Isla

Creating clinical capacity through digital pathways

Content

01 Healthcare bottlenecks: what's holding us back?

Uncovering delays across the patient journey

Why healthcare has outgrown traditional pathways

02 Technology that amplifies human care

What if we can make healthcare simpler, faster, and connected?

03 Meet Isla, the first Digital Pathway Platform (DPP)

From bottlenecks to breakthroughs

From the frontline, for the frontline

The engine behind effective digital care

Connect everything, simplify everything

04 Real results for patients, clinicians, and healthcare organisations

Acute

Community

In their own words: clinicians and patients on their care experience

05 Pioneering the future of healthcare

The path forward is digital and deeply human

How you can transform your team's workflow and unlock capacity

06 Learn more

FAQs

Additional resources



Foreword

Across the NHS, care teams are doing everything they can in a system that no longer works for them. Time is lost to admin, duplication, and disconnected tools, hours that should go to patients. Clinicians are under pressure to deliver more, but often without the right structures to support them. This isn't down to effort or intent. It's the result of processes that haven't kept pace with the demands of modern care. Too many services still rely on face-to-face appointments, manual follow-ups, and silo-ed information. As pressure builds, it becomes harder to give patients timely, joined-up care, and harder for clinicians to protect time for complex decision-making.

Digital pathways offer a practical way forward. By capturing structured information remotely, enabling asynchronous communication, and automating predictable steps like triage or monitoring, care becomes more consistent, efficient, and scalable, without sacrificing safety or human connection. The goal isn't to replace clinical touch-points, but to reduce friction and restore time to care.

This guide introduces Isla's Digital Pathway Platform (DPP), the first platform of its kind, purpose-built to support complete, end-to-end digital care pathways. Developed in close partnership with NHS teams, Isla is now used across more than 30 organisations and 200 clinical pathways, helping services deliver more joined-up care from triage through to recovery. We've seen average wait times reduced and patient throughput surge by nearly 400%; that's a real impact. This isn't about adding another layer of technology. It's about making existing systems work better for patients, for clinicians, and for the wider health system.

Whether you're leading service redesign, digital transformation, or clinical strategy, this guide offers a practical view of how digital pathways can unlock capacity, reduce delays, and return valuable time to care. We hope it offers a helpful starting point for teams exploring how digital pathways can support the care they already deliver, and help make it simpler, safer, and more sustainable.

Peter Hansell
CEO and Co-founder of Isla Health

James Jurkiewicz
CTO and Co-founder of Isla Health



01

Healthcare bottlenecks: what’s holding us back?

Why care feels harder than it should

Clinical pathways matter. They help ensure patients get timely, effective care that meets consistent standards. But over time, many of these pathways have become harder to follow, not because they were poorly designed, but because they rely on too many manual steps. Each one plays a role, but together they can slow everything down. Admin-heavy processes, disconnected systems and multiple human hand-offs create delays and duplicate effort. That means longer waits, missed information, and care that feels fragmented rather than joined up.

The impact is felt across the board. Patients face extra appointments and repeat travel. Clinicians spend too much time on paperwork and chasing updates instead of focusing on complex care. And healthcare teams work harder than ever, with limited resources, trying to keep pace with growing demand. It's no one's fault. It's simply the reality of how care has evolved, and a clear signal that 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 in healthcare: uncovering delays across the patient journey

Delays and inefficiencies can crop up at any point in a clinical pathway, and they often pile up, making things harder than they need to be. 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 waitlist 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

Let’s break down the things that create friction
and make it harder for you to deliver the best care.



Outdated healthcare models are inefficient

Admin takes time away from patient care

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

Tech barriers delay impactful change

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



02

The solution:

Technology that amplifies human care

What if we can make healthcare simpler, faster, and connected?

What if the three stages we discussed in section one of this guide 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 where it matters most: clinical decision-making and patient outcomes.

Clinical pathways aren't the problem, they're essential. The challenge is delivering them efficiently, hindered by the fact that many steps still rely on manual effort.

We don't need to simplify care. We need to make it more efficient.

The goal isn't to remove clinical touch-points or lower standards. It's to automate the complexity in predictable processes, 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. The way to do that is by building digital pathways that scale. Today, most information is still collected in synchronously during 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 proactive, preventative care.



DPP isn’t a replacement, it’s the vital layer of technology that helps everything & everyone work better together

Picture going from disjointed pathways, endless duplication, and burnt-out teams drowning in paperwork to joined-up care, where information flows effortlessly, routine tasks happen automatically, and clinical time is protected. From patients frustrated by long waits and unnecessary appointments to faster answers, fewer delays, and care that fits around real lives. That’s the difference the Digital Pathway Platform makes.





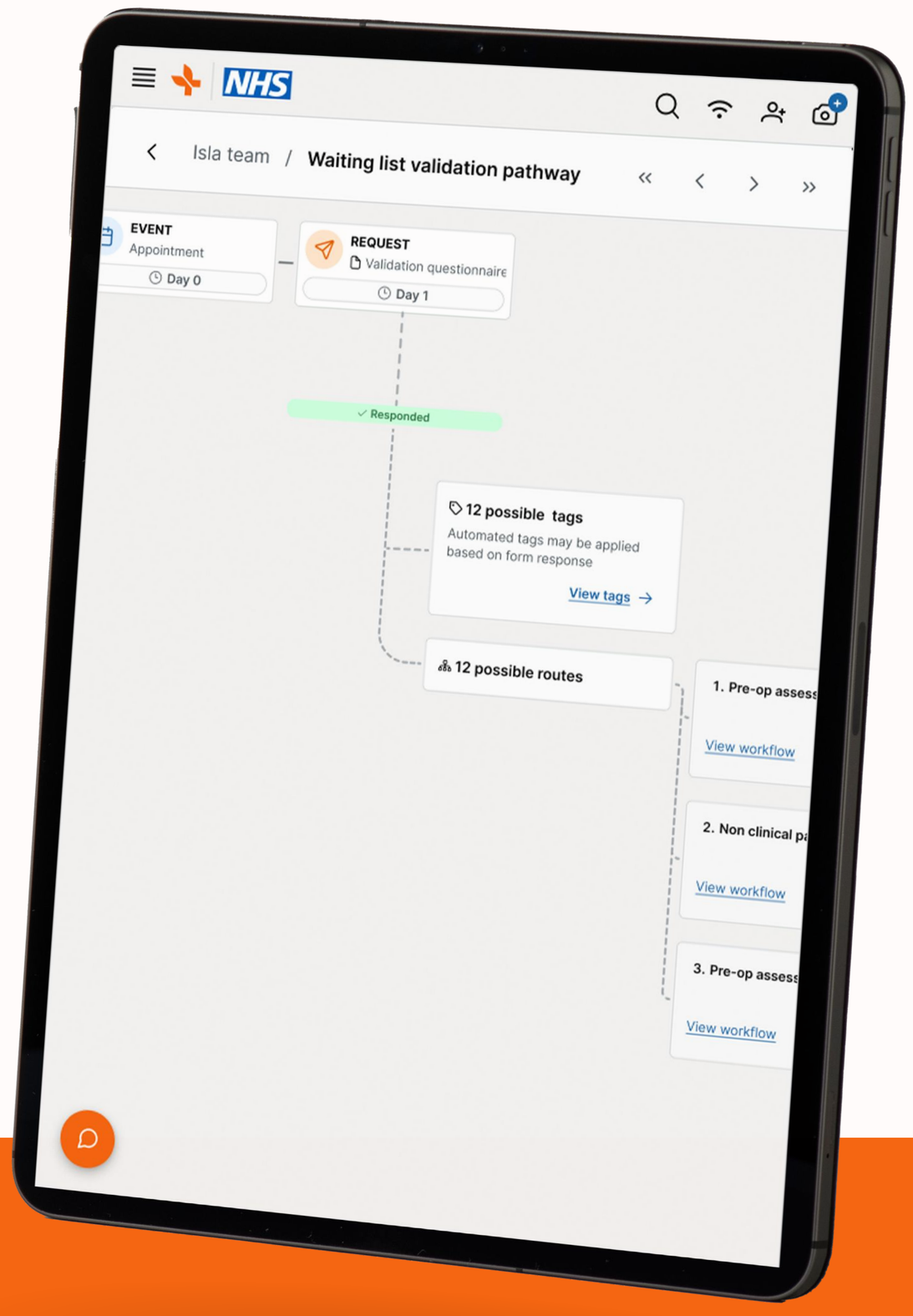
03

Meet Isla, the first Digital Pathway Platform

From bottlenecks to breakthroughs

The Digital Pathway Platform (DPP) is built around care pathways, not just clinical records or appointments. It brings together structured data, messaging and workflow tools to support the full patient journey. DPP moves care from disconnected, one-off interactions to a continuous and scalable model.

Patients can share information and clinical media diagnostics at any point, from anywhere. Teams can triage, assess, and collaborate remotely. And 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.



This supports key NHS priorities:

- Increase productivity by reducing admin and duplication
- Improve patient safety through clearer documentation and faster decision-making
- Reduce waiting lists by enabling earlier triage and remote monitoring
- Connect teams across acute and community care

The solution chosen by teams transforming care

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



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

Over 4 million submissions have been made through Isla – that's one every three minutes.

Certified B Corp and aligned with sustainable healthcare delivery

Co-developed with patients, clinicians, and trust leaders

See the impact



"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 who get it

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 direct 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, built to scale

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 the NHS adopt new tools faster – whether it's a wearable, AI model or diagnostic kit, without rebuilding the workflow each time.



Isla

Digital Pathway Platform

Connect everything. Simplify everything.

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

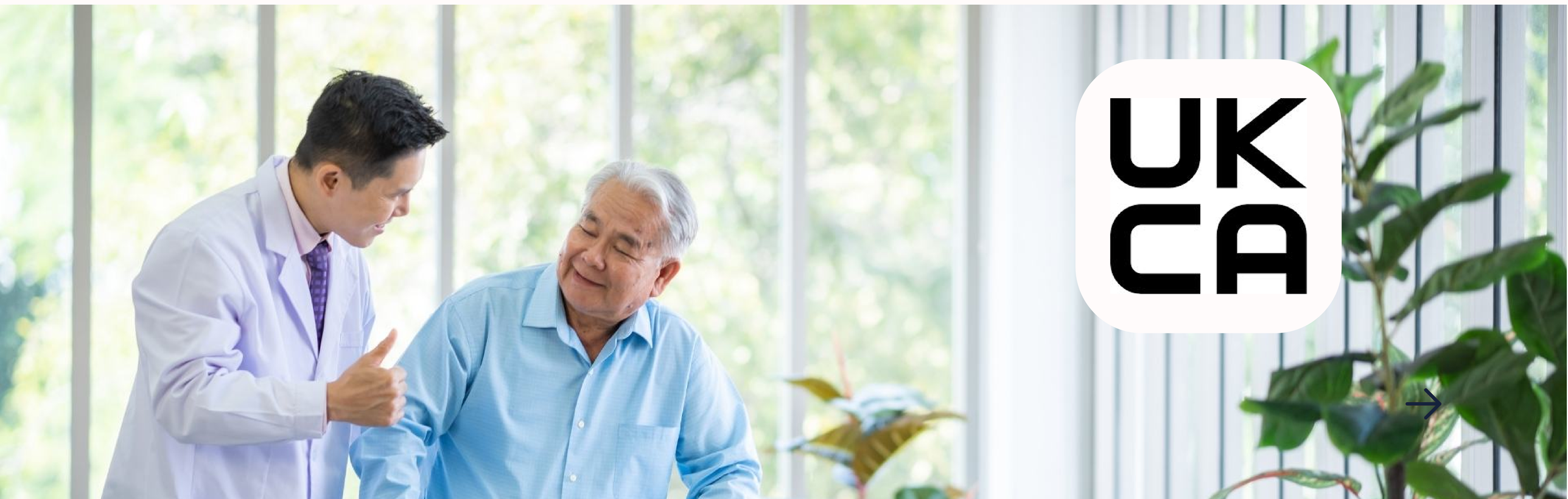
NHSmail better connected, better care · Allscripts · System C Connected Care · Cerner · tpp · CanRisk · access Rio EPR

NHS e-Referral Service · NHS App · NHS Federated Data Platform · Epic · EMIS Web ASSURED · MEDITECH · ORACLE Cerner · UKCA

As a UKCA-marked Class I medical device, Isla brings together the information clinical teams need to manage each patient's care and guide what happens next.

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



Our impact in healthcare

40+ NHS Trusts

200+ pathways across acute and community

4M+ submissions to the platform

45-strong team based in London

Global hospital partnerships

B Corp certified

Proud partners of 40+ NHS Trusts worldwide

North West

NHS Alder Hey Children's NHS Foundation Trust

NHS Mid Cheshire Hospitals NHS Foundation Trust

NHS Liverpool Heart and Chest Hospital NHS Foundation Trust

NHS Wirral Community Health and Care NHS Foundation Trust

Republic of Ireland

The Coombe Hospital

The Rotunda Hospital Dublin

West Midlands

NHS George Eliot Hospital NHS Trust

NHS Birmingham Community Healthcare NHS Foundation Trust

St. Michael's Dermatology Clinic - Shrewsbury

NHS South Warwickshire University NHS Foundation Trust

NHS Sandwell and West Birmingham NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

South West

NHS Royal Cornwall Hospitals NHS Trust

Sirona care & health

London

BSGE

NHS Croydon Health Services NHS Trust

NHS Imperial College Healthcare NHS Trust

NHS Central London Community Healthcare NHS Trust

DMC

NHS Homerton Healthcare NHS Foundation Trust

NHS Chelsea and Westminster Hospital NHS Foundation Trust

Evelina London Children's Healthcare

NHS London North West University Healthcare NHS Trust

NHS Royal Brompton & Harefield NHS Foundation Trust

City and Hackney Integrated Primary Care

Patient First Social Enterprise (PFSE)
Patient services in the community

NHS Guy's and St Thomas' NHS Foundation Trust

NHS Whittington Health NHS Trust



North East & Cumbria

NHS County Durham and Darlington NHS Foundation Trust

NHS South Tyneside and Sunderland NHS Foundation Trust

The Caribbean

ERHA

Yorkshire & Humber

NHS Harrogate and District NHS Foundation Trust

NHS Humber Health Partnership

East Midlands

NHS Kettering General Hospital NHS Foundation Trust

NHS Nottingham University Hospitals NHS Trust

NHS Leicestershire Partnership NHS Trust

NHS Nottinghamshire Healthcare NHS Foundation Trust

NHS Lincolnshire Community Health Services NHS Trust

NHS University Hospitals of Derby and Burton NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

NHS University Hospitals of Leicester NHS Foundation Trust

NHS Northamptonshire Healthcare NHS Foundation Trust

South East

NHS Buckinghamshire Healthcare NHS Trust

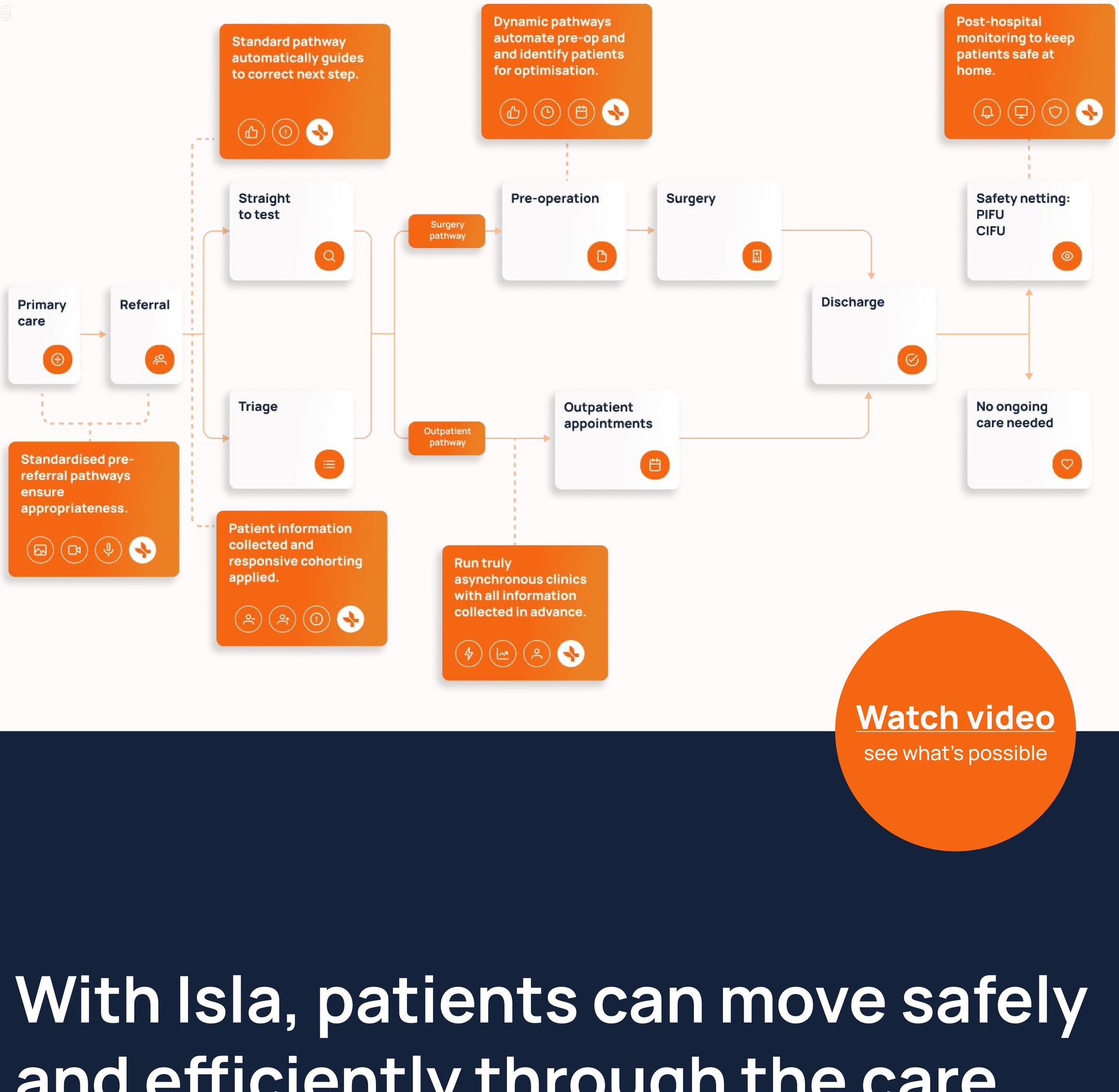
NHS University Hospitals Sussex NHS Foundation Trust

NHS Medway NHS Foundation Trust

NHS Epsom and St Helier University Hospitals NHS Trust

gesh

Streamline the entire care pathway



Watch video
see what's possible

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



04

Real results for patients, clinicians, and organisations

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.



See the impact



“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

Case study 1

Focus: Elective recovery & nursing productivity

Isla | NHS Chelsea and Westminster Hospital NHS Foundation Trust

£731k & 200+ TVN hours saved in one year

The challenge: The bottleneck of manual triage

Chelsea and Westminster Hospital NHS Foundation Trust serves over **1.5 million people.** With a surgery performed every **17 minutes**, the burden of manual triage and unclear patient statuses created heavy operational strain.

The team identified several critical bottlenecks:

- **Manual assessments:** Mandatory face-to-face checks for every patient blocked clinic space needed for complex cases
- **Legacy waiting lists:** Lists were cluttered with patients who no longer needed surgery, making it hard to see true demand
- **Underutilised theatres:** Last-minute cancellations often left operating theatres unused
- **Admin burden:** Growing demand led to an unsustainable manual workload for clinical and nursing teams



Hear from the Trust
Scan to watch the video



The solution: Embracing digital pathways

The Trust partnered with Isla to build digital pathways that easily integrate with their existing NHS systems. Our platform handles the routine tasks, so teams can focus on patient care.

Moving from manual to digital pathways:

- **Automated Pre-Operative Assessment (POA):** Patients complete questionnaires at home via secure link. There's no need for apps or logins
- **Smart triage:** Isla tags responses and gives patients 'Green-light' status (go forward for surgery) or flags complex cases for clinical review, ensuring time is given to patients that need it most
- **Short-notice readiness:** Patients available for surgery within 24–48 hours are brought in to fill last-minute gaps
- **Automated follow-up:** Secure image gathering monitors patient recovery remotely

→

Isla

The impact: Scaling from pilot to multi-specialty adoption

By switching from manual to automated digital pathways, Chelsea and Westminster reclaimed time for teams to focus on patient care.

Nursing productivity and specialist care

£572,900
projected saving across 25 wards in reclaimed nurses time.

£3,978
annual value of reclaimed time saved per individual nurse.

14 minutes
Wound care: Direct image uploads cut each review from 17 minutes down to just 3 minutes.

5 minutes
Dermatology: Nurses save 5 minutes per follow-up by reviewing photos before the consultation.

2.5–5 hours
Ward management: Ward Managers and Matrons reclaimed 2.5–5 hours weekly, from admin and managing physical cameras.

200+ hours
Tissue viability: Teams saved 200+ hours per year.

> 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, Director for Digital Operations and Innovation and Northwest London Programme Director for the FDP

Chelsea and Westminster Hospital NHS Foundation Trust

Financial and operational success

£731,852
total efficiency savings across 12 specialties.

17,000+
patients safely removed from waiting lists.

57%
reduction in on-the-day cancellations.

135+ hours
clinical hours recovered from manual triage.

Patient experience and sustainability

92%
Patient satisfaction: Users found the platform simple and clear.

180
unnecessary face-to-face appointments avoided, saving patients an average of **10 miles** of travel and **1.6 tonnes of CO2.**

Scaling for the future

Chelsea and Westminster proves that you can meet national priorities while seeing a return on investment within 12 months. Success in elective surgery has led to 25 specialties at the Trust adopting Isla, including: **Burns, Dermatology, Pain Management, Maternity, Physiotherapy and PSA**.

Scan the QR code to read the case study. ⟶

Case study 2

Focus: Skin cancer pathways & rural access

Isla | NHS Royal Cornwall Hospitals NHS Trust

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



Award-winning case study

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

1. **49%** reduction in face-to-face appointments
2. 2WW (Two-week wait) cut from **57** days to **12** days
3. AI-ready database of **3,000+** high-quality dermoscopic images

Scan for more



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 rollouts

£2.3m

potential savings per Trust, per year

672 tonnes

of CO2 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%

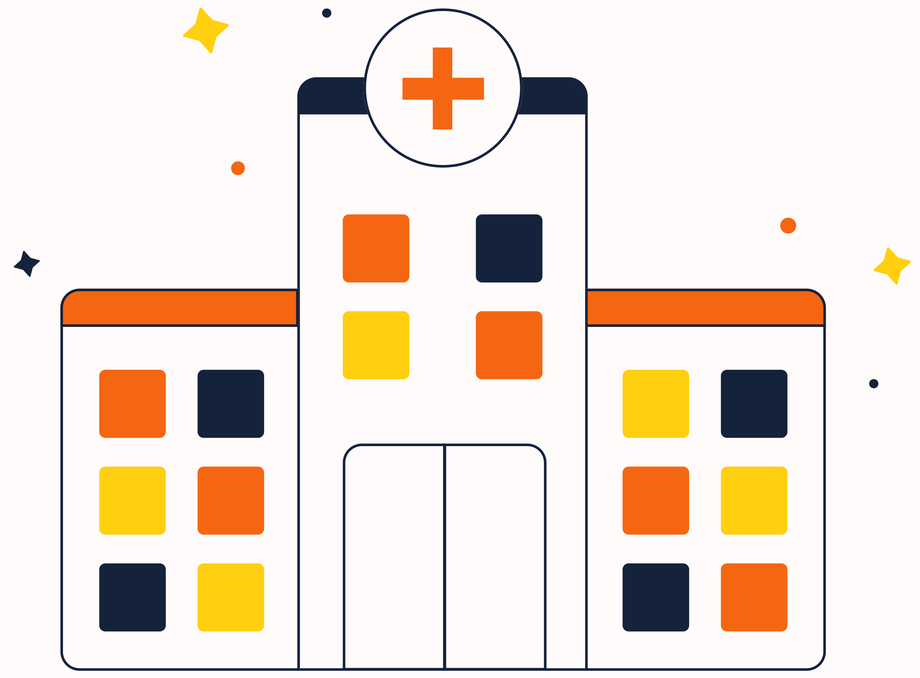
reduction in time from referral to treatment

75%

de-escalation of demand from SOS to planned intervention

Designed to fit any pathway, in any clinical speciality

More than 40 clinical specialties are currently using Isla.
We're yet to find one that we can't support. Here's a sample:



Acute

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

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

Isla

Digital Pathway Platform

Community

Autism Spectrum Disorder | Children's Services | Community Stroke | Community Nursing | Dietetics

Dysphagia | Lymphodema | Speech and Language Therapy | Physiotherapy | MSK Physiotherapy

Occupational Therapy | Podiatry | Epilepsy | Stroke Rehabilitation | Tissue Viability Nursing

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

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**.



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



Case study:
see what's possible

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 care & health



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

NHS
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

NHS
Alder Hey Children's
NHS Foundation Trust





We have implemented Isla as our remote monitoring solution across a huge range of specialities, 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

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust



05

Pioneering the future of healthcare

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 suffice

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

Multiple human touch points & manual processes

Referral

Triage

Treatment

Monitoring

Discharge

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

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

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

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

Patients

Extended waiting times & delayed care

Clinicians

Staff burnout, reduced capacity for urgent cases

Trusts

Inefficiencies that increase time, cost & risk

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 & 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 & decisions auto-update the Trust's 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 & outcome tracking
- Enhanced patient engagement through PIFU & self-care tools

Less back and forth. More time for care.

Patients

Faster access, less travel, better experience & outcomes

Clinicians

Increased capacity to focus on complex cases & delivering excellent care

Trusts

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

The engine behind effective digital care

Isla allows 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), and wearable integrations
- 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



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.



The path forward is digital and deeply human

- **Digital pathways aren't just about better technology. They're 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 needs a human touch.

- **A better experience for everyone.**
  Patients move through care more smoothly, without unnecessary appointments 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 point solution for a single use case. It's a configurable platform that supports digital pathways across multiple specialties, all from one place. Isla integrates with systems like your EPR and e-RS, enabling you to start, manage and track pathways consistently and safely – without adding complexity to your workflow.

- **Time to back what works.**
  Digital transformation isn't new. But it's often scattered, small pilots that don't scale, or tools that don't connect. Now's the time to change that. 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.





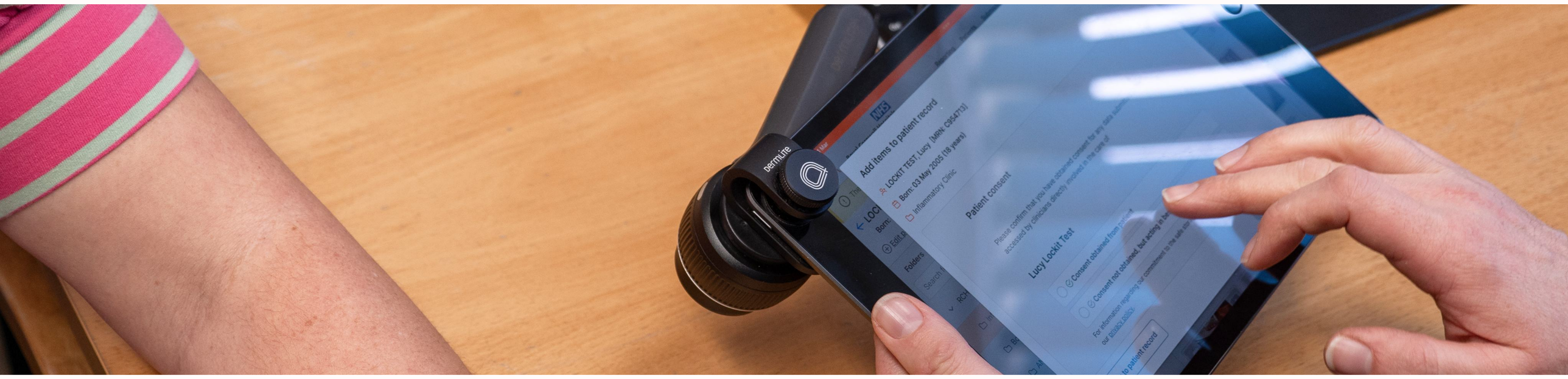
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Learn more

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How is DPP different from other digital solutions?

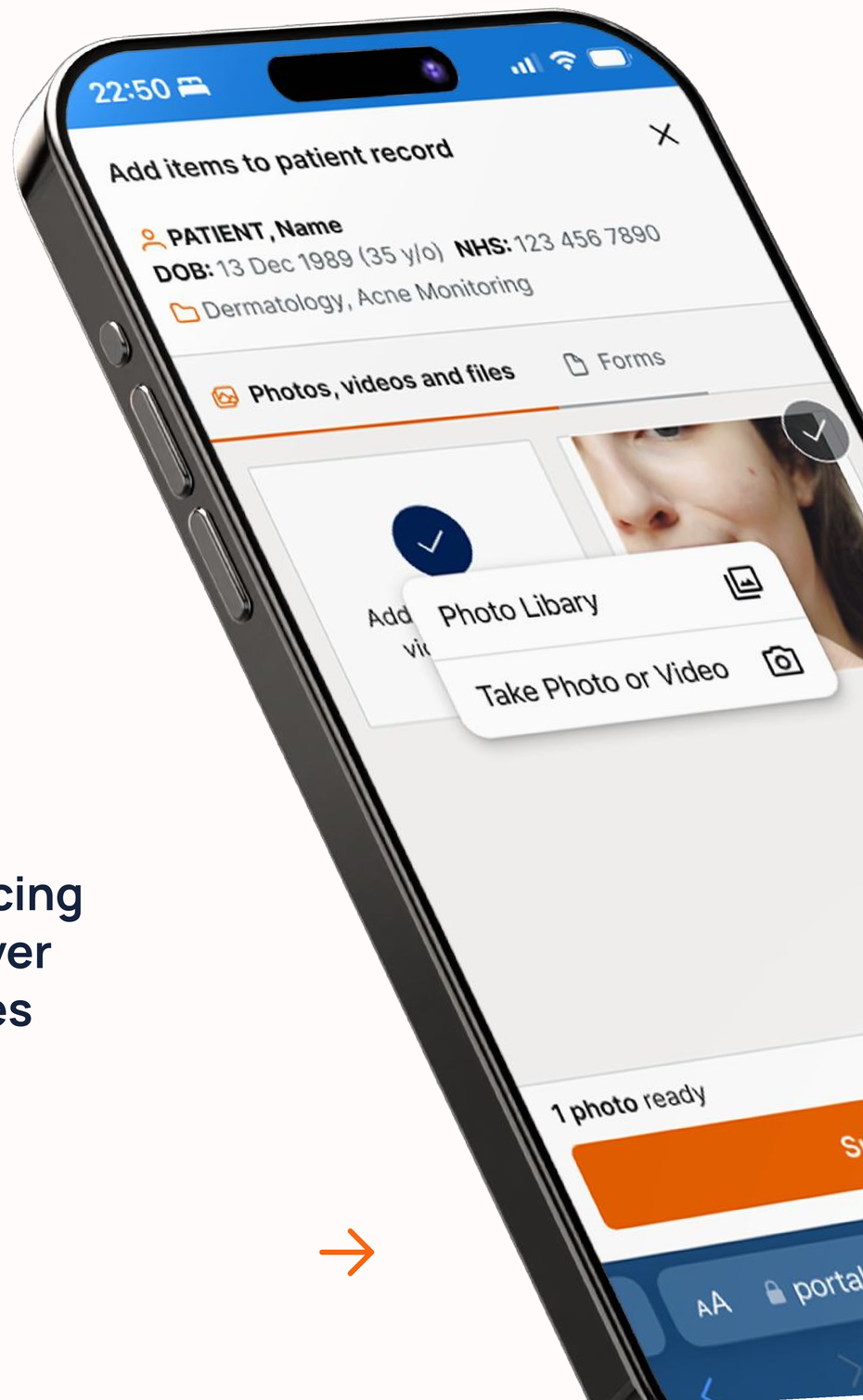
Unlike tools designed for one task, like messaging or appointment booking, **the Digital Pathway Platform (DPP) supports the full clinical pathway, from referral to treatment and monitoring.**



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 digital 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 seamless, 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 trust'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 e-RS and all major EPRs. To name a few: Epic, Cerner/Oracle, Nervecentre, EMIS (part of Optum), SystmOne, and Rio. For integrated trusts with both acute and community services or neighbouring trusts 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 here. 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 trust 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 more questions?

Ask for a call back



Partner case studies

- Royal Cornwall
- Harrogate and District (NHS Blueprint)
- Chelsea and Westminster
- NHS Lothian
- Nottingham University Hospitals

Use cases

- Chronic wound care
- Improving clinical workflows
- Reducing waiting times

Other resources

- Isla's automations: Q&A with our CTO and Director of Product
- Article: Why moving away from outdated models of care is urgent
- Article: Why healthcare systems must implement digital pathway platforms

Let’s make care simpler, together

Whether you’re exploring options or ready to act, 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.

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.

See how Isla works



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

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 you are, and who’s already made digital pathways part of their normal practice. Interested? Let us introduce you.

Connect with a clinician



Isla

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