

Integrators in action: how UHUK members enable successful neighbourhood health models

Foreword

Since this paper was first shared in summer 2025, the health policy landscape has evolved rapidly, with the publication of the NHS 10-Year Plan and the National Neighbourhood Health Implementation Programme, which has placed renewed emphasis on neighbourhood-level integration, prevention, and partnership-based delivery as the route to a sustainable NHS.

Urgent Health UK (UHUK) and its social enterprise members are already operationalising these ambitions in practice. They are integrators in action—delivering 24/7 community-based care, enabling digital coordination, and ensuring system resilience through trusted local partnerships.

This updated paper reaffirms UHUK's position as an essential delivery partner for Integrated Care Boards (ICBs) and the Department of Health and Social Care (DHSC) in achieving the next phase of NHS transformation.



Executive Summary

This paper sets out a compelling case for recognising Urgent Health UK (UHUK) members as essential to the delivery of the NHS's Single and Multi-Neighbourhood Provider Models (SNPs and MNPs).

While not all members will lead formal MNP contracts, they are already delivering the urgent care coordination, digital infrastructure, and neighbourhood-based services required to make these models succeed.

UHUK members provide integrated urgent and primary care at scale, are embedded in local systems, and operate as values-driven, financially sustainable, and operationally mature organisations. Their work directly supports the NHS's goal of neighbourhood health models that bring care closer to home and strengthen prevention.

As trusted and proven delivery partners, UHUK members offer ICBs and the wider NHS a ready-made route to integration, reducing risk while maintaining public confidence and continuity of care.



UHUK - a proven network for NHS Transformation

UHUK is the national alliance of social enterprise providers delivering urgent and integrated care services to over 70% of the UK population.

Members provide 24/7 integrated, high-performing, community-rooted services, including:

- Out-of-Hours and NHS 111
- Clinical Assessment and Coordination Hubs
- Urgent Treatment Centres
- GP Practices and Home Visiting Services
- Remote Monitoring and Community Diagnostics

UHUK members form one of the most digitally and virtually enabled elements of the NHS, working every day to reduce unnecessary hospital admissions, ambulance call-outs, and A&E attendances while supporting at-home prevention and long-term condition management.

Their track record of collaboration, data-driven delivery, and operational resilience makes them natural partners for ICBs and DHSC in delivering the 10-Year Plan's ambitions for neighbourhood health.

Single & Multi-Neighbourhood Providers (SNPs & MNPs)?

The NHS 10-Year Plan introduces two new contractual models:

- Single Neighbourhood Providers (SNPs) – delivering enhanced services for populations of around 50,000
- Multi-Neighbourhood Providers (MNPs) – coordinating care across populations of around 250,000

Both are designed to integrate, coordinate, and deliver services that benefit from scale, including:

- Enhanced frailty and end-of-life care
- Population health management and proactive prevention
- Complex urgent care pathways
- Digital infrastructure and shared data systems

- Workforce resilience and back-office functions
- Support for general practice sustainability

In London, this model aligns directly with the Target Operating Model (TOM) for a Neighbourhood Health Service, which places Integrated Neighbourhood Teams (INTs) at its heart, supported by an “Integrator” organisation responsible for enabling coordination across neighbourhoods.

UHUK members are already performing these integrator functions—operating across boundaries, managing digital and clinical coordination, and aligning urgent care, primary care, and prevention at neighbourhood level.

The Capabilities Required of MNPs and Integrators

National guidance and the London TOM identify a core set of capabilities that MNPs and Integrator organisations must demonstrate. UHUK members already deliver nearly all of them in practice (see table on next page).

The Capabilities Required of MNPs and Integrators

Capability Area	What's Required of an MNP/Integrator	UHUK Social Enterprise Members
Scale & Coverage	Ability to operate across multiple neighbourhoods (~250,000 population) while respecting local context.	Routinely operate across 250k-1m+ population footprints (e.g. integrated urgent care, 111, out-of-hours).
Service Integration	Deliver integrated urgent, primary, community, mental health, and social care services via multidisciplinary teams (INTs).	Proven leaders in urgent care integration and care co-ordination (UTCs, frailty, care navigation, virtual wards). Ability to work collaboratively, across boundaries and in multidisciplinary teams.
Support for Fragile Services	Provide additional support to struggling GP practices or INTs.	History of supporting fragile practices and absorbing GP workload, stabilising failing practices, out-of-hours and extended access cover.
Digital Infrastructure	Interoperable IT, shared records, digital triage and communication.	Digital front doors, integrated booking, triage, care coordination tools and remote monitoring already in use.
Population Health Management	Use data to segment and proactively manage population needs, target inequalities.	Use call/visit data, 111 insights, and real-time data analytics and dashboards to stratify demand and risk.
Leadership & Governance	Operate across organisational boundaries with credibility and clarity of roles.	Mature CQC-registered, contract-holding entities with agile boards and flexible structures. Experienced in working across organisational boundaries with acute trusts, Ambulance services, primary and social care.
Community Participation	Co-production with residents, VCFSEs, and local leaders.	Embedded in communities; trusted, local, independent provider, patient-centred care, partner with VCFSEs and local government in delivery.
Organisational Maturity	Financial, operational, and governance strength; hosting capabilities.	With up to 30 years' experience in some organisations, UHUK members are mature with budget and infrastructure handling capacity. Balanced books annually, and shared IT, Workforce, estates and governance
Community & VCFSE Links	Good connections in local community and able to partner with VCFSE	Embedded in communities; reinvest surpluses locally; partner with VCFSEs in delivery.
Workforce Models	Right people, right skills, right place	Flexible, 24/7 multidisciplinary models, including GPs, ANPs, paramedics, care navigators.
Business Model	Population focussed, digitally enabled and neighbourhood driven	Social enterprises with lean, outcomes-driven models; surpluses reinvested.
Resilience & Adaptability	Ability to flex capacity, mediate challenges, and maintain continuity.	Ability to flex capacity, mediate challenges, and maintain continuity.

Why UHUK Members are Indispensable Partners

UHUK members sit at the intersection of urgent and primary care, making them uniquely capable of bridging gaps between NHS services and community delivery. They are integrators in action. They:

- Represent the voice of front-line general practice in neighbourhood design and governance.
- Offer ready-made digital and operational infrastructure that can be adopted or scaled by ICBs.
- Provide financial sustainability and social value, reinvesting surpluses locally.
- Demonstrate longstanding community trust—a critical ingredient for successful integration.
- Deliver data-driven insights that support population health, demand forecasting, and targeted prevention.

UHUK's collective experience, and long, strong history of being trusted, independent partners with communities at their heart, offers ICBs a low-risk, high-impact route to transformation—building on existing, proven delivery networks rather than creating new ones from scratch.

Recommendations

To accelerate progress toward the 10-Year Plan's vision of a Neighbourhood Health Service, we recommend that DHSC, NHS England, and ICBs:

1. Formally recognise UHUK social enterprise providers as credible Single and Multi-Neighbourhood Providers and key integration enablers.

2. Embed UHUK members' role in the design and delivery of neighbourhood health models to ensure operational realism and front-line insight.

3. Partner with UHUK in co-developing new frameworks for at-home prevention, digital coordination, and community diagnostics.

4. Leverage UHUK's delivery network as a rapid, trusted mechanism for transformation—reducing system risk and maintaining public trust.

UHUK members are mission-driven, profit-for-purpose organisations focused on outcomes and impact. They are mission-critical to the next decade of reform that the NHS depends on.



UHUK

Bringing urgent and integrated healthcare providers together through social enterprise

Produced by Conor Burke, CEO, UHUK,
on behalf of UHUK Members

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Sources

- [A Neighbourhood Health Service for London – Target Operating Model \(May 2025\)](#).
- NHS England London Region, ICBs and GLA partners
- BMA, Pulse Today, NHS Confed, The Times coverage of NHS 10-Year Plan (July 2025)

See Appendix for Case Studies

Detailed examples of UHUK members' delivery capabilities—including DHU Health Care, IC24, Primary Care 24, GMUPCA, Taurus Healthcare, FedBucks, Cumbria Health, Suffolk GP Federation, FCMS, and BrisDoc—are provided in the Appendix: Integrators in Action.

Integrators in action: how UHUK members enable successful neighbourhood health models.

Appendix

UHUK members play a vital role in supporting neighbourhood-based models of care—whether as Neighbourhood Providers (NPs), Multi-Neighbourhood Providers (MNPs), or as trusted delivery partners working within integrated neighbourhood systems.

While some UHUK members may be positioned to take on formal MNP roles, the majority will likely continue to support neighbourhood care through partnership, co-delivery, and hosting functions. Their expertise in urgent and integrated care, digital infrastructure, and workforce coordination makes them well suited to stabilise, enable, and enhance local neighbourhood teams.

The examples that follow illustrate the breadth of capability across UHUK's membership—demonstrating how our organisations contribute to neighbourhood working in diverse ways, from large-scale regional provision to targeted support for fragile practices and local integration efforts.

1. Scale and Population Coverage – DHU Health Care

DHU Health Care delivers urgent and primary care services across the East Midlands, covering more than five million people. Its scale, infrastructure, and integrated service model position it to act as a Multi-Neighbourhood Provider (MNP) in some systems, while also enabling direct support to Neighbourhood Providers and local teams through shared resources and regional coordination. DHU's cross-boundary working, digital integration, and flexible workforce underpin its contribution to neighbourhood-based care.

Its delivery footprint includes Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, and beyond, enabling the organisation to work across multiple systems and neighbourhood boundaries.

The organisation is embedded in local integrated care systems and maintains effective relationships with acute trusts, PCNs, and ambulance services. DHU's model enables consistent performance across different geographies, while respecting local service configurations and population needs. Its population-level infrastructure includes a centralised clinical assessment service that integrates NHS 111 with urgent primary care, allowing early redirection, escalation, or de-escalation of cases.

The organisation uses advanced data analytics to forecast demand and monitor performance across regions. Its size allows it to balance resources, flex staff, and deploy mobile visiting capacity to areas under pressure. It has also proven its ability to rapidly respond to system needs, such as winter pressures and COVID-19 surge planning, by operating as a regional lead.

DHU's leadership in digital integration is equally significant. The organisation runs NHS 111 services linked to local patient record systems and provides direct booking into local GP appointments, extended access, and UTCs. In addition, it supports shared workforce rotas and regional training programmes, reducing duplication and promoting standardisation.

Worked Example: In Leicestershire, DHU's clinical assessment and urgent care teams work as an integrated unit across multiple neighbourhoods. This enables rapid triage and redirection of patients, relieves pressure on local A&Es, and supports population health by aligning urgent care with neighbourhood access models. Its ability to manage scale without compromising local sensitivity is a core strength.

2. Integrated Service Delivery – IC24

IC24 (Integrated Care 24) is a profit-for-purpose social enterprise delivering urgent care services to more than 7 million people across the Southeast and East of England. Its model of integrated service delivery exemplifies the capabilities expected of Multi-Neighbourhood Providers, particularly in aligning urgent and primary care through multidisciplinary teams and interoperable systems.

IC24 integrates NHS 111 Clinical Assessment Services (CAS), GP out-of-hours, urgent treatment centres (UTCs), and home visiting services into a cohesive clinical model. These services operate under a shared governance framework and are digitally linked to provide seamless handoffs between telephone triage, face-to-face consultation, and community-based care. IC24's model reduces the need for repeat triage and offers continuity across clinical episodes.

A hallmark of IC24's delivery is its ability to coordinate services across settings and providers. For instance, CAS clinicians can book directly into GP and UTC appointments via NHS Spine-enabled systems. This prevents unnecessary A&E visits, improves patient experience, and aligns care with clinical need. IC24 also shares clinical staff across 111, home visiting, and UTC settings, promoting workforce flexibility and standardised clinical approaches.

IC24 partners with ambulance services and acute trusts to create integrated urgent care pathways, including escalation to mental health or frailty teams. Its virtual clinical hubs manage high volumes of calls and support clinical validation, helping to balance demand across multiple neighbourhoods and reduce bottlenecks.

Worked Example: In Kent, IC24 operates an Integrated Urgent Care model that merges 111 CAS, GP-led UTCs, and home visiting services into a single system. Staff are scheduled and governed across service types and shared care records enable coordinated clinical decisions. The model has led to improved patient flow, reduced waiting times, and stronger local collaboration—key indicators of effective MNP design.

3. Support for Fragile Practices and INTs – Primary Care 24

Primary Care 24 (PC24), based in Merseyside, plays a vital role in supporting vulnerable and under-pressure general practices and Integrated Neighbourhood Teams (INTs). As a long-established social enterprise, PC24 provides stabilisation services including interim management, clinical workforce support, extended access delivery, and practice turnaround assistance.

PC24 frequently steps in during crises—whether due to clinical staffing shortages, sudden closures, or CQC interventions. Their mobilisation capability includes deploying salaried and sessional GPs, advanced nurse practitioners (ANPs), and operational leads to maintain continuity of care while a longer-term solution is developed. Their governance model ensures clinical safety and regulatory compliance, even during short-notice transitions.

PC24's experience shows how community-based urgent care providers can stabilise neighbourhoods and maintain equitable access and enable a sustainable model of neighbourhood care.

PC24 also works with commissioners to implement improvement plans, mentor clinical leaders, and redesign practice workflows. In high-deprivation areas of Liverpool and the Wirral, PC24 has collaborated with PCNs to align urgent care, extended access, and population health interventions.

Worked Example: In 2022, a large inner-city practice in Liverpool faced imminent closure due to GP retirements and recruitment failure. PC24 intervened within two weeks to provide clinical and managerial cover, safeguarding care for 12,000 patients. Over six months, they restored safe access, supported CQC requirements, and mentored new partners to take over the practice. This case illustrates the strategic value of UHUK members in strengthening neighbourhood teams and preserving primary care resilience.

4. Digital Infrastructure and Interoperability – GMUPCA

Greater Manchester Urgent Primary Care Alliance (GMUPCA) supports digital transformation and system-wide integration across one of England's largest urban populations. Serving over 3 million people, GMUPCA's shared platforms, direct booking systems, and regional oversight support both Multi-Neighbourhood Provider and Neighbourhood Provider models, enhancing real-time access and reducing variation across boroughs. GMUPCA exemplifies how UHUK members facilitate digital integration at neighbourhood scale.

GMUPCA provides digital triage and care navigation tools for urgent and primary care, linking services across boroughs and organisations. Its digital platform supports direct booking, appointment visibility, referral management, and data sharing across GP out-of-hours services, 111, extended access hubs, and community urgent care.

The Alliance hosts shared IT systems and workforce management tools that enable seamless scheduling, clinical handover, and service monitoring. These systems reduce duplication and support neighbourhoods to manage demand in real time, balancing pressures across different care settings.

GMUPCA also interfaces with Greater Manchester's Local Health and Care Record (LHCR), giving clinicians a shared view of the patient record and ensuring continuity of care across episodes. This capability enhances safety, particularly for patients with complex or long-term needs.

Worked Example: In Salford and Bury, GMUPCA deployed a single digital access point that enables urgent care appointments to be booked into multiple neighbourhood hubs via 111 or clinical triage. Staff can view availability and book patients directly into services that meet their need—avoiding unnecessary ED attendance or long waits. The platform is also used to coordinate home visits and same-day face-to-face care across the city region. This infrastructure exemplifies the interoperability and hosting capacity required of a credible MNP.

5. Population Health Management – Taurus Healthcare

Taurus Healthcare, a GP federation in Herefordshire, leads on population health initiatives through its delivery of urgent and primary care services. It operates across rural and urban populations, integrating service data and community insight to improve outcomes and reduce health inequalities – making it a valuable contributor to both neighbourhood and multi-neighbourhood provider models.

Taurus uses patient data from NHS 111, extended access hubs, GP practices, and home visiting services to identify frequent attenders, high-risk cohorts, and service gaps. This intelligence is used to co-produce targeted interventions with PCNs and community partners, including frailty reviews, mental health outreach, and anticipatory care planning.

Its population health approach is driven by community asset mapping and real-time demand data. Taurus supports PCNs and INTs in identifying where preventive services are most needed and in designing interventions that go beyond clinical need—addressing social isolation, housing, and access barriers.

Taurus also integrates this data into system-wide planning with ICBs, feeding insight into urgent care pressures and primary care utilisation. It has helped design virtual wards and home visiting pilots for patients with complex needs, reducing acute admissions.

Worked Example: Taurus developed a proactive care programme in partnership with local GP practices and care homes, identifying patients at risk of hospital admission. Using shared digital dashboards and multi-agency triage, they delivered targeted home visits, medication reviews, and social support. The programme led to a 15% reduction in A&E attendances among the cohort over 12 months and has since been embedded into neighbourhood working practices. This model highlights how UHUK members can combine urgent care insight with neighbourhood intelligence to drive population health improvements.

6. Leadership and Governance Across Boundaries – FedBucks

FedBucks, the GP federation serving Buckinghamshire, demonstrates mature leadership and governance across boroughs and providers—an essential characteristic of a Multi-Neighbourhood Provider. It operates extended access, out-of-hours, and urgent visiting services while supporting PCNs and neighbourhood teams with coordination, clinical assurance, and pathway redesign.

FedBucks holds multiple contracts across the ICB, including for services that span traditional boundaries: same-day access hubs, digital-first appointments, and winter resilience offers. Its governance framework enables accountability and performance monitoring across different provider footprints, with a central board structure that includes patient representatives and PCN voices.

The organisation regularly acts as a strategic delivery partner for Buckinghamshire ICB, taking on roles such as programme host, contract holder, and change facilitator. FedBucks's ability to manage system-level risk and broker collaboration between practices makes it a natural integrator and credible MNP partner.

It has led several place-based improvement programmes, including reducing 111 call-backs through integration with urgent primary care, and aligning home visiting services across the county. It also plays a key role in winter planning and surge coordination.

Worked Example: During the rollout of Enhanced Access, FedBucks coordinated between 10 PCNs, harmonising delivery models and staffing rotas to maximise efficiency and reduce duplication. By holding the contract and providing shared digital infrastructure and clinical governance, it ensured equity across localities while enabling neighbourhood-level tailoring. This leadership across traditional practice and system boundaries illustrates the MNP capacity embedded within UHUK members.

7. Community Partnership and Co-production – Cumbria Health

Cumbria Health delivers urgent and primary care across one of England's most geographically dispersed and rural populations. Its strong relationships with local voluntary and community groups make it a leader in community partnership and co-production—both essential for a successful Neighbourhood and Multi-Neighbourhood Provider models.

Cumbria Health actively engages with local communities to co-design services that reflect specific health needs and access challenges. It partners with organisations such as Age UK, rural transport networks, and local carers' associations to deliver joined-up care and overcome rural isolation.

Its home visiting service integrates with local authority social care teams and district nurses to provide holistic care for patients with complex needs. Cumbria Health also supports social prescribing and wellbeing initiatives through its networks of local community contacts, particularly in remote areas.

The organisation has developed culturally appropriate and accessible models of care, including translation services and evening/weekend access for farming and shift-working communities. Cumbria Health's commitment to inclusivity and local voice makes it an exemplar in building trust and participation in neighbourhood healthcare.

Worked Example: In partnership with the Cumbria CVS and local PCNs, Cumbria Health co-developed a winter support initiative for isolated elderly residents. It included urgent care outreach, home checks, welfare calls, and community pharmacy deliveries. The programme, shaped through patient feedback and community workshops, led to a measurable decrease in 999 calls and ED attendances during adverse weather months. This demonstrates the power of co-production and embedded community relationships in UHUK member delivery models.

8. Workforce Resilience and Multidisciplinary Models – Suffolk GP Federation

Suffolk GP Federation serves over 1 million people across East Anglia, delivering a wide range of urgent care, primary care, and community services. One of its standout strengths is workforce resilience, with a proven model for deploying multidisciplinary teams flexibly across neighbourhoods. This integrated workforce model underpins both neighbourhood and multi-neighbourhood provider models, supporting sustainable staffing across rural and coastal areas.

The Federation provides GP out-of-hours services, home visiting, frailty hubs, and urgent community response teams—all supported by integrated rotas and a shared workforce bank. This approach ensures capacity can be directed where needed most, particularly during winter pressures or provider strain.

Its workforce includes GPs, advanced nurse practitioners (ANPs), paramedics, and pharmacists who rotate between telephone triage, in-person care, and visiting services. Suffolk GP Federation also offers training and mentorship to new clinicians and supports career development across roles, contributing to recruitment and retention.

It uses real-time workforce dashboards and predictive modelling to anticipate gaps in cover and redirect clinical resources proactively. Its partnership with PCNs enables shared use of staff across primary care and urgent services, particularly in remote and coastal areas.

Worked Example: During the winter of 2022/23, Suffolk GP Federation mobilised a surge visiting team composed of paramedics and ANPs to support frailty services across two neighbourhoods experiencing high COVID-19 admissions. The team was operational seven days a week and integrated with social care and discharge coordination. As a result, admission avoidance targets were exceeded by 18%, and patient satisfaction scores rose due to faster response times. This initiative demonstrates how UHUK members can deliver flexible, resilient workforce models that underpin effective MNP delivery.

9. Financial Sustainability and Value for Money – FCMS

FCMS (Fylde Coast Medical Services) provides urgent care services across Blackpool and the wider Lancashire area with a focus on financial sustainability, innovation, and community value. Its profit-for-purpose model allows reinvestment into local priorities, enhancing service resilience and enabling pilot schemes for hard-to-reach groups. FCMS's cost-effective operations and transparent governance offer a strong foundation for supporting neighbourhood delivery, whether independently or as part of a broader MNP-led system.

FCMS operates NHS 111, out-of-hours GP care, urgent treatment centres, and integrated health hubs, managing over 1 million patient contacts annually. Its cost-effective delivery model is underpinned by streamlined back-office functions, agile staffing, and locally hosted digital platforms that reduce dependency on national infrastructure.

Crucially, FCMS reinvests operational surpluses into services that fill local system gaps or pilot innovations. These have included community mental health support, targeted outreach to vulnerable groups, and expansion of its clinical hub capacity.

Its financial approach aligns with social value principles and transparent governance. As a social enterprise provider, FCMS shares financial performance with system partners and collaborates on regional planning. Its financial stability and reserves policy enable it to absorb short-term cost pressures and support transformation efforts without destabilising delivery.

Worked Example: In response to unmet demand among Blackpool's homeless population, FCMS used local funds to pilot an evening urgent care drop-in service, co-designed with housing and recovery organisations. The service prevented unnecessary A&E use and improved engagement with long-term support. When evaluation showed significant impact, the ICB commissioned it recurrently. This demonstrates how UHUK members' financial models deliver tangible social and economic value beyond core contracts.

10.Organisational Maturity and Hosting Capabilities – BrisDoc

BrisDoc operates across Bristol, North Somerset, and South Gloucestershire, delivering urgent primary care services including GP out-of-hours, NHS 111 Clinical Assessment Services, and Integrated Urgent Care (IUC) hubs. As a provider with established systems, governance, and infrastructure, BrisDoc exemplifies the organisational maturity required of a Multi-Neighbourhood Provider.

BrisDoc hosts a regional clinical coordination hub that manages patient flow between 111, GP services, UTCs, and home visiting. Its IT systems are fully interoperable with local health records and enable direct booking into services. This digital infrastructure supports real-time oversight, capacity management, and escalation pathways.

Its governance model includes clinical advisory groups, system partnership boards, and community involvement structures. The organisation holds contracts with multiple ICBs and is adept at managing subcontractors, hosting shared delivery models, and ensuring quality across care settings – supporting both neighbourhood and multi-neighbourhood models and making it a reliable delivery partner across neighbourhood footprints.

BrisDoc also supports regional workforce development through training programmes and rotational placements across services. It offers a reliable hosting function for transformation pilots, system resilience offers, and joint ventures with acute and mental health partners.

Worked Example: During winter 2023, BrisDoc hosted a system-wide surge response centre for the Southwest region, coordinating workforce deployment and patient redirection across multiple urgent care settings. Using its digital platform and governance oversight, it acted as an integrator for seven neighbourhoods, ensuring continuity of care during extreme pressure periods. This ability to host shared infrastructure and maintain delivery across complex geographies positions BrisDoc as a vital partner, as well as a high-performing MNP-ready provider, in line with UHUK members.

