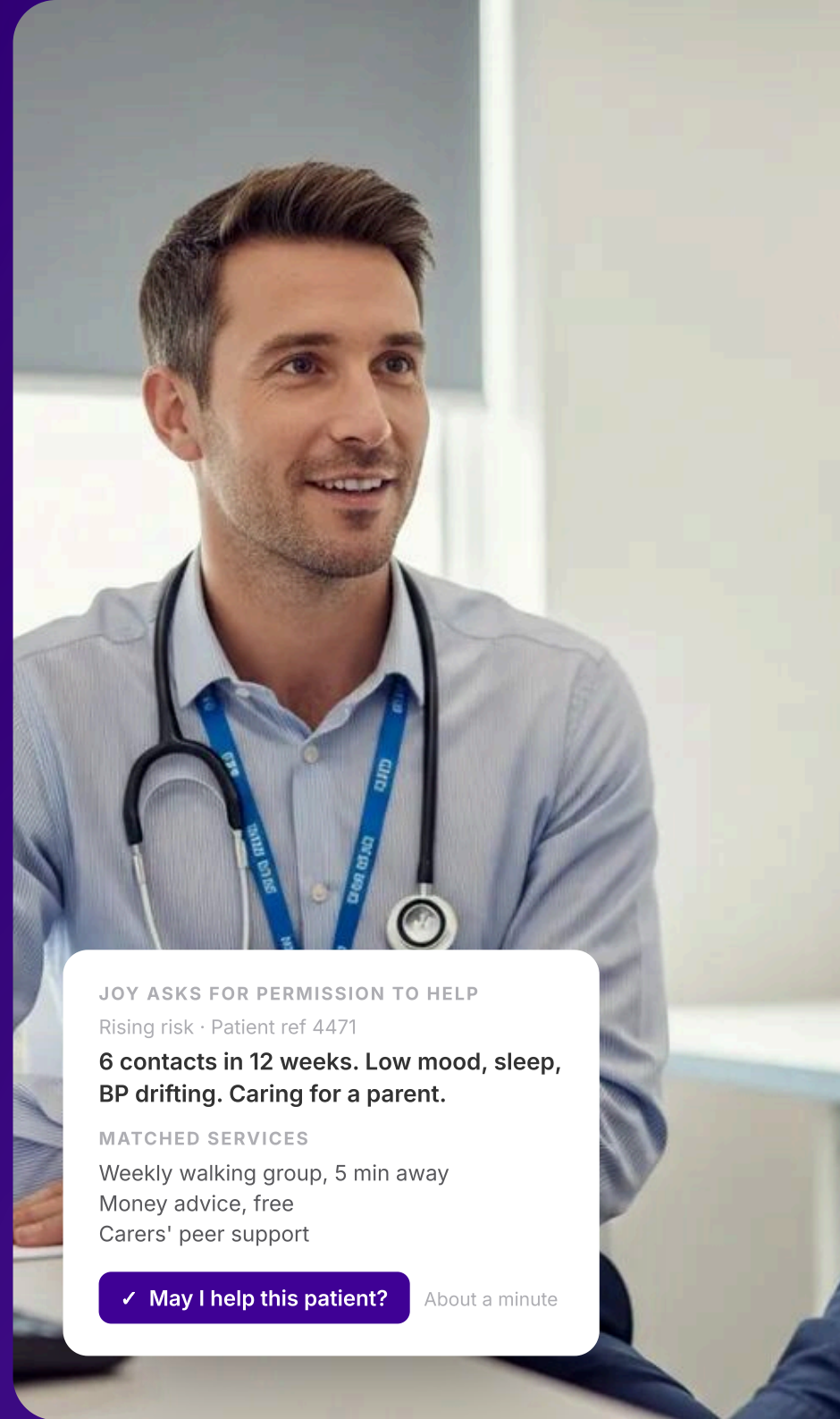


joy

FOR GENERAL PRACTICE

High-intensity patients become middle-intensity patients.

Joy spots the patients whose contact is climbing, gets them into local support for the loneliness, money and stress underneath, and does the follow-up itself. 17.5 GP contacts a year becomes 10.5.



JOY ASKS FOR PERMISSION TO HELP

Rising risk · Patient ref 4471

6 contacts in 12 weeks. Low mood, sleep, BP drifting. Caring for a parent.

MATCHED SERVICES

Weekly walking group, 5 min away
Money advice, free
Carers' peer support

✓ May I help this patient?

About a minute



6%

of your patients make up **24%**
of your consultations.

Source: Cook, Ali and Dykins, Identifying high-frequency attendees in general practice, British Journal of General Practice, 2017.

THE PATIENTS YOU ALREADY KNOW

A long-term condition, and underneath it loneliness, money and stress making it worse.

Nothing in a ten-minute appointment fixes that, so they regress quicker and come back quicker. The root cause is social and nobody is dealing with it, which is why they end up more dependent on you.

Imagine if your patients could create health between appointments, even the ones with long-term conditions.

Joy doesn't solve those problems itself. It picks the patient up early and gets them into a local service that does, whether that is the walking group, the money advice service or the carers' group. The service is free to the patient and costs the surgery nothing.

THE RESULT

Measured on the GP record, before and after.

Your high-intensity patients go from 17.5 GP contacts a year to 10.5. Same patients, twelve months each side.

One patient, one year of GP contacts

● Still with you ○ Handled by Joy

Before Joy



With Joy



17.5 to 10.5

GP contacts per patient per year, 40% fewer

Today, depending on your set-up, 0 to 2% of your list gets referred into local services. Joy adds one or two percentage points to that. Small number, big difference to the people in it.

In addition to your care, not instead of it.

You still see them. It will just be less often and more about the medicine, because the loneliness, money and stress that were making them worse are being dealt with at home.

59%

fewer A&E attendances

55%

fewer fit notes

Source: Joy platform database, high-dependency patients, GP record before and after. Figures verified 2 October 2026.

AT SCALE

Joy is live in 2,000+ GP surgeries, fully integrated with EMIS and SystmOne.

Commissioned in 28 of England's 36 integrated care systems. Nothing changes about the systems your practice already uses.

2,000+

GP surgeries live, across 28 of England's 36 integrated care systems

EMIS + SystmOne

fully integrated, no new system to learn

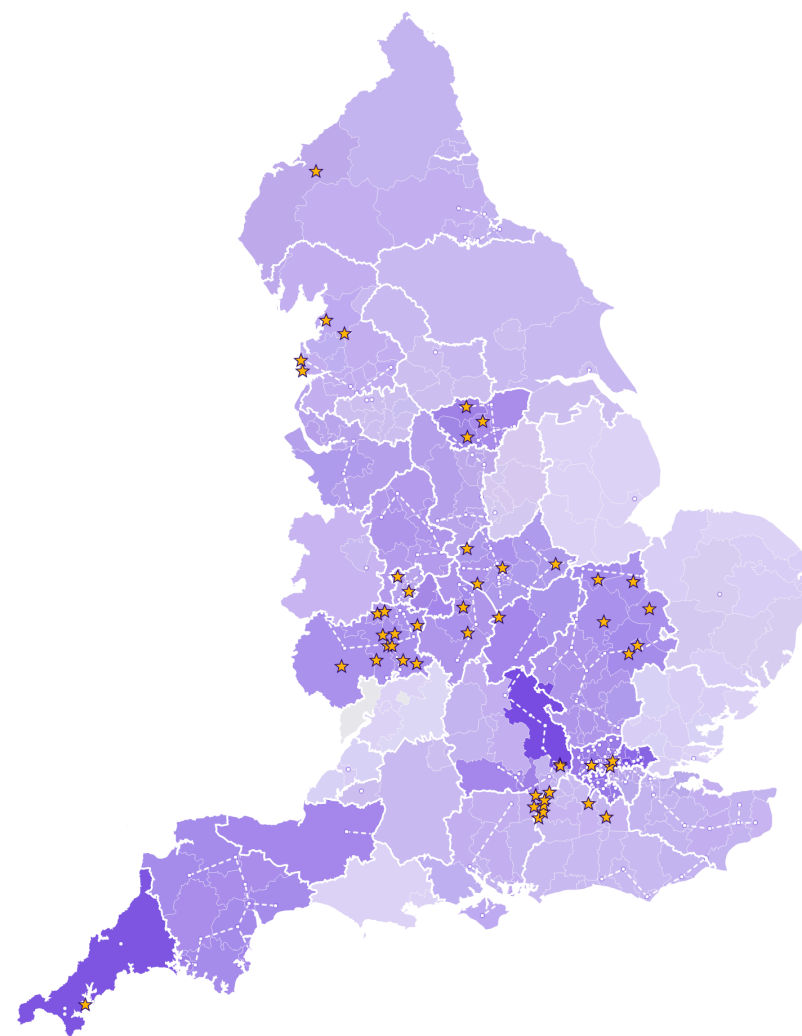
5,000

referrals, signposts and support cases every working day, two to three a day in each practice at about a minute each

90 secs/week

of clinician time, 90 secs up to 5 mins a week on average depending on how many patients they see. About 0.1% of the working week.

Joy has been in the NHS since 2019, with 2 million connections made between patients and local services. The practices around you are very likely already using it.



■ Joy activity, shaded by borough ■ No recorded activity yet ★ WorkWell sites

Source: Joy platform, 2 October 2026 (surgeries, connections); live platform aggregate, 3 October 2026 (daily activity); Joy platform database via WayMaker aggregates, July 2026 build; ONS Open Geography Portal ICB boundaries (April 2026) and local authority district boundaries (December 2025).

Not a to-do list. A done-for-you list.



MOST RISK STRATIFICATION TOOLS

Find the patients and hand you a list.

Then it's your problem.



JOY

Finds the patient, picks the services and asks you one question. May I help this patient?

One click and it is off your desk. Joy is a risk stratification tool that goes on to finish the job, alongside the patient's treatment.

Not the right time? Leave it. The patient goes on an active list, usually picked up by one of your ARRS roles.

JOY ASKS FOR PERMISSION TO HELP

Rising risk · Patient ref 4471

6 contacts in 12 weeks. Low mood, sleep, BP drifting. Caring for a parent.

MATCHED SERVICES

Weekly walking group, 5 min away

Money advice, free
Carers' peer support

✓ May I help this patient?

About a minute

One click of your time. Joy does the rest.

This is everything Joy asks of a GP practice, and everything it does on its own.

1

STEP 1

Joy finds them.

It runs in the background and quietly spots patients whose contact with the practice is climbing, before things reach a crisis. We call this rising risk.

2

STEP 2

Joy picks the services.

From over 100,000 local services, it matches the ones most likely to improve this patient's health and keep them out of the surgery, and out of A&E.

3

STEP 3 · YOURS

Joy asks for permission to help. You say yes.

Once in a while a question comes up: this patient, these services, may I help? You read it and press yes. About a minute, a few times a week.

4

STEP 4

Joy makes it happen.

It messages the patient on WhatsApp to work out what matters most to them, then deals with whatever is in the way, usually transport, cost or confidence, and stays with them until they are through the door. A short structured summary lands in the record, so there is no admin for you and no new caseload.

Another toolbar? A tiny one. You probably won't notice it. A few times a week Joy asks permission to help a patient. One click each, about a minute. **On average a clinician spends 90 seconds to 5 minutes a week on Joy, depending on how many patients they see. About 0.1% of the working week.**

The data's already in SystmOne or EMIS. It is. Joy reads it, spots the pattern and then does the follow-up, which is the part nobody in the practice has time for.

What Joy looks at, and when it speaks up.

JoyConnect is a small desktop application that sits alongside SystmOne or EMIS. When someone in your patient-facing team has a patient in front of them, Joy reads that record and asks three questions, and it only asks for permission to help when all three line up and it is highly confident.

QUESTION 1

Is contact rising?

We look at whether contact is climbing, not simply how often this patient sees you. Joy reviews the last two years of the record, with more weight on recent months, and takes in referrals thinning out, missed appointments, the conditions the NHS prioritises for health inequalities (Core20PLUS5), frailty markers and the level of deprivation in the postcode area.

This step follows fixed rules, so the same record always gives the same answer, and the evidence comes with it.

QUESTION 2

Is there something a local service can change?

Only then does Joy reason about a de-identified copy. It looks for a driver that a community service can shift, such as smoking, alcohol, weight, inactivity, sleep, diet, loneliness, housing, debt, work, caring, literacy or digital confidence.

If the problem is purely medical, a safeguarding matter, or the patient is already getting help, Joy stays quiet.

QUESTION 3

Will this patient actually go?

Joy searches its own 100,000+ local services first and then the council, NHS and charity directories. Each candidate is scored on how well it fits, how likely this patient is to attend, how much difference it would make to the driver and which GP contact it is likely to avoid. The best few go into the question Joy asks you.

If there is no real local service with capacity, Joy doesn't ask for permission to help.

Identifiers come out first.

Before Joy's algorithm looks at anything, the name, the NHS number and the date of birth are removed and the postcode is reduced to its area. The fixed rules run first, the reasoning second, and the decision is always yours. Every step is recorded.

Processed in the UK · Never used for training · Deleted after 30 days · Your practice stays data controller · NHS Data Security and Protection Toolkit · DPIA ready for your practice or ICB

THE CLINICIAN IS ALWAYS IN CONTROL

Joy suggests. You decide.

Think of it as a prescription for something other than medicine. It is written from inside your clinical system to a service that builds health rather than treating illness, and there are three ways it can go, all of them your call.

Send it.

One click and Joy takes over. It messages the patient, deals with whatever is in the way and stays with them until they are through the door, then puts a summary in the record.

Leave it.

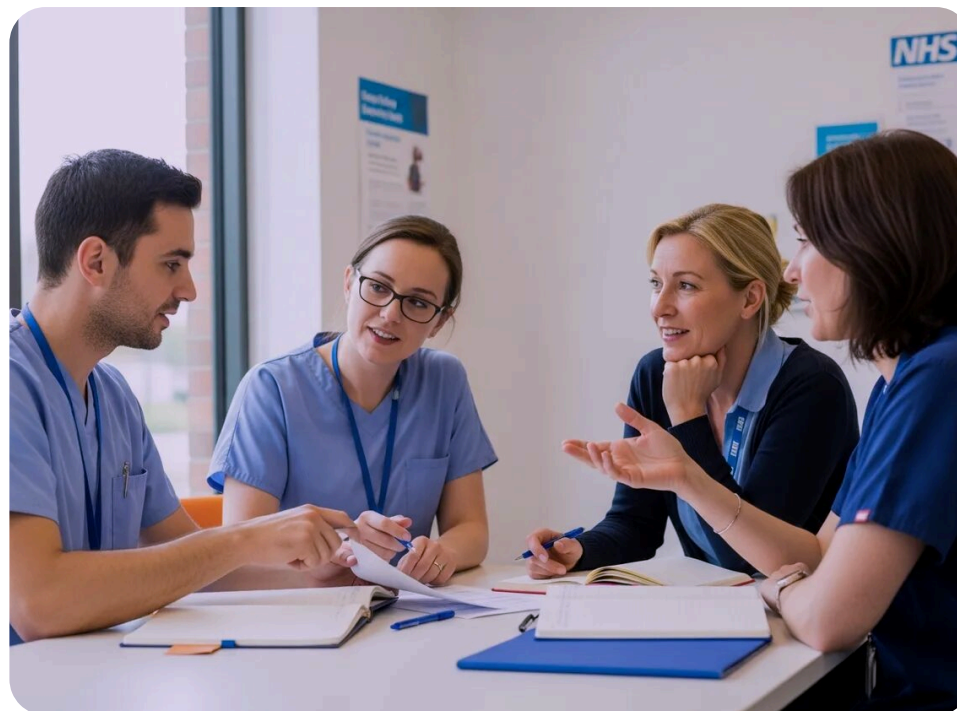
Not the right time? The patient goes on an active list, usually for one of your ARRS roles to pick up later. Nothing happens to a patient until a clinician clicks.

Refer anyone yourself.

Joy isn't only for the patients it finds. If you have someone in front of you who would benefit, open Joy and refer them to a local service yourself. It is your judgement, with the same 100,000 services and the same follow-up behind it.

"My week isn't complete unless I've Joyed a patient. It's nice to know patients are able to get support without it needing too much of my time."

GP, Coventry Navigation PCN



INTEGRATED NEIGHBOURHOOD WORKING

The referral infrastructure for the community pathway.

Neighbourhood working asks general practice to work with the community and voluntary sector, but it rarely provides the route for doing so. Joy is that route. You find the patient, pick the service and refer from inside SystmOne or EMIS, and the outcome comes back into the record.

The same infrastructure serves the whole neighbourhood team. Whether the referral comes from a GP, a pharmacist, a care coordinator or a social prescriber, it lands in the same place and gets the same follow-up.

NON-MEDICAL BY DESIGN

An and, not an or.

Joy is non-medical. Prescribing a walking group, money advice or a carers' group is the same order of intervention as telling a patient to drink more water or eat better. It is not a substitute for treatment and never changes a care plan. A patient with diabetes who is also in debt still gets their diabetes care. Joy takes on the debt.

The worst case is that the patient declines the offer, or gets one message they find mildly annoying. That is the status quo. The best case is they start a programme that changes the thing making them worse. Low downside, high upside, which is why it carries a clinical safety case and sits well within the rules.



You press send. Joy picks it up from there.

1

Joy says hello.

The patient gets a friendly WhatsApp message from Joy, introduced as coming from their GP practice.

2

Joy works out what matters most.

A short conversation, in the patient's own time, to understand what is actually going on and what they want to change first.

3

Joy sorts the barriers.

Joy works around transport, cost, confidence and timing, so the plan fits the patient's real life rather than the other way round.

4

Joy makes the connection.

It helps the patient contact the service, books where it can, and keeps checking in until they have got there.

5

Joy writes it up.

A short structured summary lands in the record: what was offered, what the patient took up, what happened. Nobody at the practice has to chase anything.



WHAT IT LOOKS LIKE · A FICTIONAL EXAMPLE

A patient in her fifties has been in six times in three months. Low mood, poor sleep, blood pressure drifting up. Joy flags her and matches a weekly walking group five minutes from her flat, a money advice service, and a peer support group for carers.

The GP presses send. Over the next fortnight Joy talks to her on WhatsApp and finds out she is caring for her mother and has stopped going out. It gets her a place on the walking group and sorts a lift for the first session, and the summary goes into the record. Her treatment carries on as before, and she is in the surgery far less.



Joy for General Practice

WITH OR WITHOUT A LINK WORKER

Works with your link workers. Works without them.

Got link workers?

Joy case-finds for them. Your link worker gets the patient and a ready package of local services to review before they have the conversation, which means more patients reached in the same hours.

No link workers?

Your patients still get into local community services, and they still see you when it's medical.

See what your personalised care roles deliver to your list.

Link workers, health coaches and care coordinators work across several practices, and it is hard to see what each practice gets from the shared hours. In Joy, the personalised care team logs each time they help a patient. Joy then runs the before-and-after counts for that patient, GP contacts and A&E attendances, and rolls them up by practice and by role, for link workers, health coaches and care coordinators. You see what each role delivered to your list and what changed. Clear visibility of the shared headcount, per practice.

WHO DOES WHAT

The clinician: reads the question, presses yes. About a minute.

The local services: deliver the support. Over 90% are free to the patient, and Joy monitors their capacity.

Joy: finds the patient, picks the services, has the conversation, makes the connection, writes it up.

Link workers, where you have them: take the case-found patients and the ready package of services, and have the conversation.

The questions GPs ask us.

What never changes.

Joy never changes a treatment plan, a prescription or a referral. The worst case is the patient does not take the service up, and that is recorded too.

We already have a risk stratification tool.

Most of them hand you a list and leave the rest to you. Joy finds the patient, picks the services and, once you say yes, does the follow-up itself. It also looks earlier, at the patients heading towards you rather than towards hospital, because it was built for primary care rather than for the acute trust.

Does it change treatment?

Never. Joy is in addition to your care, not instead of it. You still see the patient, just less often and about the medicine. It is the same level of intervention as asking someone to walk more.

We don't have a link worker.

You don't need one. Joy does the finding and the follow-up itself.

Our local services aren't on it.

Tell us which. We load council, social care and community services for every neighbourhood we go live in, and we add anything missing.

The contract might not be renewed.

Your practice doesn't pay for Joy and doesn't sign anything, because it is commissioned for the whole neighbourhood or ICB. If you want it to continue, tell your neighbourhood lead.

We tried something like this before.

Most of them gave you more to do. This one does the work.

What does it actually read?

The last two years of the record, which means contacts, referrals, missed appointments, coded conditions, frailty markers and the postcode area. It doesn't read anything older than that.

Where does the data go?

Nowhere identifiable. The name, NHS number, date of birth and full postcode are removed before Joy's algorithm looks at anything, so the reasoning step only ever sees age, area and the clinical events. That de-identified copy is processed in the UK, is never used to train anything and is deleted after 30 days. Your practice stays the data controller and Joy acts as a processor, and we have a DPIA ready for your practice or ICB.

Will it ask about everyone?

No. In a typical practice Joy asks one to five times a week. Across every practice on Joy the average is about one every three days for each user, roughly a minute each, so about a minute and a half of a clinician's week. That flexes with your list size, your community's health inequalities and how long Joy has been running: it finds more at the start and never asks about the same patient twice. Patients who only half fit are held back rather than cluttering your day, and patients who are already well supported, or whose need is purely medical, don't surface at all.

Can I refer someone myself?

Yes. Any patient, any time, from inside SystmOne or EMIS. Pick the service, and Joy does the follow-up exactly as it would for a patient it found.

Who's responsible for the referral?

You are, as with any referral. Joy suggests, a clinician decides. It never contacts a patient or changes a care plan on its own.

Is it a medical device?

Joy is registered with the MHRA as a Class I medical device (reference 35016), holds a clinical safety case and is ISO 27001 certified. It sits inside your clinical system and inside the rules.

Inside the rules, inside your clinical system.

✓ In the NHS since 2019

✓ 2 million connections to local services

✓ Registered with the MHRA, Class I medical device (ref 35016, since May 2025)

✓ ISO 27001 certified

✓ NHS Data Security and Protection Toolkit

✓ Clinical safety case in place

✓ Processed in the UK, deleted after 30 days, never used for training

✓ SystmOne and EMIS, live in around 2,000 practices

✓ 100,000+ local services, over 90% free to the patient, capacity monitored

✓ Local services loaded before go-live: council, social care and community

✓ Set up with your neighbourhood lead, nothing for the practice to sign



Joy is the same order of intervention as asking a patient to walk more or eat better. It is in addition to your care, and nothing in the care plan moves because Joy got involved.



Bring Joy to your area.

Joy is commissioned for whole neighbourhoods and ICBs, so every practice in the patch gets it. Your practice doesn't pay and doesn't sign. If you want it where you are, tell us and we will take it to your neighbourhood lead or ICB.

thejoyapp.com/general-practice →

Figures verified 2 October 2026. Service-use figures are the high-dependency cohort measured on the GP record before and after. Patient examples are fictional. Joy is in addition to clinical care and never a replacement for treatment.

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