



Delivering more for the NHS

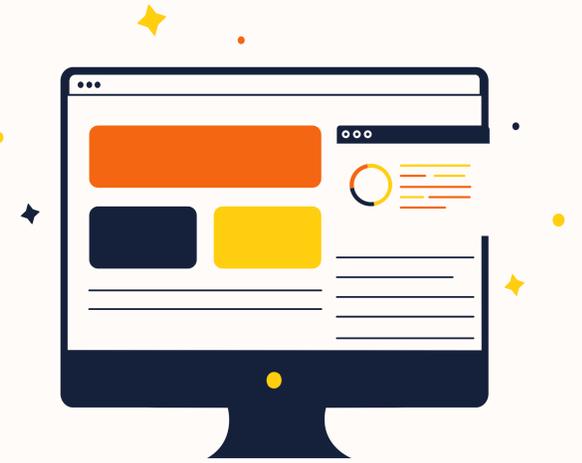
# Digital pathways to clinical productivity

Automate routine tasks, increase capacity, and drive significant cost savings. Proven across 40+ Trusts.



# Solving the productivity puzzle: scalable digital pathways

The first purpose-built Digital Pathway Platform (DPP) designed to transform repetitive clinical tasks into intelligent, scalable workflows. **We don't just digitise; we optimise. Our results show proven boost in system capacity, clinical productivity, and patient flow.**



Transitioning from fragmented legacy models to integrated care flow is now critical. We are moving the system away from disjointed pathways and administrative duplication that leaves teams "drowning in paperwork."

The Digital Pathway Platform (DPP) creates a future where information flows effortlessly, routine tasks are automated, and clinical time is aggressively protected. By replacing unnecessary appointments with faster, remote-first answers, we deliver care that actually fits around patients' lives.

DPP isn't a replacement for your current tech stack; it's the vital interoperability layer that finally helps your systems and your teams work better together.



Powering more than **40 clinical specialties** and 200 pathways across Acute & Community settings



Over **3 million** submissions have been made through Isla. That's **one every 3 minutes**



Certified B Corp and aligned with sustainable healthcare delivery



Co-developed with clinicians to ensure the platform works in the real world

**36%**

of face-to-face visits avoided

**75%**

same-day de-escalations

**85%**

faster referral to treatment (RTT)

**3.8x**

more clinic capacity



Referrals



Waiting lists



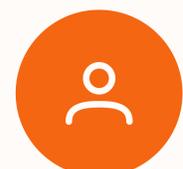
Clinics



Surveillance



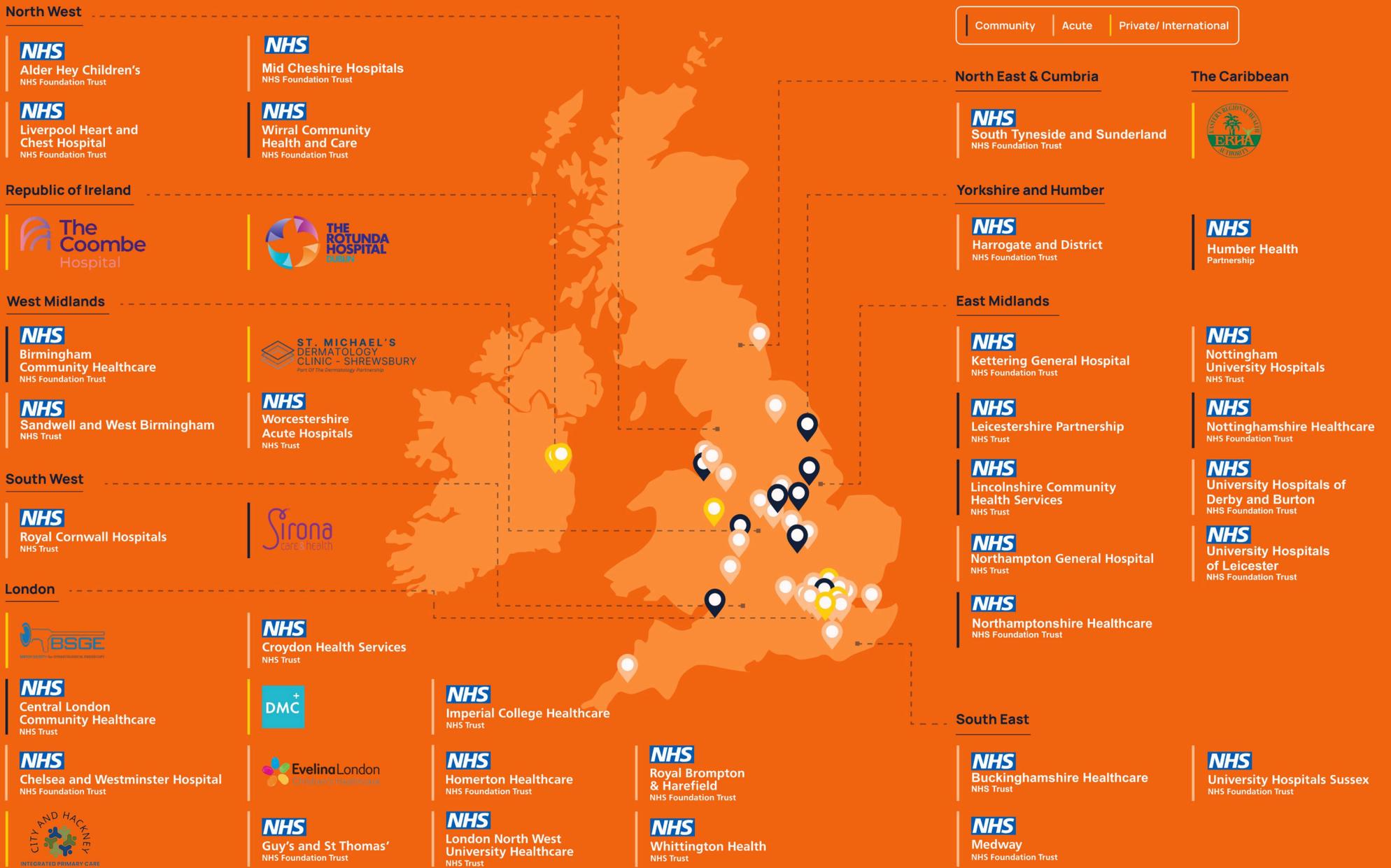
Care in the community



Supported self-care



# Trusted by 40+ NHS organisations and healthcare systems worldwide



Designed to integrate with all major EPRs, including Epic, Cerner, and SystemOne



# Measurable impact. Guaranteed results

Our return on investment guarantee reflects the confidence we have in our platform. If you don't see a positive ROI within 12 months of go-live, we pause billing until you do.

300-400% ROI per project | No charge for cloud storage | Unlimited users - no charge per licence

## Delivering more for the NHS

2025 was a year of real momentum. We passed the **3 million submission** mark on the Isla platform. That's not just a statistic. It's 3 million times a clinician chose a faster, safer way to deliver care.

We also welcomed **13 new partners**. We're proud to see digital pathways supporting teams further afield, extending into Ireland and the Caribbean. Together, we're building a future where healthcare works better for everyone. Here's how we helped the system deliver more with less in 2025:

## Clinical & patient impact

- **Reduced waits:** 8% of patients removed from validated lists
- **Global infection control:** No SSI cases, 66% fewer wound visits, and faster clinical escalation at Sangre Grande Hospital Campus
- **Proven impact:** 78% of users report direct clinical benefits

## Operational efficiency

- **Clinical time reclaimed:** 4,600 hours saved per wound caseload annually, averaging 3.5 minutes saved per image
- **Cancer referrals:** F2F appointments cut by 50%
- **Streamlined referrals:** e-RS integration delivers 2x faster reviews
- **Community care:** Reduced Lymphoedema contacts by ~20% per episode

## Proven financial and environmental value

- **Cost efficiency:** £281,000+ saved in a single Community Trust
- **Sustainability:** 20% reduction in carbon emissions



# How the Trust unlocked £731k savings and 200+ TVN hours in one year



Chelsea and Westminster Hospital  
NHS Foundation Trust

## 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.

## The solution: Embracing digital pathways

The Trust partnered with Isla to build digital pathways that easily integrated 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.

**Case study:**  
Chelsea and Westminster Hospital NHS Foundation Trust

Watch



## 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



### 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.



**Chelsea and Westminster Hospital**  
NHS Foundation Trust

### 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.**

[Read the case study](#)

# 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

[Read the case study](#)



# Revolutionising skin cancer pathways at RCHT

## Closing the distance in patient care

### **The challenge:** Geography as a barrier to care

For patients in rural and isolated communities, access to specialist care traditionally meant costly travel, significant time away from work, and exhausting waits. For Royal Cornwall Hospitals NHS Trust (RCHT), the administrative burden of manual, paper-heavy processes created bottlenecks that delayed critical diagnoses.

### **The solution:** Community-based virtual filtering

By integrating Isla's digital pathways, RCHT has transitioned from legacy manual processes to Community Lesion Imaging Clinics (CLICS). This model facilitates virtual cancer screening, enabling clinicians to review high-quality dermoscopic images remotely. This decentralised approach brings care closer to the patient, eliminating unnecessary travel while preserving urgent hospital capacity for the most complex cases.

### **Why this matters for your Trust:** A scalable blueprint for equity

The challenges RCHT tackled; high demand, clinical burnout, and elective backlogs are universal. This is a proven, award-winning blueprint for streamlining specialist workflows and ensuring that geography never dictates health outcomes.

**The results:** RCHT shows how digital-first care can solve universal healthcare challenges such as high demand, specialist burnout, and elective backlogs.

By replacing legacy, paper-heavy processes with Community Lesion Imaging Clinics (CLICS), the Trust has effectively decoupled specialist care from physical hospital locations. This community-based model accelerates diagnosis and provides a scalable, award-winning blueprint to ensure that zip code never determines a patient's health outcome.

“



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

# From 3 days to 10 minutes

The blueprint for digital outpatients: optimising clinical pathways for efficiency and inclusion

HTN NOW  
AWARDS 25/26  
Finalist

HTN

## A digital revolution: University Hospitals of Northamptonshire and Isla Health

At University Hospitals of Northamptonshire (UHN), the Trust's partnership with Isla has fundamentally redesigned workflows across 15 specialties. UHN replaced static paper barriers with digital entry points. This didn't just digitise the clinical pathways, it accelerated them.

This shift transformed the Paediatric Epilepsy pathway and cut processing time from **3** days to **10** minutes. In the Pain Management pathway, turnaround dropped from **8** days to **1.5** days. Similarly, the Eye Casualty pathway used digital triage to diagnose **2,990** patients remotely. This achieved a **75-80%** response rate and prevented unnecessary travel for short face-to-face appointments.

Crucially, participation powers this optimisation. The Trust empowered 10,620 patients to navigate their care pathway from home. This generated **30,227** media submissions. Patients led **76%** of these submissions. Powered by Isla's DPP, the Trust has successfully shifted the administrative burden and released vital capacity back into the clinical pathway.

**10 mins**   **1.5 days**   **10.6k**   **76%**

### Faster epilepsy processing time

Video processing time reduced from **3** days to just **10** minutes for **730** patients

### Quicker pain management

Form return time decreased from **8** days to **1.5** days for **4,183** patients

### Patients empowered

**10,620** patients now manage their care from home through new digital pathways

### Patient-led submissions

Patients initiated over **23,000** of the **30,227** total submissions





## ▶ The challenge and strategy

**The problem:** Fragmented 'snapshot' appointments disrupted the care pathway. This legacy model wasted clinical time and left patient data isolated in administrative bottlenecks.

**The strategy:** A direct response to the NHS 'Productivity Puzzle'. We aligned with the 'Fit for the Future' agenda to digitise the pathway. We replaced analogue delays with seamless digital connectivity.

## ▶ The ambition



**Operational efficiency**

Cut processing times and costs



**Clinical productivity**

Faster triage and diagnosis



**Inclusive care**

Digital-first and easy to access (no apps or log-ins required)

## ▶ Scaling for the future: a replicable model

The success at UHN provides a proven framework for addressing universal NHS challenges around administrative burden, clinical capacity, and patient access. The model is highly replicable. You can adapt the underlying principles and technology to virtually any clinical specialty or care pathway. What we have achieved represents a scalable solution to some of healthcare's most persistent challenges.

### Current scale at UHN

1

Live across 15 specialties with 163 clinicians actively using the Isla platform to manage patient care

### Immediate expansion

2

Scoping implementation for Urology, ENT, Cardiology, and Respiratory Physiology departments

### 2030 vision

3

Target of 200 optimised clinical pathways supporting the NHS Long Term Plan for digital outpatient care



# Feedback received from UHN clinicians and patients



The team requested media submissions via Isla in the morning and the patient received medication the same day. Without the media submission to triage, the patient would have waited a month for EEG.

**KGH Patient Outcome in Paediatric Epilepsy**



Isla is a useful tool for monitoring and management of patients. It allows us to work with consultants who are reviewing community patients. Isla works well with videos and photos, and saves us a visit.

**Occupational Therapist**



What a brilliant set up, so easy to do.

**Ophthalmology patient**



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

**Pain management patient**



[Read the case study](#)



We have just sent out a list of new patient questionnaires to patients and it worked perfectly with no issues. The time taken to do this was so much quicker than the old method too. As a team, we now look forward to using Isla and the daily task of sending out the questionnaires.

**Lauren Candy**  
Pain Management Clinic Lead



# Modernising the world's oldest maternity hospital

## About The Rotunda Hospital in Ireland

Founded in 1745, The Rotunda Hospital delivers over **8,400** babies annually and provides specialist neonatal, gynaecology, and infectious disease care. Like many Irish providers, the hospital faces significant workforce pressures and fragmented legacy systems. With over **850,000** people currently on public waiting lists nationally, the challenge was to increase throughput and speed up clinical decisions without the cost and disruption of replacing existing infrastructure.

In line with the vision for integrated, person-centred services, the hospital adopted Isla's Digital Pathway Platform to streamline communication and reduce paper-based delays. This digital-first approach enables remote newborn monitoring and wound management, allowing patients to submit updates from home in their native language. By automating routine follow-ups and audit trails, The Rotunda has accelerated clinical decision-making while maintaining full integration with systems that already work well.

[Find out more here](#)



# The Rotunda impact

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

- 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

## 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 in just one year

**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.**



Focus: Global patient safety & SSI prevention

# Sangre Grande Hospital Campus (the Caribbean)

## From the NHS to Trinidad and Tobago: improving healthcare through digital innovation

Through a groundbreaking partnership with Isla, Trinidad and Tobago's Eastern Regional Health Authority (ERHA) has revolutionised care delivery at the Sangre Grande Hospital Campus. The primary goal was to overcome geographical barriers to specialist care, reducing the need for patients in rural communities to travel for routine monitoring while maintaining the highest standards of clinical safety.

**Remote monitoring for surgical excellence:** By implementing Isla's digital pathway platform, the ERHA transitioned to a remote-first model for post-surgical monitoring and wound care. This initiative enables clinicians to review patient-submitted photos and videos, allowing teams to spot signs of wound deterioration up to two days sooner than traditional methods. The platform supports ad-hoc patient queries and provides vital reassurance, ensuring care is continuous regardless of the patient's physical location.

**Why this matters for your Trust:** A Global Standard for Safety The ERHA's success demonstrates that digital pathways are not just about efficiency; they are a critical tool for global patient safety. This model provides a proven foundation for reducing surgical site infections (SSIs) and readmission rates; challenges that are universal to any healthcare system focused on elective recovery and community-based care.



**30 minutes per patient**

Time savings of 30 minutes per patient on average



**Zero SSI readmissions**

No patients required readmission surgical site infections (SSIs)



**67% decrease in visits**

Daily wound care visits decreased by two-thirds



[Learn more](#)

# The impact of digital pathways at ERHA



**1,603**

photos, videos, and forms submitted to the Isla platform by clinicians and patients. In addition, 42 clinicians onboarded onto Isla, leading to 108 patient records with submissions.



**100%**

of clinicians agreed that the platform supports patient monitoring and had helped to see signs of wound deterioration 1-2 days sooner.



**100%**

of clinicians agreed that Isla supports ad hoc patient queries, provides reassurance to patients, and prevents the need for them to travel to wards.



**4.4**

patient satisfaction score 4.4 out of 5.



**100%**

of patients felt the service respected the privacy of care.



# 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



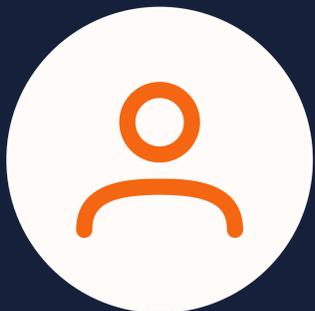
## Empowered and involved

with active participation, better outcomes, and peace of mind



## Safe and secure

with privacy built-in



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



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





“

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



“

It just makes my life so much easier.

**Dr Rachael Robinson**  
Consultant Dermatologist



“

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



“

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



“

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



# FAQs

## ● Is Isla an app?

Not quite. Isla works like an app, but you don't need to download anything. The platform 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), SystemOne, 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.

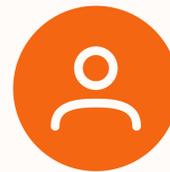
● **How do we know patients will respond?**

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.



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**





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