Isla

Creating clinical capacity through digital pathways.

NHS Scotland.

Supporting NHS Scotland's Operational Improvement Plan, by integrating digital technology into care delivery across Scotland.



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Foreword

Across NHS Scotland, Health Boards and care teams are doing everything they can for their patients, but the system isn't working for them. **Over 600,000 people in Scotland are on NHS waiting lists, that's approximately 1 in 9 people[1]. 60% of estimated new outpatients (477,587 people) are seen within the 12-week target, which is approximately 285,119 people, falling significantly short of the 95% new outpatients national standard [2].**

This isn't down to effort; it is the result of processes that haven't kept pace with modern care. Too many services still rely on face-to-face appointments and follow-ups. This forces patients to travel long distances, clinicians are under pressure to tackle unprecedented long waits without sufficient support structures and hours are lost to admin and disconnected tools.

Digital pathways offer a practical way to provide care, at both acute and community level. By capturing information remotely and automating predictable from triage to routine monitoring, care becomes more consistent and scalable. Aligned with NHS Scotland Operational Improvement Plan, our goal is to empower clinicians, reduce friction and give back time where it is most needed.

Isla's Digital Pathway Platform (DPP) is the first platform of its kind. Purpose built to support end-to-end digital pathways and developed in partnership with frontline teams, DPP is designed to address Scotland's biggest priorities: **Improving access to treatment, reducing wait times e.g. two-week wait (2WW) PSA pathways, and shifting the balance of care from acute to community, underpinned by digital technology.**

This isn't about adding another tool to fix one problem, it's about making existing systems work better for patients and clinicians alike. Whether you are leading service redesign, clinical strategy, or exploring how to best care for your patients, this guide shows how digital pathways can unlock capacity and return valuable time. We hope it offers a starting point for making Scottish healthcare simpler, safer, and more sustainable.

Peter Hansell
CEO and Co-founder of Isla Health

James Jurkiewicz
CTO and Co-founder of Isla Health



01

Reducing wait times in the NHS Scotland: what's holding us back?

Why care feels harder than it should

Clinical pathways matter for each of the 24,368 licensed doctors working in Scotland[3] and their patients. They help ensure patients get timely, effective care that meets consistent standards. But over time, these pathways have become harder to follow, not because they were poorly designed, but because they rely on too many manual and in-person steps. Each one plays a role, but together they can slow everything down, which has been exacerbated by the rapid rise of patient numbers in Scotland due to their age or existing conditions.

Admin-heavy processes, disconnected systems and multiple human touch points create delays and duplicate effort. That means longer waits, missed information, and care that feels fragmented rather than joined up.

Scotland's population is ageing, since 2004, there has been a 43% increase in people aged 75+[4] which means that practices are working harder than ever, to keep pace with growing demand. In addition, over the last decade, the number of men diagnosed with prostate cancer has shot up by 42%, making it the most common form of cancer in the UK. In Scotland, 31% of men who are diagnosed find out when it's reached stage four.[5]

Patients face multiple appointments and repeat travel, often a long way. Clinicians spend too much time on paperwork and chasing updates instead of focusing on complex care. It's no one's fault. It's simply the reality of how the care system has not evolved to keep up with demand. It's time for a new approach.

That's where digital pathways make the difference. By streamlining tasks, reducing duplication and bringing information into one place, they help clinical teams work more efficiently, increasing throughput without adding pressure. The Digital Pathway Platform (DPP) supports existing systems, making care more coordinated and responsive. The result? Faster decisions, fewer delays, and better outcomes for patients.



Bottlenecks and delays in the patient journey

The Scottish Government is intent on ensuring people receive timely care. This budget sees record funding of almost £22.5 billion for the Health and Social Care portfolio, with £17.6 billion for NHS Board.[6] This builds on the investments made in the past year to create a more sustainable and resilient NHS, and bring long waits down.

Identifying where delays and inefficiencies can crop up in a clinical pathway, making things harder than they need to be, is the first step to identifying where budget can support clinicians and patients.

Below, we highlight some of the common bottlenecks that overlap and add pressure throughout the patient journey. By pinpointing exactly where the friction lies, we can start to ease the load and create a more joined-up, responsive system for everyone.

1

Triage: When information gathering slows everything down

Triage should move patients onto the right pathway quickly. But too often, it turns into a waiting game. Clinicians spend valuable time chasing important information, simply because the process is so manual. From waiting list validation to initial assessments and referral processing, each step adds more hand-offs, more delays, and more chances for duplication. Even well-meaning processes like “Waiting Well” initiatives still rely on staff to follow up manually, pulling time away from more urgent needs.

2

Treatment: When care delivery is weighed down by routine

Treatment is where patients expect to see progress, but it’s also where resources are stretched thinnest. Many services still rely heavily on face-to-face appointments, even for things that could be managed remotely or asynchronously. Pre-op assessments, routine follow-ups, and MDT (multi-disciplinary-team) coordination all require time and effort that could be redirected with better digital tools. This isn’t about cutting corners, it’s about freeing up clinical expertise for the moments that matter most.

3

Monitoring: When follow-up limits how many patients we can reach

After treatment, patients need oversight to stay well. But traditional monitoring pathways make it hard to scale. Teams are still tied to manual review of indicators, face-to-face symptom checks, and outcome tracking that eats into clinical time. Even PIFU (Patient-Initiated Follow-Up) models often require someone to manage incoming responses manually. That makes it harder to support more patients at once, and easier for those needing extra attention to slip through the cracks.

What’s slowing healthcare down

Outdated healthcare models are inefficient

Admin takes time away from patient care

Tech barriers delay impactful change

Care isn't standardised or personalised

Lack of real-time, longitudinal patient data

Patients attend multiple appointments due to gaps in information

Healthcare professionals are tired and burnt out

Disconnected systems waste clinical time



Care can’t continue as it is.
It’s unsustainable.
Change is needed. Now.



02

The solution: Technology that works with human care

The Health and Social Care Service Renewal Framework provides a high-level guide for change, to ensure the sustainability, efficiency, quality, and accessibility of health and social care services in Scotland.

Creating support for those who face the greatest barriers to accessing care, whether due to geography, socio-economic status, disability, ethnicity, or other factors ...
People will experience more joined up, integrated care with a greater focus on prevention and early intervention.



We don’t need to simplify care; we need to make it more efficient

Clinical pathways aren’t the problem, they’re essential. The challenge is delivering them efficiently.

What if the three stages we discussed in section one were simpler, faster, and connected? That’s what the Digital Pathway Platform (DPP) helps unlock. By supporting asynchronous care, structured data capture, and smart triage, teams can free up time and focus on clinical decision-making and patient outcomes.

The goal isn’t to remove clinical touch-points or lower standards. It’s to automate predictable processes, and remove unnecessary complexities, so clinicians can focus where their skills are irreplaceable, on the cases that truly need them.

There’s a huge opportunity to make care more consistent, efficient, and equitable across the NHS Scotland. The way to do that is by building digital pathways that scale. Today, most information is still collected in appointments or consultations. But much of it can be gathered remotely and asynchronously, using:

Patient-submitted images and videos

Structured assessment forms and PROMs

Audio recordings and symptom updates

This gives clinicians a longitudinal view of how a patient’s condition is changing, not just a snapshot tied to clinic availability. Combined with automation, this approach allows teams to make faster, safer decisions and move towards more proactive, preventative care.

“Over the past 15 years, many sectors of the economy have been radically reshaped by digital technologies. Yet the NHS is in the foothills of digital transformation. ”

Summary letter from Lord Darzi to the Secretary of State for Health and Social Care, 2024

Isla

Digital Pathway Platform

DPP isn't a replacement, it's the missing link Health Boards need

DPP is a vital layer of technology that helps everyone, and everything work better together. Picture your Health Boards going from:

Disjointed pathways → joined-up care

Endless duplication → information flows effortlessly

Burnt-out teams drowning in paperwork →
routine tasks happen automatically, clinical time is protected.

Now, picture your patient's experience going from:

Frustrated by long waits → fewer delays

Unnecessary appointments → faster answers

Having to travel to appointments, sometimes a long way →
care that fits around real lives

That's the difference the Digital Pathway Platform makes.





03

Meet Isla, the first Digital Pathway Platform

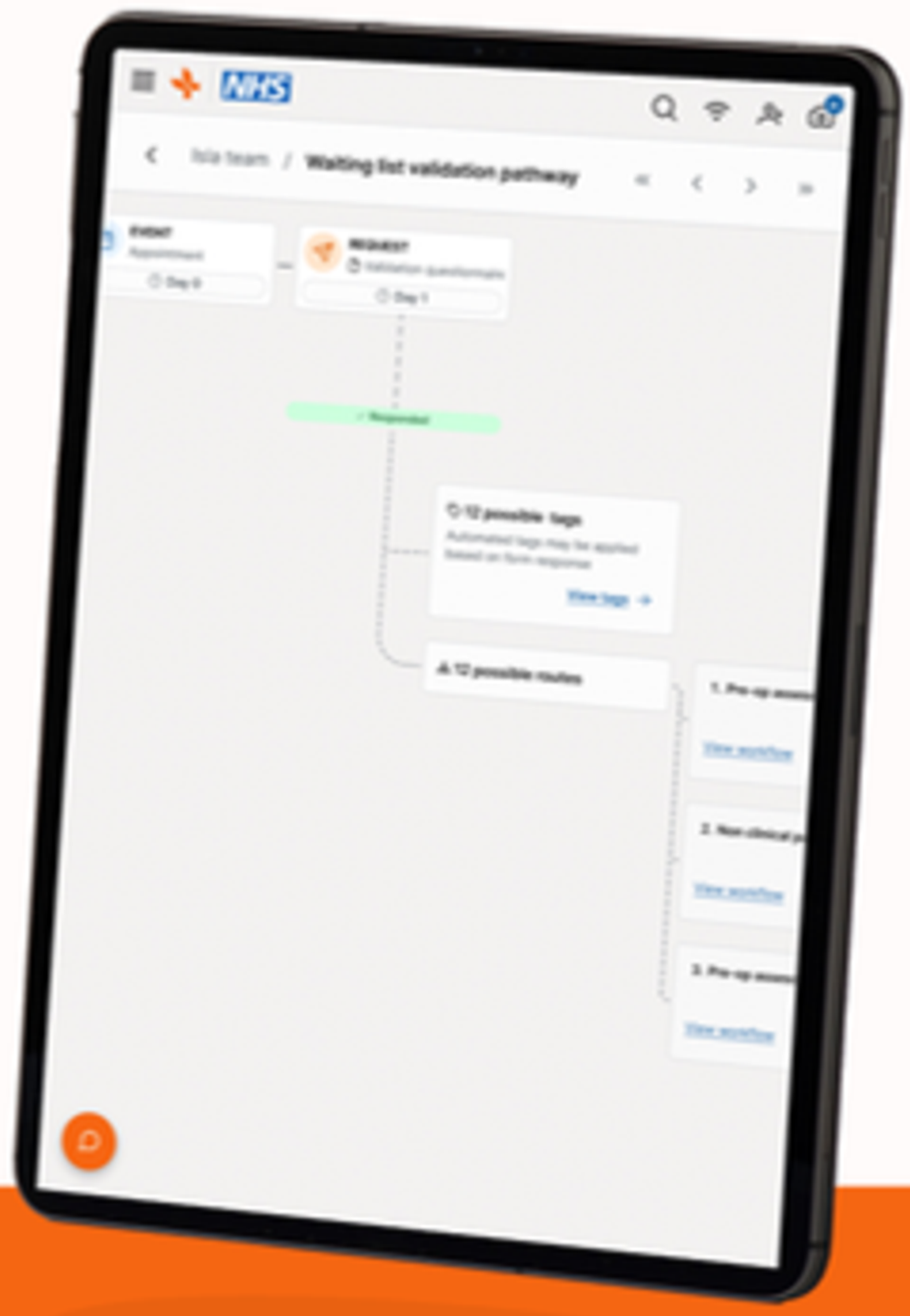
From bottlenecks to breakthroughs

The vision of Scotland's healthcare is one where people live longer, healthy and fulfilling lives. The goal is to improve population health, focus on prevention and early intervention, provide quality services, and maximising access, while giving due consideration to the people at the heart of those services.

Aligned with the Health and Social Care Service Renewal Framework, our goal is to support long-term transformation by shifting the balance from hospital to community settings.

The Digital Pathway Platform (DPP) is built around care pathways, not just appointments or clinical records. Patients can share information and clinical media diagnostics at any point, from anywhere to save them travelling long distances. Teams can triage, assess, and collaborate remotely. All of it is captured in structured, real-time formats such as PROMs/PREMs, photos, videos, forms, and audio recordings that connect with existing systems.

DPP brings together structured data, messaging and workflow tools to support the full patient journey and moves care from disconnected, one-off interactions to a continuous and scalable model.



This supports key NHS Scotland's priorities:

- Improving patient access to treatment
- Shift the balance of care from acute to community, where appropriate
- PSA pathway "2 week wait"
- Utilise digital and technology innovations

The solution chosen by 40+ NHS partners to transform their care

Isla is the first purpose-built Digital Pathway Platform (DPP) for healthcare providers.

Trusted by 40+ NHS and global partners across 40+ clinical specialties and 200+ pathways

Co-developed with patients, clinicians, and trust leaders

Certified B Corp and aligned with sustainable healthcare delivery

Over 3 million submissions have been made through Isla – that's one every three minutes.





"We ended up with so much enthusiasm for Isla that it almost became difficult for us to manage internally as a digital team because everybody wanted it. Which is fantastic, and sometimes the opposite of what we have with digital solutions.

Leila Brown
Associate Director,
Digital Transformation

NHS
Alder Hey Children's
NHS Foundation Trust

From the frontline, for the frontline: designed by clinicians

Isla's Digital Pathway Platform (DPP) has been built to be configurable at the service level. That means clinical teams can decide what information they need and how it's presented, helping care feel seamless and intuitive.

Triage

Automate routine data capture and collect complete patient information up front.

This reduces admin and gives clinicians what they need to decide quickly and confidently.

Treatment

Streamline pre-op and follow-up care.

Tools like PIFU (Patient-Initiated-Follow-Up) keep patients engaged and help teams focus on cases that need intervention.

Monitoring

Enable remote check-ins and routine surveillance.

Automatically flag risks while supporting patient self-management, so more people can be safely cared for, at scale.

Built to integrate, created to scale

The Digital Health and Care Strategy's Vision is to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.

Isla's DPP connects with your EPR and systems like e-RS. It uses existing data to start pathways and writes back outcomes for visibility and reporting. That keeps things consistent and fits with how you already work. Using one platform across services helps Health Boards adopt new tools faster – whether it's remote monitoring, a diagnostic kit or the Digital Front Door, without rebuilding the workflow each time.



Isla

Digital Pathway Platform

Connect everything.
Simplify everything.

No downloads or logins for patients, just secure links via SMS or email APIs and FHIR ready for real-time data exchange

Meets NHS standards for accessibility, information governance, and clinical safety

Integrates with all major EPRs, including Epic, Cerner, and SystmOne

NHS Federated Data Platform · Palantir · Epic · EMIS Web Assured · MEDITECH · ORACLE

NHSmail · Allscripts · System C · Cerner · tpp · NHS ESR · CanRisk · access Rio EPR



Streamline the entire care pathway



With Isla, patients can move safely and efficiently through the care pathway and be discharged earlier when appropriate.

Our impact in healthcare

40+ NHS Trusts

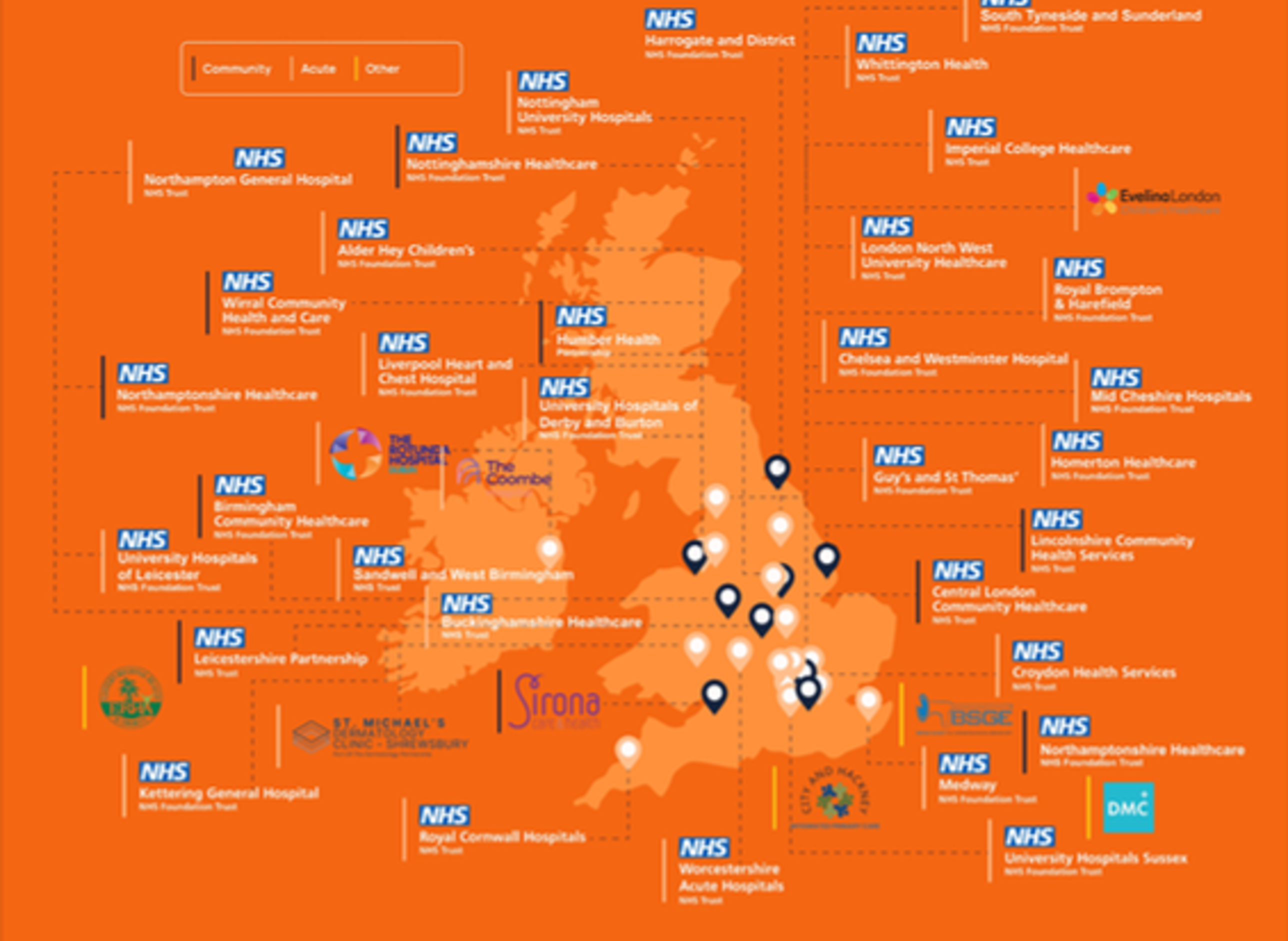
200+ pathways across acute and community

3M+ submissions per year

45-strong team based in London

Global hospital partnerships

B Corp certified





04

Real results for patients, clinicians, and Health Boards

Award-winning case study

Revolutionising skin cancer pathways at Royal Cornwall Hospitals NHS Trust (RCHT)

With Isla, RCHT transformed how care is delivered across Community Lesion Imaging Clinics (CLICs), improving access, streamlining workflows, and driving real results. The work earned them Health Tech Case Study of the Year at the HTN 2024/25 Awards.





“These community-based clinics are virtually filtering for cancer, speeding up the process, reducing waiting lists, and allowing patients to get a faster diagnosis without having to travel for a specialist appointment.

Dr Sandy Anderson
Consultant Dermatologist at RCHT

NHS Royal Cornwall Hospitals NHS Trust

Isla

Digital Pathway Platform

The Rotunda impact

Founded in 1745, The Rotunda Hospital in Dublin is the world's oldest continuously operating maternity hospital, delivering over 8,400 babies each year and caring for some of Ireland's most vulnerable patients.

The challenge

Like many Irish healthcare providers, The Rotunda faces rising patient numbers, limited diagnostic capacity, and treatment delays. These issues reflect broader national pressures, with 850,000+people on public waiting lists (incl. 713,000+ awaiting scheduled care). Clinicians lose significant time to manual administration, duplicate processes, and disconnected digital systems.

- **Rising demand**: c. 10,000 pregnancies managed annually, along complex care for vulnerable patients
- **System strain**: National waiting lists topping 850,000, with staffing shortages and high bed occupancy
- **Digital fragmentation**: Multiple legacy systems, manual follow-ups, and inconsistent data
- **Capacity limits**: Staff stretched between direct care and administration, leaving little time for innovation

The solution

The Rotunda deployed Isla Health's clinically proven digital pathway platform, already in use across 200+ clinical pathways in the UK and globally, to connect clinicians and patients in real time.

- Clinicians send secure resources and forms directly to patients' mobile devices, in their native language.
- Patients submit images, videos, and updates remotely, reducing in-person visits.
- Automated workflows and audit trails support faster triage and safer decision-making.

Isla easily integrates with existing processes & systems, aligning with the HSE's Digital for Care framework by bringing services closer to home, expanding community care, and reducing inequalities.

Early impact

The Isla platform is helping The Rotunda deliver more efficient, effective, and sustainable care:

- **Wound management**: capturing and comparing images to track healing and guide treatment
- **Newborn monitoring**: recording videos to assess infants' mobility and recovery
- **Remote patient care**: enabling patients to upload photos for review, reducing unnecessary visits
- **Digital leaflets** : securely sharing information in multiple languages, cutting printing costs and environmental impact

The Rotunda is now triaging faster, avoiding delays, strengthening care plan adherence, and increasing throughput, all while maintaining safety. By freeing staff for hands-on care and reducing its carbon footprint, the hospital is advancing Sláintecare's vision of high-quality, integrated care, closer to patients.

Future opportunities

The Rotunda is extending Isla's use to:

- Surgical Site Infection prevention: enabling remote wound monitoring to prevent readmissions and reduce costs
- Waiting list validation: aiming to safely reduce Ireland's backlog, drawing on UK experience where Isla helped remove over 17,000 patients from a single trust's list

By connecting the right systems rather than adding new complexity, The Rotunda is creating a scalable, clinician-led model for digital transformation across Ireland's healthcare system.

For clinicians

Save time and improve workflows

with remote patient data review and fewer unnecessary in-person visits

Prioritise smarter

with timely access to patient data

Proactively spot issues early

through regular, standardised monitoring

Cut admin

with automated submissions and better MDT coordination and collaboration

Stay connected

as patient updates feed straight into your EPR

Configure with ease

to suit different teams and patient needs



Seamless data flow

notes added in Isla are automatically pushed into the EPR

Up to 3.8x quicker

to get specialist input

Up to 400%

increase in patient throughput

For patients

Easy to use

User-friendly and designed for convenience — patients can update from home

Fewer appointments

less travel, more flexibility

Faster care

with early detection, preventative care, timely intervention, and speedier recovery

Better engagement

with tailored support for long-term conditions

Empowered and involved

with active participation, better outcomes, and peace of mind

Safe and secure

with privacy built-in



92%

of patients would recommend Isla

4.2/5

patient satisfaction score

116,000+

hours of patient time saved through avoided face-to-face appointments

43% SSIs

reduction and 6x less likely to be readmitted

For healthcare leaders

Save money

with unlimited users and no cloud storage charges

Scale with ease

as the DPP can be used across any specialty, in any pathway

Reduce risk

and improve patient safety

Hit key targets

and align with national healthcare delivery goals

Supports net-zero targets

by reducing unnecessary patient and clinician travel and replacing paper-based processes

Set up quickly

with dedicated Isla teams providing full support and resources, ensuring smooth roll-out



Up to 400%

ROI on average, with cash-positive implementations in 100% of roll-outs

£2.3m

potential savings per Health Board, per year

672 tonnes

of CO_2 emissions reduced by saving over 3.6 million patient travel miles

(Equivalent of going around the world 147 times or to the moon and back 7.6 times)

87%

reduction in time from referral to treatment

75%

de-escalation of demand from SOS to planned intervention

40+ clinical specialties are using Isla: We've yet to find one we can't support

Acute

Allergy and Immunology	ENT	Pain Management	
Audiology	Epilepsy	Plastics	
Burns	Gender affirmation	Prostate Specific Antigen (PSA)	
Cardiac Surgery	Genetics	Rheumatology	
Colorectal	MSK	Sexual Health	
Craniofacial	Neurology	Surgery	
C-section	Occupational Therapy	Surgical Site Surveillance	
Dermatology	Ophthalmology	Urology	
Endocrinology	Oral and Maxillofacial Surgery		

Community

Autism Spectrum Disorder	Physiotherapy
Children's Services	Podiatry
Community Nursing	Speech and Language Therapy
Community Stroke	Stroke Rehabilitation
Dietetics	Tissue Viability Nursing
Dysphagia	
Lymphoedema	
MSK Physiotherapy	
Occupational Therapy	

Don't see your specialty listed?

This is just a sample. Isla can be configured to support any pathway or specialty.

We work closely with you to understand your needs and co-design the right approach. Find out more here, or get in touch at: **isla.health/contact/**



Isla

Digital Pathway Platform

Acute

17,000+

patients safely removed from the waitlist within 10 months in one Trust

8x

less likely for patients to need surgical re-operation of a wound

43%

reduction in SSIs (surgical site infections)

87%

reduction in waiting lists for urgent skin cancer referrals

50%

reduction in primary care visits for SSI post-operative monitoring

Community

3.8x

faster for TVNs to complete wound reviews, releasing 5.4% of their hours

86,000+

hours saved per year in community care

75%

de-escalation of demand from SOS to planned intervention

100%

shift to paperless communications



What teams and patients are saying

Patients

I'm 67 and a bit of a technophobe, but I found the submission easy to use!

Patient feedback

It's so reassuring to have someone check in on your progress after you have been discharged from the hospital. I wish I had these check-ins with regards to other aspects of my recovery.

Patient feedback

It gives me a chance to answer without feeling judged or panicking about the answers and going blank.

Patient feedback



Brilliant - much better than sitting in a hospital waiting area and using up valuable NHS resources/staff when it is so much more convenient to complete the forms this way.

Patient feedback

Clinical teams



It's wonderful to work with a company invested in what you require and want to achieve. I'm telling my senior leaders how amazing Isla is to collaborate with.

Shonna Spreadbury
Digital Clinical Systems Lead
Sirona



It just makes my life so much easier.

Dr Rachael Robinson
Consultant Dermatologist
NHS
Harrogate and District
NHS Foundation Trust





Isla has really helped my clinical practice, reducing unnecessary visits to the hospital and feeling much more connected to patients. Parents have really engaged with the process.

Wendy Blumenow
Senior Specialist Speech & Language Therapist
and Senior Clinical Innovation Consultant
NHS
Alder Hey Children's
NHS Foundation Trust

Healthcare leaders



Using technology to help our families lead more normal lives is one of our key goals; the partnership with Isla Health has been fantastic in exploring the future of remote care.

Iain Hennessey
Clinical Director & Co-founder

Alder Hey Children's NHS Foundation Trust



We ended up with so much enthusiasm for Isla that it almost became difficult for us to manage internally as a digital team because everybody wanted it. Which is fantastic, and sometimes the opposite of what we have with digital solutions.

Leila Brown
Associate Director, Digital Transformation

Alder Hey Children's NHS Foundation Trust



We have implemented Isla as our remote monitoring solution across a huge range of specialties, delivering benefits for our patients, as well as saving time and money - all with excellent feedback from clinicians.

Bruno Botelho
Deputy COO and
Director of Digital Operations

Chelsea and Westminster Hospital NHS Foundation Trust



05

Pioneering the future of healthcare in Scotland

→

Isla

Digital Pathway Platform

To deliver the best outcomes for patients, and protect clinical time, services need a different foundation

13%

of a clinician's working day, equal to one hour, is spent looking for missing information

(Nuance)

13.5 hours

per week is spent on creating and updating clinical documentation, equal to a third of working hours

(Nuance)

30%

of re-admissions are estimated to be preventable

(Nuffield Trust)

Up to 31%

of referrals to secondary care are deemed inappropriate

(NIH)

Staff fatigue

poses a risk to patient safety

(HSSIB)





Traditional pathways no longer fit clinician or patient needs

Manual processes and excessive human touch points cause delays, affecting capacity and limiting throughput.

Multiple human touch points & manual processes

Referral

Triage

Information gathering roadblock

A waiting game instead of rapid pathway allocation

- Poor visibility of patients on waitlist
- Multiple hand-offs
- Unnecessary referrals
- Information gaps
- Inefficient appointment allocation

Treatment

Resource-heavy & fragmented delivery

Manual care coordination, multiple human touch points & rework

- Limited MDT collaboration
- Heavily reliant on face-to-face appointments and synchronous information
- Repeat visits & diagnostics

Monitoring

Weak oversight limits scale & raises risk

Synchronous, face-to-face surveillance limits clinical capacity

- Manual review of routine clinical indicators
- Multiple follow-ups that could be avoided
- Time-consuming manual outcome tracking
- Reduced patient autonomy & self-care capability

Discharge

More face-to-face touch-points, with less capacity and increased risk

Patients

Extended waiting times and delayed care

Clinicians

Staff burnout, reduced capacity for urgent cases

Trusts

Inefficiencies that increase time, cost and risk

Isla

Digital Pathway Platform

Increased throughput, improved care

By automating routine tasks, we increase throughput and free up clinical expertise for more complex care, enabling proactive, scalable delivery without adding extra resources.

Asynchronous media diagnostics (PROMs, photos, forms, videos, voice notes)

Referral | Triage | Treatment | Monitoring | Discharge

Streamlined information capture

Rapid pathway allocation through remote triage

- Automated data collection, waitlist validation & caseload stratification
- Accurate & efficient referral routing
- Clinical time allocated in line with patient risk & complexity
- Waiting well: pathways and appointments avoided with successful self-management

Efficient healthcare processes

Optimised coordination through digital touch-points

- Efficient appointments with pre-completed admin
- Longitudinal visibility of complete patient history
- Effective MDT collaboration
- Next steps and decisions auto-update the appropriate EPR

Enhanced visibility enables scale

Configurable analysis & remote, asynchronous post-treatment monitoring

- Quick insights identify patterns & condition changes
- Remote, asynchronous follow-ups reduce unnecessary appointments
- Automated review of routine clinical indicators
- Digital-first check-ups and outcome tracking
- Enhanced patient engagement through PIFU and self-care tools

Less back and forth. More time for care.

Patients

Faster access, less travel often long distances, better experience and outcomes

Clinicians

Increased capacity to focus on complex cases and delivering excellent care

Health Boards

Real-time insights drive scalable, efficient, and preventative care with optimal resource use.

Isla

Digital Pathway Platform

The engine behind effective digital care

Isla helps clinical teams to configure and deliver digital pathways that work alongside existing systems and processes.

1

Build pathways that work

Refine and improve the way care is delivered with configurable digital pathways tailored to your service.

- Design pathways around real patient journeys
- Remove what doesn't work, and tailor the rest
- Adapt easily to changing needs over time

2

Capture meaningful clinical data

Collect the information that matters, safely and at scale.

- Data from structured forms, media (photos, video, audio)
- Secure, timestamped submissions
- Available in real time for clinical review and action

4

Connect and integrate

Bring together data from forms, media, and diagnostics, plus external systems such as Electronic Patient Records (EPRs), in one place.

- A clearer view for clinical and admin teams
- Fewer systems to switch between
- Designed to fit into your existing ecosystem

3

Automate what slows you down

Reduce admin and free up time for care by automating repeatable tasks.

- Patient data is automatically tagged for quick and easy review
- Trigger next steps in a pathway based on patient updates
- Reduce delays and cut through the noise

5

Make better decisions, together

Support collaboration across your teams with timely data and insights.

- Real-time oversight of caseloads and risks
- Shared view across multidisciplinary (MDT) teams
- Intelligent reporting and alerts to inform care planning



The path forward is digital and deeply human

- **Digital pathways aren't just about better technology, it's about better care.**
  By automating routine steps and capturing information remotely, we can free up what's most valuable in healthcare: the time, expertise, and focus of clinical teams. This isn't about cutting corners or replacing human care. It's about removing the barriers that slow things down so the right care reaches the right people, at the right time.

- **Let clinicians focus where it matters.**
  Much of what slows care today isn't complexity, it's repetition. From admin-heavy triage to routine follow-up, valuable time is lost to manual tasks. Digital pathways change that. They support asynchronous care, automate predictable steps, and give clinicians real-time insight into how a patient's condition is developing. That leads to faster decisions, safer outcomes, and more time for complex care that need it.

- **A better experience for everyone.**
  Patients move through care more smoothly, without unnecessary appointments, travel or long waits. Clinicians work with clearer information and fewer delays. Health systems gain visibility, efficiency, and room to scale. This is how we bring care closer to people, without compromise.

- **One platform, built to scale.**
  Isla isn't a solution for a single use case. It's a configurable platform that supports pathways across multiple specialties, all from one place. Isla integrates with your EPR or national systems, enabling you to start, manage and track pathways consistently and safely, without adding complexity to your workflow.

- **Now's the time to change.**
  Digital transformation isn't new. But it's often scattered, small pilots that don't scale, or tools that don't connect. We need to invest in what works and do it safely, consistently, and at scale. Digital pathways are already delivering real value across the NHS. The opportunity now is to go further and bring that value to more people, in more services.





06

Learn more

→

How is DPP different from other digital solutions?

Unlike tools designed for one task, like messaging or appointment booking, **the Digital Pathway Platform (DPP) supports the full clinical pathway, from referral to treatment and monitoring.**



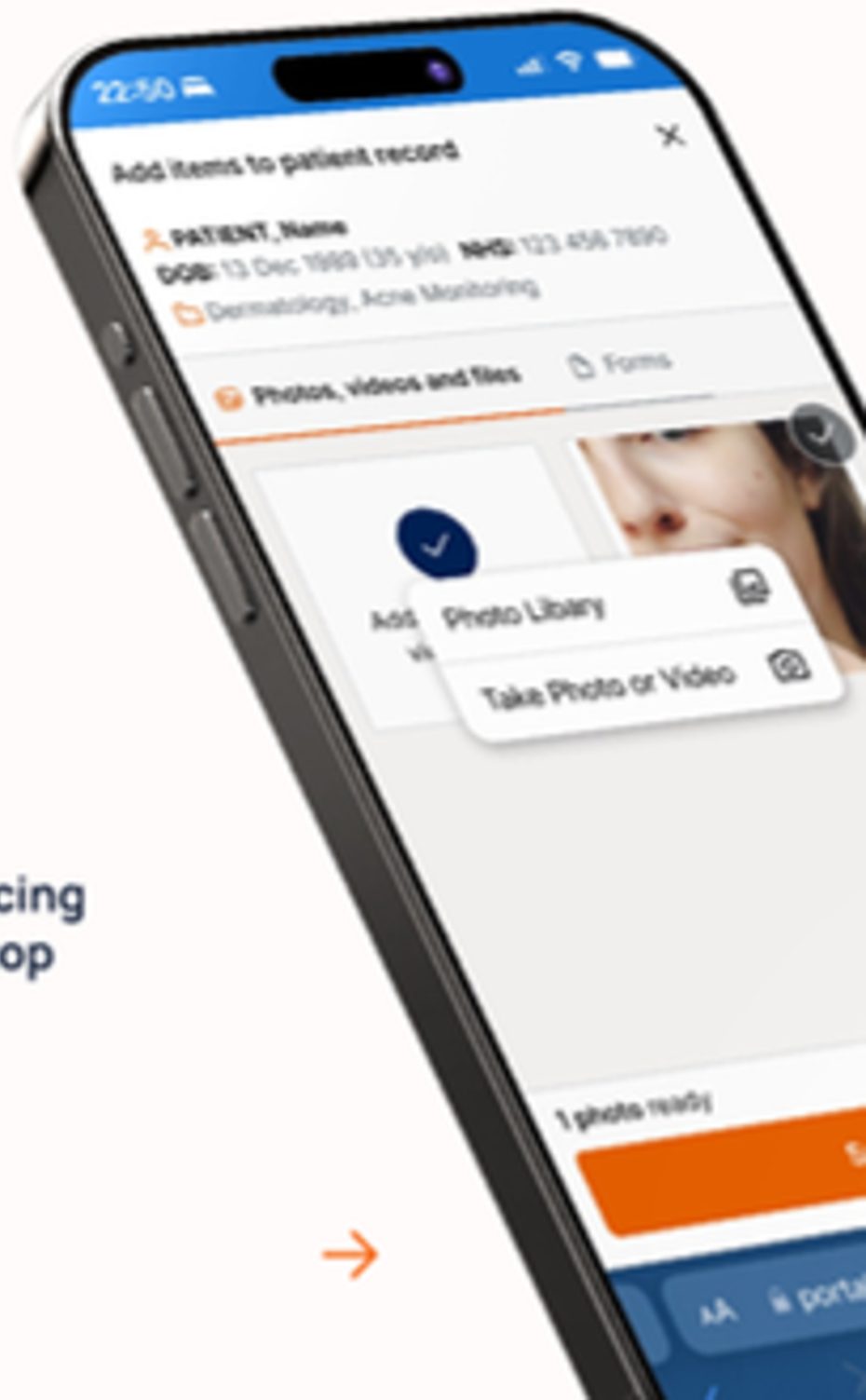
The Digital Pathway Platform captures what's missing:

Designed for whole care pathways, not just point solutions

Surfaces structured, actionable patient data

Works across MDT (multi-disciplinary) teams, not in silos

Frees up clinical time by reducing admin, not adding a layer on top of ineffective processes



FAQs

Is Isla an app?

Not quite. Isla works like an app, but you don't need to download anything. It runs in your browser on any device and can be saved to your home screen for easy access.

Is this virtual care?

Partly — but it's more than that. Digital Pathway Platforms (DPPs) support remote-first, asynchronous care across the full patient journey. That includes triage, referral, point of care, and ongoing monitoring.

Is this just another thing to add to my existing tool stack?

No. The DPP fits alongside your current systems to make them work better together. Many steps are automated, so you don't need to open new windows or switch platforms. It's designed to cut admin, not add to it.

We already have an EPR. Why do we need this?

EPRs are great for booking appointments and linking referral data, but they often stop there. Isla helps you go further. The DPP works with your EPR to build full digital care pathways, defined by your service. This improves productivity, standardises best practice, and helps teams deliver better outcomes. After the referral, Isla supports everything from triage to monitoring to follow-up — all in one place. You get a joined-up pathway that keeps care moving and reduces delays.

What's the difference between Isla and an EPR?

An EPR helps digitise referrals from primary to secondary care, making it easier to book appointments and link referral data. However, it's mainly focused on the referral process and appointment management, without extending into broader care management.

Isla takes it further by managing the entire care pathway, from referral to follow-up. It supports your clinical teams after the referral, handling tasks like triage, monitoring, and follow-ups. Isla brings together referral data and clinical insights to create a joined-up, connected pathway that optimises care at every stage of the patient journey.

How quickly can we start?

Quickly. Most teams begin mobilisation within two weeks. We help you map your processes and co-design the pathway to fit your needs. Our dedicated delivery function supports clinical mobilisation and training. Technical integration and governance setup depends on your Health Board's timelines and existing systems, but we work with your teams to make this quick and smooth. We would need to enable the technical integration with your IT team and complete our information governance and clinical safety documentation with your trust's approval team. Many native EPR integrations take just a couple of hours to configure (front-end).

How secure is Isla?

Very. Isla is Cyber Essentials Plus certified and built with end-to-end security in mind. Nothing is stored locally, and everything is fully encrypted. It's worth mentioning that many trusts have adopted Isla to resolve the data security risks. Isla is a secure alternative to tools like email or WhatsApp, which many teams still rely on for patient updates. Data stays safe, and everything connects to your EPR — no silos, no risk. The platform meets the highest standards for data protection, so you can be confident that clinical and patient information is safe.

Will this integrate with our existing tools?

Yes, Isla is designed to fit in with your existing workflow and bring your systems together. The platform integrates with all major EPRs. To name a few: Epic, Cerner/Oracle, Nervecentre, EMIS (part of Optum), SystmOne, and Rio. For integrated organisations with both acute and community services or neighbouring Health Boards where patients frequently move between clinical settings, Isla offers an integrated shared record to join up patient care and avoid duplication of effort.

What clinical specialties is it proven in?

Isla supports over 40 specialties — from Dermatology, Ophthalmology, and Pre-op to Community Wound Care, SSI, SaLT, and more. You can find a comprehensive list at: https://isla.health/acute-and-community-care-use-cases/. The platform is fully configurable, so we can work with any clinical area. We'll co-design the pathway with your team to meet your needs.

How do patients use it?

Patients receive a one-time secure link — no app, no login needed. They can submit structured forms, including PROMs & PREMS, photos, videos, or voice recordings straight from their phone, all from their device. It's simple and accessible, so patients can contribute to their care from home/remotely. Family or carers can submit on their behalf too. This means fewer unnecessary appointments and quicker updates for your clinical teams, and a more responsive experience overall.

What support do you provide during roll-out?

You'll have full support from our delivery team, from setup and clinical mobilisation through to benefits evaluation and ongoing support. This would include technical setup to integrate with your existing systems, helping you define your pathways, and both process mapping with and training of staff who require access to the platform.

In terms of evaluations, we would provide quarterly impact assessments, led by our in-house team of data scientists and health economists. This ensures we deliver value for money and allows our delivery team to continually iterate throughout the implementation process. Every project will be assigned a dedicated programme manager who oversees successful delivery. They are often the first point of contact with mobile contact details provided alongside online support from our tech team.

What's the ROI and evidence base?

Yes. Every healthcare organisation using Isla has seen financial gains, both through productivity and cash savings. Most see impact within 3 months and a 3-4x return on investment each year. For example, Nottingham University Hospitals saved over £150,000 in just four specialties. See the NUH independent Edge Health evaluation here. The full trust-wide roll-out saved significantly more. Recognising the financial pressures the NHS is under, and our confidence in Isla's impact, we offer an impact guarantee. If you don't see a positive ROI within 12 months, we pause billing until you do.

How do we know patients will respond?

Isla sees an average patient response rate of over 78% across all use cases — one of the highest in the sector. Not everyone will respond digitally, and that's okay. The platform highlights non-respondents so you can follow up in other ways. We're also working with an independent audit centre to achieve level AA accessibility, making Isla as usable as possible for everyone.



Have questions about how Isla can help your Health Board?

We've yet to find a practice we couldn't help, so we're confident that whatever your challenge or question, we can help you.

Get in touch on our website:

isla.health/contact/

Let’s make care simpler, together

Whether you’re exploring options or ready to get started, we’ll meet you where you are. There’s no sales pressure, just a chance to see how digital pathways are already making a difference across the NHS, and how it can help your Health Board.

Talk to a clinician or digital lead already using DPP. Learn what’s worked, and what they’d do differently.

Join a live demo tailored to your setting. See how digital pathways could work in your service.

Test Isla in one part of your service. We’ll support you with setup, training, and governance from day one.



Our impact guarantee: If it’s not working, we won’t charge

If you don’t see a return within 12 months of go-live, we pause billing until you do.

We know digital transformation often promises more than it delivers, and the stakes are high. That’s why we’ve designed Isla to drive measurable impact, quickly and sustainably. Our ROI guarantee reflects the confidence we have in our platform and in the clinical teams we partner with.

92% patient recommendation rate	**0%** customer churn	**100%** cash-positive rollouts
300-400% ROI per project	**No charge** per for cloud storage	**Unlimited users** no charges per license

Isla

Digital Pathway Platform

Speak to a clinician who's already using Isla

Curious how Isla works day to day?

There's no substitute for hearing it from someone who's been in your shoes. We'll connect you with a clinician or digital lead currently using Isla in their service, whether that's dermatology, community wound care, pre-op, or another pathway relevant to your work. You'll get a candid, firsthand perspective on:

- What changed in their clinical workflow
- What surprised them about implementation
- How it impacted their patients and team
- What they'd recommend for teams getting started

No scripts. Just honest insights from someone facing the same pressures as you, and who's already made digital pathways part of their normal practice. Interested? Let us introduce you, by emailing:

hello@isla.health



References

Waiting lists & system pressure

60% (59.7) of outpatients seen within the 12-week target
(Source: NHS waiting times - stage of treatment, Public Health Scotland)

477,587 people waiting for outpatient consultations
(Source: NHS waiting times - stage of treatment, Public Health Scotland)

95% new outpatients national standard.
(Source: NHS waiting times - stage of treatment - Public Health Scotland)

Scotland's biggest healthcare priorities
(Source: NHS Scotland operational improvement plan - Scottish Government)

Growth in Scotland patient numbers
(Source: The sustainability crisis in GP practice in Scotland - British Medical Association)

Workforce & demographics

24,368 licensed doctors in Scotland
(Source: Future Medical Workforce Project: phase 1 report - Scottish Government)

Prostate cancer has shot up by 42%, 31% of men in Scotland are diagnosed at stage four.
(Source: It's a fact: prostate cancer now the most common cancer in the UK - Prostate Cancer UK)

43% increase in people aged 75+
(Source: Unprecedented changes in Scotland's population - National Records of Scotland)

Healthcare expenditure, digital health frameworks & government policies

The vision for Scottish Health
(Source: Vision for health and social care: Health Secretary speech - Scottish Government)

Health and Social Care Service Renewal Framework
(Source: NMBI)

The NHS is in the foothills of digital transformation
(Source: Summary letter from Lord Darzi to the Secretary of State for Health and Social Care)

£22.5 billion for the Health and Social Care portfolio, with £17.6 billion for NHS Board
(Source: Scottish Budget 2026 to 2027 - Scottish Government)

The Digital Health and Care Strategy's Vision
(Source: Care in the Digital Age: delivery plan 2025 to 2026 - Scottish Government)

True healthcare transformation isn't about more, it's about better.

When we automate complexity instead of eliminating it, something powerful happens: Care moves faster, patients stay better connected, and clinicians gain time to focus where it counts.





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