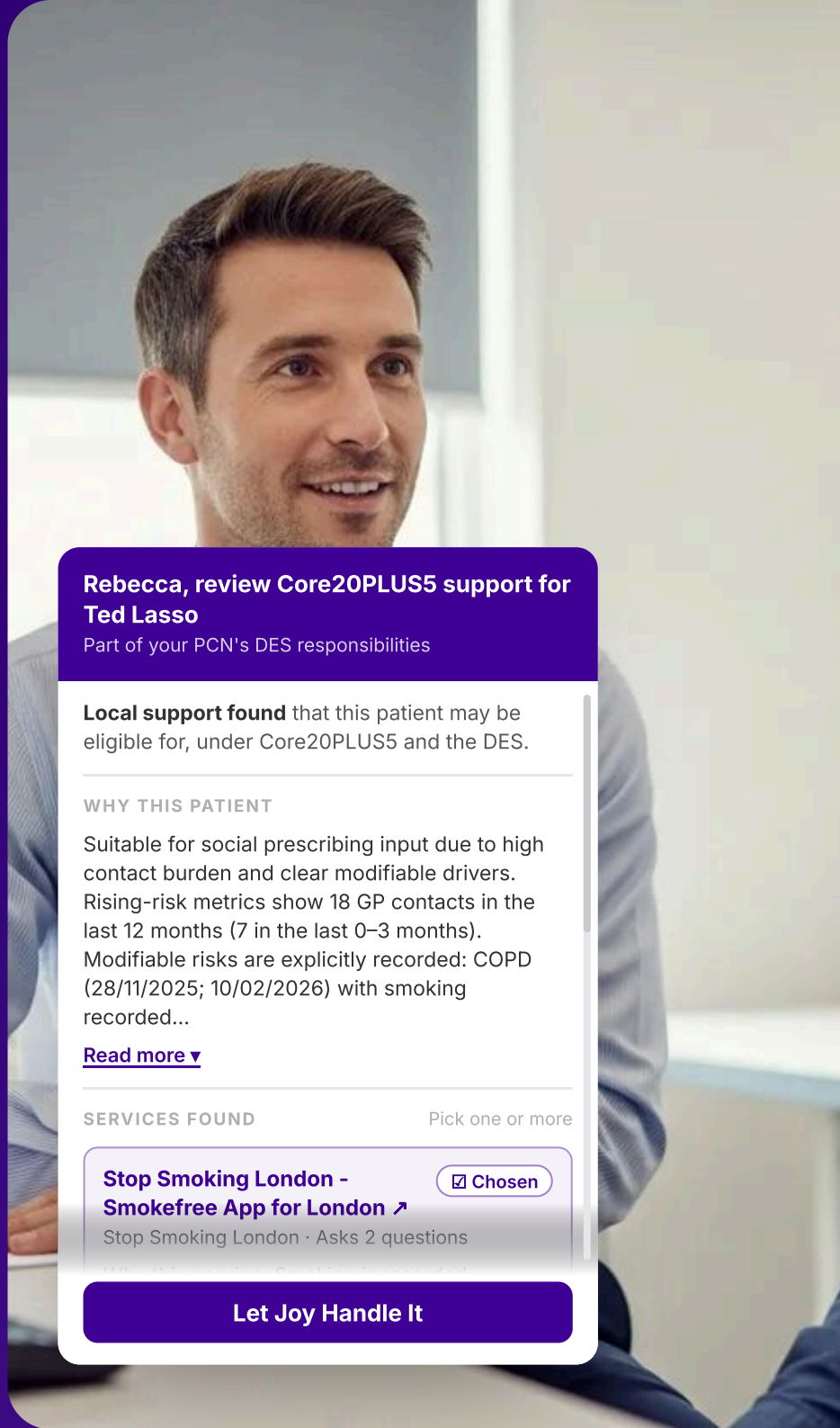
joy

FOR GENERAL PRACTICE

What happens between appointments?

Loneliness, money worries and stress do not stop when the appointment ends. Joy identifies patients with rising contact, matches them with local support and, with your permission, does the follow-up itself. High-intensity patients become middle-intensity patients: 17.5 GP contacts a year becomes 10.5.



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.

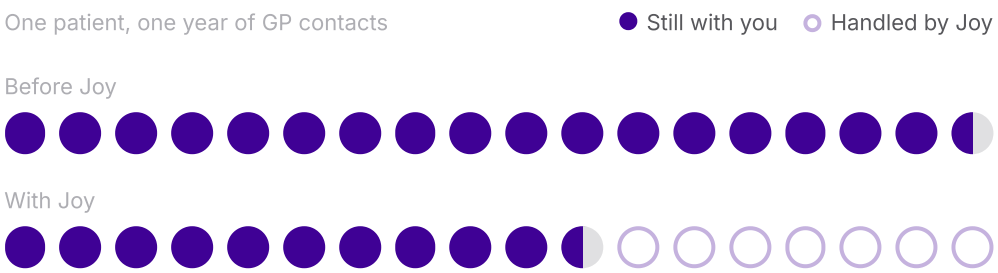
> **Imagine if your patients could create health between appointments, even the ones with long-term conditions.**

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.



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. All-time data across nearly 2 million referrals, signposts and support cases since 2019. 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

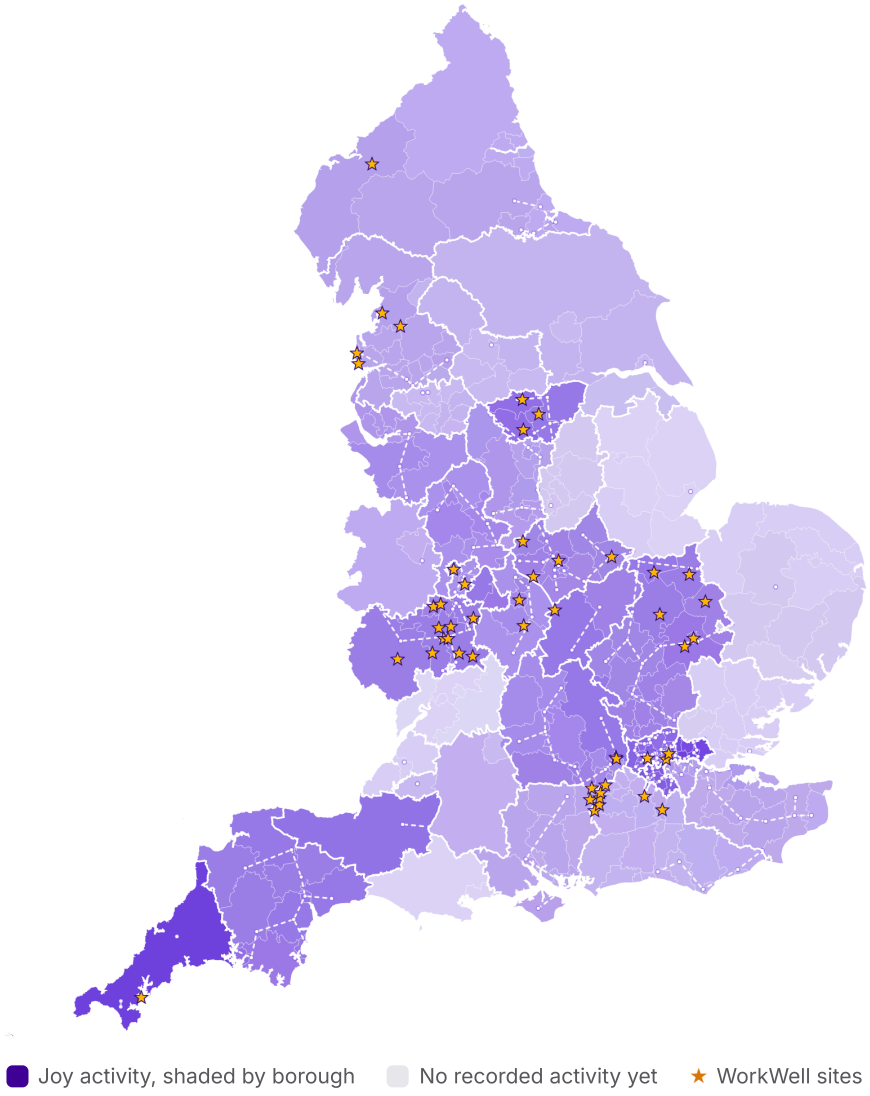
5,000

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.



Source: Joy platform, 2 October 2026 (surgeries, connections); live platform aggregate, 22 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).

WHY JOY IS DIFFERENT

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

MOST RISK STRATIFICATION TOOLS

Find the patients and hand you a list.

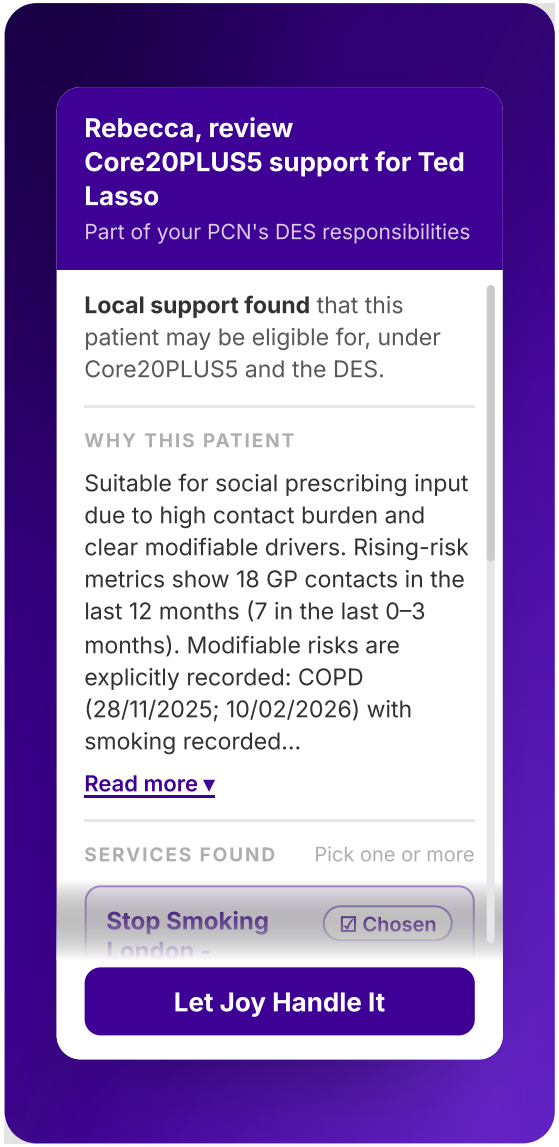
Then it's your problem.

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.



HOW IT WORKS

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. Doing it in the consultation works best: the patient hears from Joy the same day, while the conversation is fresh, and more of them take the support up.

4

STEP 4

Joy makes it happen.

With the patient's consent, ticked by you or asked for by Joy by text, it messages them on WhatsApp, works 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.

UNDER THE BONNET

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.

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, there and then.

Joy isn't only for the patients it finds. If someone in front of you would benefit, refer them from EMIS or SystmOne in the same consultation. 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.

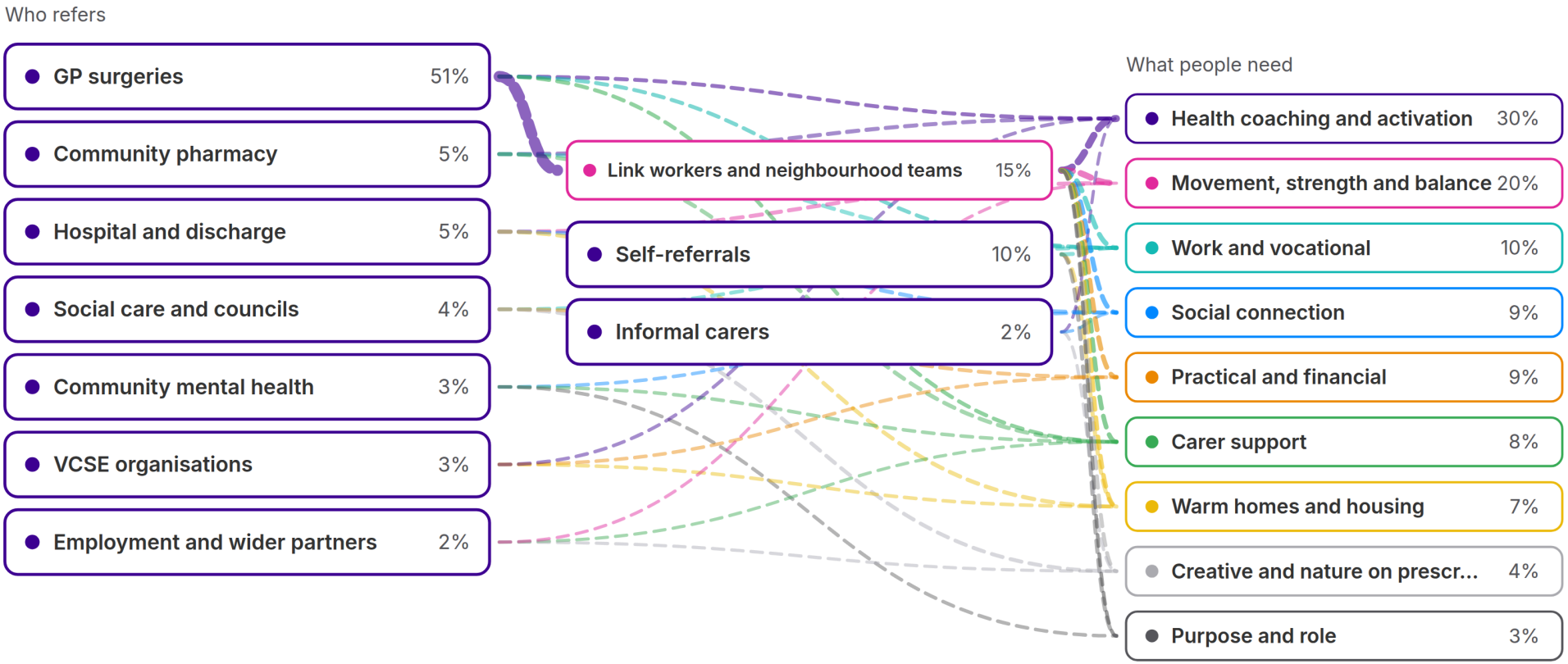
Neighbourhood working asks general practice to work with the community and voluntary sector, but it rarely provides the route for doing so. Joy is that route. You find the patient, pick the service and refer from inside SystmOne or EMIS, and the outcome comes back into the record.

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. The next page shows what that looks like in a mature neighbourhood health service.

INTEGRATED NEIGHBOURHOOD WORKING

The whole system can refer in.

This is what good looks like in a mature neighbourhood health service, the sort of thing you can build to. Every referrer goes straight into support. GP surgeries also route people through the link workers and neighbourhood teams in the middle, who fan out across the need categories. Pill percentages are the modelled target shares.



Source: Joy's view of what good looks like in a mature neighbourhood health service, anchored to the Neighbourhood Health Framework (March 2026), the 10 Year Health Plan and national need indicators, and checked against the neighbourhoods on Joy furthest ahead.

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, eat better or go for a walk. 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.

WHAT JOY DOES AFTER YOU CLICK

You press send. Joy picks it up from there.

1. **Joy says hello.**
   If you ticked to confirm consent, the patient gets a WhatsApp from Joy straight away. If not, Joy texts them to ask, and the chat only starts if they agree.

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.

CONSENT AND WHAT THE PATIENT SEES

Consent first. Two ways to get it.

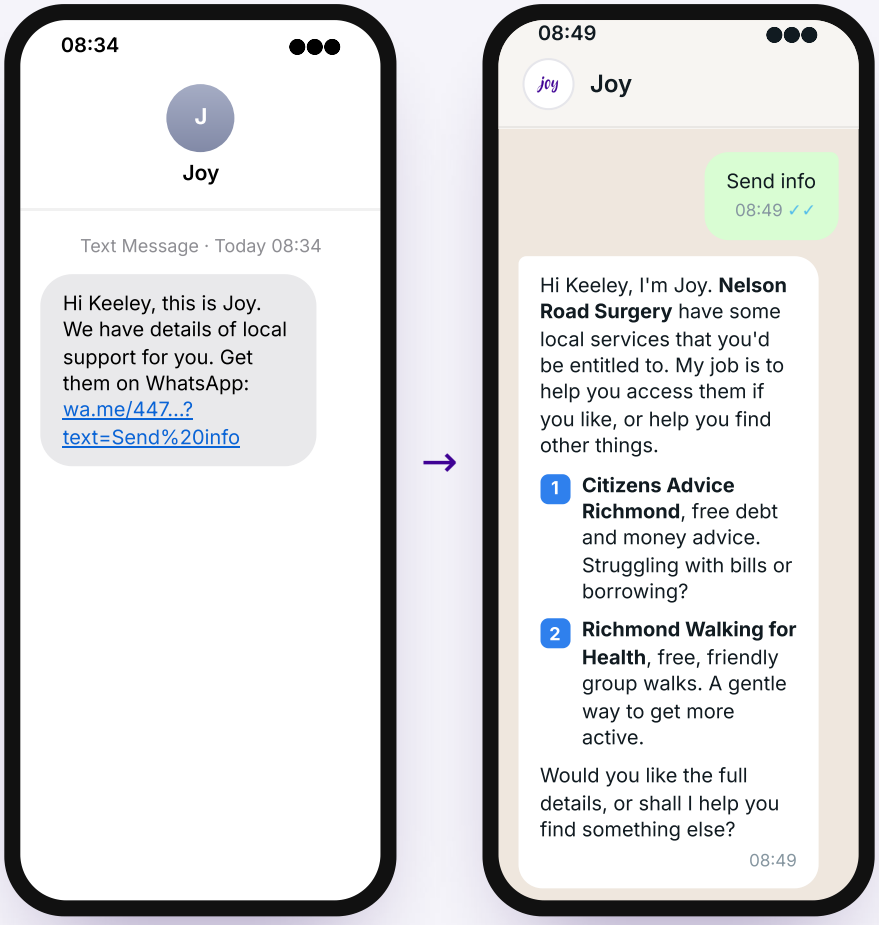
1. **Consent comes first.**
   Nothing is sent until consent is in place. There are two ways to get it.

2. **Flow A: Joy asks by text.**
   WhatsApp is a different technology from SMS, so if you don't tick, Joy sends a single text with a link to WhatsApp. If the patient taps it, the chat opens with their message and Joy replies.

3. **Flow B: you confirm it.**
   When you click Let Joy Handle It, tick to confirm the patient is happy to be contacted on WhatsApp. Joy messages them there straight away, on behalf of your care team, with buttons to reply.

4. **No SMS consent, no contact.**
   If a patient has not consented to texts from the practice, Joy assumes they would not want WhatsApp either, and does not contact them.

FLOW A · JOY ASKS BY TEXT



FLOW B · YOU CONFIRMED

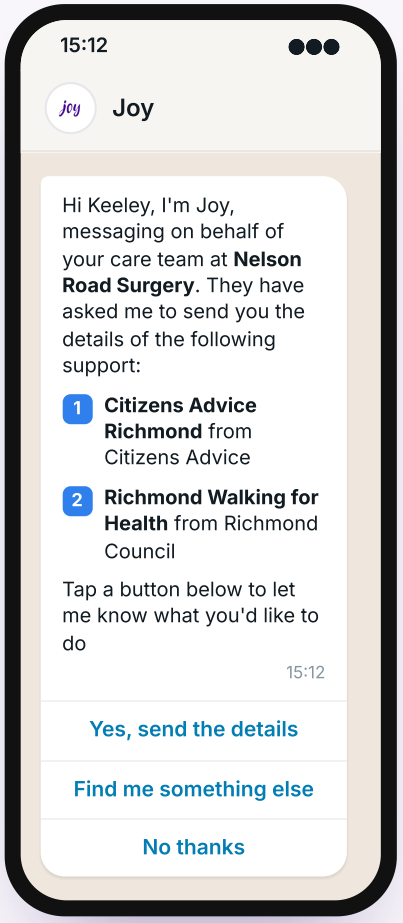


Illustration based on the real messages, with a fictional patient and practice.

WHY WHATSAPP

Why Joy uses WhatsApp and other modern technologies.

Joy has two clear goals: reduce demand on GP services and the cost of care, and help patients live healthier lives for longer. Every decision ultimately comes back to two questions, and that means choosing the best tool for each job. For patient communication, WhatsApp is one of those tools.

EVERY DECISION COMES BACK TO

1. **Does this reduce pressure on the system?**
2. **Does it improve the patient's life?**

THE OPTIONS WE CONSIDERED. WE CONSIDERED AND TESTED FOUR MAIN WAYS TO REACH PATIENTS.

SMS

SMS works well for simple tasks such as “Reply 1 to confirm”. But improving the wider determinants of health usually requires more than a one-line exchange.

SMS use is also declining. The number of texts sent annually in the UK fell from 151 billion in 2012 to 36 billion in 2022, and only 23% of adults now send a text every day.

Our own data tells the same story. Around 89% of our WhatsApp messages are read.

Joy uses SMS for one purpose. If the patient was not asked during the consultation, Joy sends a single text asking whether they are happy to continue the conversation on WhatsApp.

When the clinician asks the patient directly, engagement is around 40% higher than when Joy requests permission by SMS.

Ofcom, 2023; Joy data

A dedicated Joy app

Our original plan was to build a patient app. We changed course after speaking to patients.

Some 92.5% of patients have never used a health app for their condition. Every additional step, whether it is a download, login or unfamiliar interface, creates another opportunity for someone to disengage.

These barriers are most likely to affect the patients Joy is intended to support: people who may already find it difficult to navigate services.

The NHS App

The NHS App is likely to become the right long-term home for many patient interactions. However, the evidence suggests it is not yet the best channel for this type of engagement.

When Accurx piloted NHS App messaging across 10% of GP practices, self-booking response rates were 48% lower than with SMS. Replies within 60 minutes were 31% lower, and some patients missed time-sensitive messages.

Accurx pilot findings

WhatsApp

WhatsApp is already part of many patients' daily lives. 90% of UK online adults used WhatsApp in May 2025, and 74% use it daily, up from 64% a year earlier.

When asked how they would prefer to communicate with a chat-based health service, UK patients ranked WhatsApp ahead of a website, a dedicated app, a voice assistant and SMS. Of those surveyed, 44% were aged over 55.

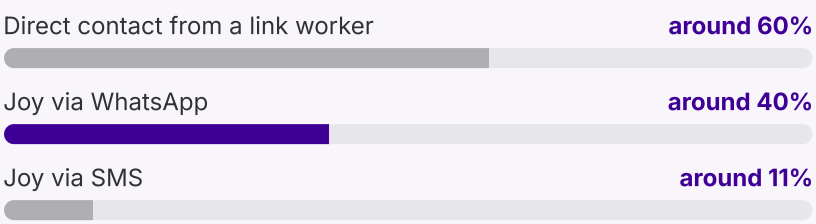
For many patients, WhatsApp is familiar, accessible and already installed. There is nothing new to download or learn.

Ofcom, Online Nation 2025

WHY WHATSAPP

What our data shows.

EARLY RESPONSE RATES



Joy data. Proactive wellbeing outreach, not appointment reminders.

Direct contact from a link worker achieves the highest response rate and probably always will. But link workers alone cannot cost-effectively reach every patient who could benefit from support.

£120k+

Around 6% of patients may benefit most from additional support. Supporting one patient through a link worker costs approximately £170 to £300. For an average practice with 10,000 patients, reaching this whole group could cost more than £120,000.

WhatsApp does not replace link workers. It provides a scalable way to extend their reach and helps teams focus their time where personal support will have the greatest impact.

THE CONVERSATION IS PART OF THE INTERVENTION

The NHS does a great deal of signposting, but signposting alone often does not lead to action. For a patient, contacting an unfamiliar service can mean making a difficult phone call, completing a form or travelling somewhere new. These steps may appear small, but they can feel daunting, particularly for someone who is anxious, isolated or unsure what to expect.

Most of us sometimes need reassurance, encouragement and the opportunity to ask a question. WhatsApp allows Joy to provide some of that support.

88% of patients who engage with Joy on WhatsApp ask questions about the services suggested to them.

22% go on to ask Joy to prepare a self-referral email they can use to contact the provider, although many patients do not need this.

There is also broader evidence for this approach. A 2025 review of 57 trials involving 19,365 people found that two-way, interactive instant-messaging interventions improved physical activity, sleep and smoking behaviours. The successful interventions were not simply reminders. They involved repeated, interactive conversations.

Hou et al, Worldviews on Evidence-Based Nursing, 2025

> **That is the important distinction. SMS is well suited to sending a message. WhatsApp is better suited to starting a conversation.**

WHY WHATSAPP

It's where patients already are.

90% of UK online adults used WhatsApp in May 2025.

74% use it daily, up from 64% a year earlier.

81% of people aged over 65 use messaging apps at least weekly.

58% of UK adults would rather lose phone calls for a day than lose access to their messaging app.

Ofcom, Online Nation 2025; Ofcom, 2023

Joy is not alone in using WhatsApp

Joy is one of a small number of providers in this space offering WhatsApp as a patient communication channel. Another example is SPRYT's Asa assistant, which NHS West and North London ICB has approved for cervical-screening bookings. Most patient-messaging platforms currently offer SMS but not WhatsApp.

Different tools for different people

Joy integrates with EMIS and SystmOne because that is where clinicians work. It uses WhatsApp because that is where many of your patients already communicate.

Joy does not diagnose patients, recommend treatment or make changes to clinical care. Its role is to help people understand and access appropriate non-clinical support relating to the wider determinants of health.

WHAT THE RESEARCH SAYS

15m people logged in to the NHS App in July 2026, out of 42m accounts. 41% of its messages were read within a day.
NHS England Digital, July 2026

8m UK adults lack basic digital skills, and one in five online adults get online only through a smartphone.
Good Things Foundation, 2025; Ofcom, 2026

91% read a WhatsApp invitation from their primary care team; two in three signed up and only 6% later dropped out.
Diabetes programme, Argentina, JMIR 2025

48 trials of chat-based support with over 28,000 people found real falls in depression, anxiety and stress.
npj Digital Medicine, 2026

COMPLIANCE

Is it compliant?

Yes. Here is how it breaks down.

Information governance

- **Consent before contact**
  Clinician-confirmed for WhatsApp, or asked for by Joy by text. No SMS consent at the practice, no contact.
- **WhatsApp sees almost nothing**
  The patient's first name, postcode area, the practice name and links to the services. No medical information, NHS number, date of birth or reason for referral is ever shared with WhatsApp.
- **De-identified matching**
  Name, NHS number, date of birth and full postcode are removed before Joy's algorithm looks at anything. Never used for training, deleted after 30 days.
- **Your practice stays in control**
  Your practice stays the data controller and Joy acts as a processor. ISO 27001 certified, NHS Data Security and Protection Toolkit, and a DPIA ready for your practice or ICB.

Clinical safety

- **A registered medical device**
  MHRA Class I medical device (reference 35016) with a clinical safety case. Its purpose is social prescribing: finding services from the Joy ecosystem and encouraging patients to access them.
- **Never medical advice**
  Joy does not diagnose, give medical advice or change treatment. It is not a crisis service.
- **Safeguarding is excluded**
  Patients with a safeguarding need are excluded before any contact is made.
- **Crisis is handled safely**
  If a crisis or safeguarding concern comes up in conversation, Joy directs the patient to urgent help such as 999, and will not offer help with anything unsafe.
- **Every word visible**
  The full WhatsApp conversation can be read inside Joy.

COMPLIANCE

WhatsApp: the governance position.

For information governance and digital leads. What WhatsApp is used for, what it sees, and what it does not.

What it is

A clinician-initiated signposting conversation. It is not a chat service patients can open themselves and it is not a channel for clinical care. Joy only ever messages a patient on WhatsApp after someone at the practice has clicked Let Joy Handle It for that patient. No clinician action, no message.

What travels over WhatsApp

The patient's first name, the practice name, the services suggested and links to them. No diagnosis, reason for referral, NHS number, date of birth or clinical detail is ever sent. The conversation is about the support on offer, not the patient's condition.

Consent

Two routes, nothing sent without one. Either the clinician confirms the patient is happy to be contacted on WhatsApp, or Joy sends a single text asking, and the chat only opens if the patient taps the link. Patients without SMS consent at the practice are never contacted. Patients can stop at any point by replying No thanks.

How it runs

Joy uses the WhatsApp Business Platform through Meta. Messages are encrypted in transit. Meta delivers messages and does not retain conversation content. The transcript is visible to the practice inside Joy.

What goes back into the record

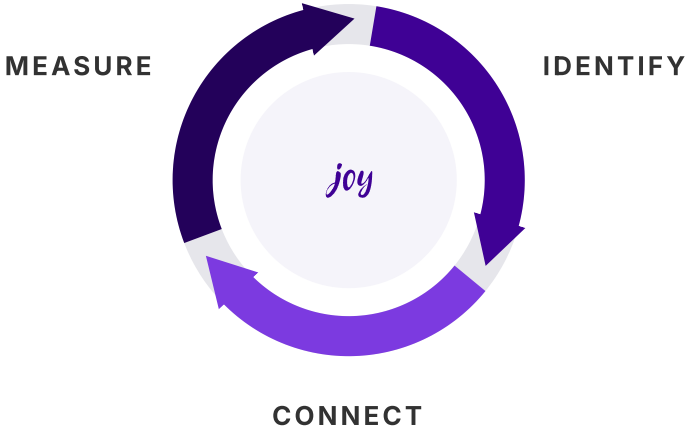
When the conversation ends, Joy prepares a short structured summary which can be added to the patient's record in EMIS or SystmOne: what was offered, what the patient took up, and what happened.

Governance

Your practice is the data controller, Joy is the processor. ISO 27001, NHS Data Security and Protection Toolkit, MHRA Class I device (reference 35016) with a clinical safety case. A DPIA is available for your practice or ICB.

HOW IT WORKS

How it works, in detail.



Identify

Who actually needs help they're not getting?

Joy reads the GP record for a patient whose contact is climbing, with something modifiable underneath it, smoking, weight, loneliness, debt, housing, caring, and no sign anyone has offered support for it in the last twelve months. That combination is unmet need. Purely medical needs, or support already offered and turned down, don't count. Any safeguarding concern rules the patient out of this route altogether; that stays with you. For the strong cases, Joy searches the Joy Marketplace for local services the patient can actually get to and brings the clinician up to five, each with a line on why it fits. Evidence and dates attached.

Connect

What happens after you click yes?

The patient hears from Joy on the day of their appointment, so it arrives as a follow-up to a contact they've just had rather than out of the blue. Engagement is far higher that way. Consent comes first: either the clinician ticks to confirm the patient is happy to use WhatsApp, or Joy asks them by text, and patients without SMS consent at the practice are not contacted. From there, Joy does the part nobody has time for. It explains the options in plain language, digs into the detail if the patient asks, opening times, cost, whether they'll be welcome, and if none of the options feel right it searches the Joy Marketplace for something that does. Then it drafts the email, sends it to the provider in one click, and keeps encouraging the patient until they've actually started. A summary comes back for the record.

Measure

Did it make any difference?

Joy compares each patient's GP record in the months before the referral with the months after it: GP contacts, A&E attendances, fit notes, expressed per patient per year, and clinical readings like blood pressure and HbA1c where the record has them. Per patient, rolled up by practice, PCN and ICB, on your data. Every WhatsApp conversation is there in full for clinicians to read. And Joy records the gaps: every time a patient needed something your area doesn't have, so you can also see where your area is short.

Every outcome and every gap feeds back into what Joy looks for next.

LINK WORKERS

Whatever your link worker capacity, Joy extends your reach.

Joy extends the reach of personalised care, whoever is delivering it.

If you already have link workers

Joy makes more of their hours. It finds the patients, prepares the local services and handles the chasing, so your link workers spend their time on the conversations that need a person.

If link worker capacity is limited

Joy gives you reach you would not otherwise have. It contacts the patient, works through barriers and follows up until they are through the door. Your clinical team still sees them whenever the need is medical.

ARRS IMPACT CALCULATOR

See what your personalised care roles deliver.

Link workers, health coaches and care coordinators often work across several practices, which can make it difficult to see what each practice receives from those shared hours. Joy records each time the personalised care team supports a patient and measures changes in GP contacts and A&E attendances. Results can be viewed by practice and by role, giving you clearer evidence of what the shared team is delivering for your patient list.

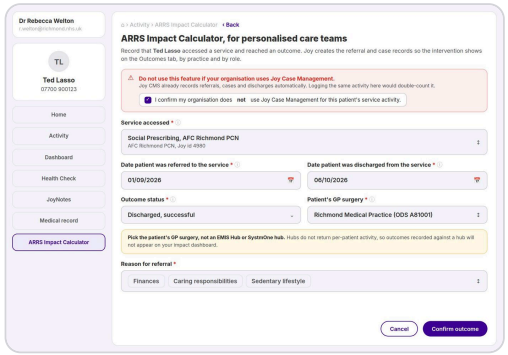


Illustration drawn to match the product, with a fictional patient.

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.

STRAIGHT ANSWERS

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.
For the proactive flow it will not matter. About four in five patients Joy supports come from Joy spotting the opportunity and offering it to the practice, matched against a database of around 100,000 services. Where Joy finds a gap it records it, and an internal process reviewed several times a day fills it quickly. It only matters for the manual flow, about one in five, where a clinician refers someone themselves. If a deployment needs specific services added, tell us which and we onboard them.

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 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.

STRAIGHT ANSWERS (CONTINUED)

The questions GPs ask us.

How is AI involved?

AI is involved in different parts of the product. When practices ask this question, they usually mean Proactive Care, the part that finds patients and suggests support. Most of that is done without any AI at all. It is done by a set of fixed rules running on Joy's own servers. Those rules look at around 60 things in the record, such as whether someone is seeing the GP more often than they used to, and decide whether a patient might benefit from local support. This is the step that handles the sensitive parts of the record, and it gives the same answer every time for the same record. AI comes in after that, in two places. It finds services: with the patient's name and other identifiers already removed, it searches our list of around 100,000 local services, much as you might type “get fit, make friends in RM1”, and picks out the ones that fit. And it does a safety check, looking for anything that suggests a safeguarding issue or a purely medical problem, so those patients are left alone. The AI never sees a name, NHS number, date of birth or full postcode. Nothing is used to train it. And it never makes the decision. You do. Elsewhere, Joy uses AI in places that have nothing to do with patient records. Our search forgives typos and knows everyday names, so “CAB” finds Citizens Advice and “Singing for the Brian” finds Singing for the Brain. And an AI tool checks that services are still running, and takes down the ones that are not.

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.

BUILT FOR PRIMARY CARE

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
- ✓ 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.

APPENDIX

Switching on Joy.

Everything a practice does to switch Joy on, in SystmOne and EMIS Web. The same steps, with more detail, are on the Joy Help Centre at support.thejoyapp.com.

SWITCHING ON JOY IN EMIS WEB

Part 1: Practice manager setup

About 15 minutes. You'll need EMAS Manager access (RBAC B0062).

1 Create the Joy user

EMIS ball > Configuration > Organisation Configuration > Users > Add > Add New User

Title: Mrs. First name: Joy. Surname: App. Username: Pungo (try Pungo1 if taken). Set any password.

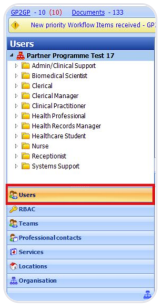
Untick “User must change password”.

Role: General Medical Practitioner. Consulter: Yes. Prescriptions: None. Relationship: Associated. Contract start: today. Leave contract end date blank.

User Role Profiles: confirm Clinical Practitioner Access Role.

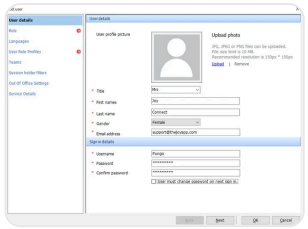
Add these RBAC codes: **B0380, B8029, B0820, B0370, ESC01, B0835, B0360, B0560**.

Check B8029 has saved. It often doesn't first time. Save the user.

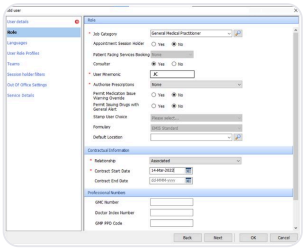


1a Organisation Configuration with Users selected

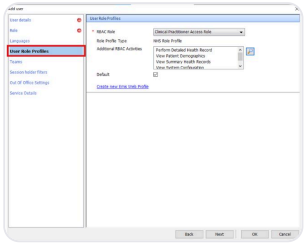
1b The Add button on the Organisation Configuration ribbon



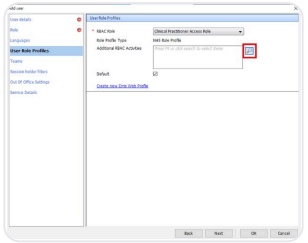
1c Add user form with the Joy user details filled in



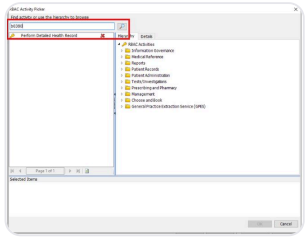
1d Role tab: General Medical Practitioner, Consulter Yes, Prescriptions None



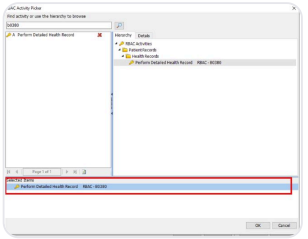
1e User Role Profiles with Clinical Practitioner Access Role



1f The search button next to Additional RBAC Activities



1g RBAC Activity Picker searching for a code



1h RBAC Activity Picker with the code added to Selected Items

Screenshots and the full guides: Joy Help Centre, support.thejoyapp.com. Captured on the supplier sandbox systems, not a live practice.

Practice manager setup, continued

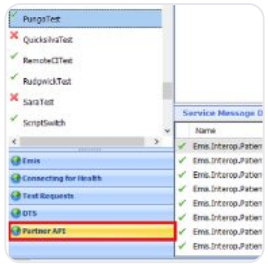
Steps 2 to 4 are all in EMAS Manager. Already on? Deactivate, then Activate again.

2 Switch on Joy

EMIS ball > System Tools > EMAS Manager > Partner API

Select Joy. Click Activate Application. Already on? Deactivate, then Activate again.

2a System Tools menu with EMAS Manager



2b EMAS Manager with Partner API selected

2c Activate Application button in EMAS Manager

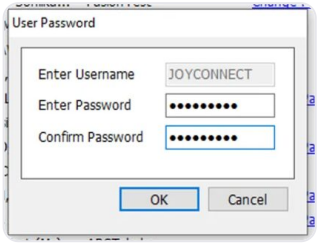
3 Edit Users

Click Edit Users. Tick “App, Joy”.

Password: **Monday123**

3a Edit Users button in EMAS Manager

3b User Configuration with App, Joy ticked



3c User Password dialog for the Joy user

4 Login Access

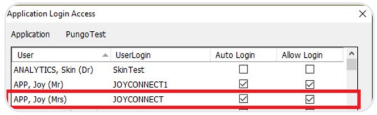
Click Login Access.

Tick Auto Login and Allow Login for everyone.

GOOD TO KNOW

Don't untick anyone already ticked.
New starters aren't added automatically. Tick them in Login Access when they join.

4a Login Access button in EMAS Manager



4b Application Login Access with Auto Login and Allow Login ticked

Screenshots and the full guides: Joy Help Centre, support.thejoyapp.com. Captured on the supplier sandbox systems, not a live practice.

Each member of staff

Everyone sees a one-off prompt on each PC they use. It takes about 2 minutes.

SWITCHING ON JOY IN EMIS WEB

2 Part 2: Each member of staff

About 2 minutes.

The first time you open Joy on a PC, EMIS shows a pop-up:

"Activate new partner product. This is the first time this product has been used on this machine. Please enter your username and password to activate the product."

Enter your normal EMIS Web username and password. Click OK.

Done. You'll see this once on each PC you use.

Not working? Ask your practice manager to check you're ticked in Login Access.

a Activate New Partner Product dialog in EMIS Web

b The Joy widget

c The Joy widget in the corner of EMIS Web

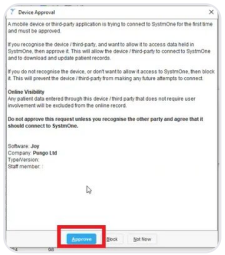
SWITCHING ON JOY IN SYSTMONE

S1 Approve Joy once

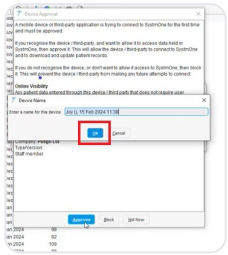
Your central IT team installs Joy for you.

Log into SystmOne. A pop-up asks you to approve Joy. Click **Approve**.

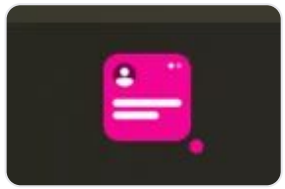
Everyone sees this once on each PC. Don't click Block or Not Now.



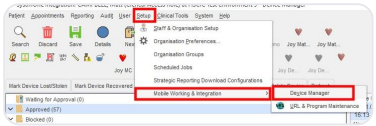
a SystmOne Device Approval window with Approve highlighted



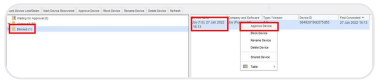
b SystmOne Device Name prompt



c The Joy widget in SystmOne



d Setup menu: Staff and Organisation Setup, Mobile Working and Integration, Device Manager



e Device Manager: Blocked folder, right-click Approve Device

f Confirmation: mark the selected device as approved

CLICKED THE WRONG BUTTON?

Setup > Staff & Organisation Setup > Mobile Working & Integration > Device Manager > Blocked > Joy > right-click > Approve Device > Yes

Screenshots and the full guides: Joy Help Centre, support.thejoyapp.com. Captured on the supplier sandbox systems, not a live practice.

joy

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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