



SPoA Sorted

Stand up your top 10 specialties without adding clinical headcount.

SPoA +

FOR

NHS Trust Executives, Operations &
Transformation Teams

WHITEPAPER

NHS SINGLE POINT OF ACCESS (SPoA)



isla.health

01 · THE QUESTION

A mandate that's harder than the policy suggests.

How are you going to stand up a Single Point of Access (SPoA) for your top 10 specialties?

If that question doesn't have a clear answer yet, you're not alone. The [mandate](#) from NHS England is straightforward: **all elective referrals must flow through e-RS Advice & Guidance as a SPoA**, with the top 10 specialties live by **October 2026** and everything else by **March 2027**. The operational reality, though, is harder than the policy suggests.

SPoA isn't one challenge; it's several, and most trusts are solving each one separately. One system for referral routing. Another for A&G. Spreadsheets and email for triage coordination. Manual follow-ups for everything that happens after. The individual pieces might work, but nothing connects. And when the RTT clock is running from the moment a referral lands, gaps between systems become days off your 18-week target.

The question isn't whether you can handle referral routing, triage, or patient progression in isolation. It's whether you can run all of it as a single, governed workflow, without adding clinical headcount to hold it all together.

That's the problem Isla for SPoA is built to solve.

Isla's new model: **SPoA⁺** is the pathway operating system built on top of e-RS, featuring a native e-RS A&G integration that is live today. Rather than a point solution for just one part of the workflow, Isla is the end-to-end platform you use to design, stand up, and operate your SPoA (Single Point of Access), **from the initial point of referral through to final discharge**.

Oct '26

Top 10 specialties live



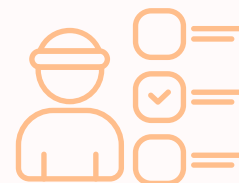
Mar '27

All elective referrals via SPoA



Triage

Every response, named-consultant accountable



02 · WHAT'S COMING

Operational realities your teams need to be ready for.

The SPoA [mandate](#) isn't a single change. It's three connected pressures that, taken together, redraw how elective referrals are received, reviewed, and progressed. Each one has operational, clinical, and financial consequences.

01

Triage speed now hits your bottom line.

The direction of travel is clear: A&G conversations that previously sat outside the RTT clock are expected to move inside it. Even before that's formalised, every day a case sits un-triaged is a day off your 18-week target. Back-and-forth that previously sat in the background will carry more operational and financial weight.

02

Every response must be accountable to a named consultant.

The NHSE operational standard is clear: requests for referral or specialist advice must receive a response from a named consultant. That's a significant increase in the clinical time dedicated to referral review (and in the governance overhead that comes with it).

03

You continue to own the diagnostics.

This isn't new; diagnostics identified during specialist assessment have always been the trust's responsibility, not primary care's. But under SPoA, triage volume increases significantly, and your SPoA needs a way to manage diagnostic workflow at scale, not just give advice.

THE WINDOW

October is only a few months away.

2026

OCTOBER

SUN

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



The trusts moving fastest are the ones bringing A&G intake and pathway operations into a single platform. Standing up SPoA becomes a configuration job, not a system-design project.

03 · THE SPOA PATHWAY

How Isla runs your SPoA from referral to discharge.

Your SPoA isn't just a triage function. It's a full operational workflow: intake, clinical review, patient progression, diagnostics, and governance. Isla's **SPoA⁺** can run all of it for you: from the moment the A&G request lands through to discharge.

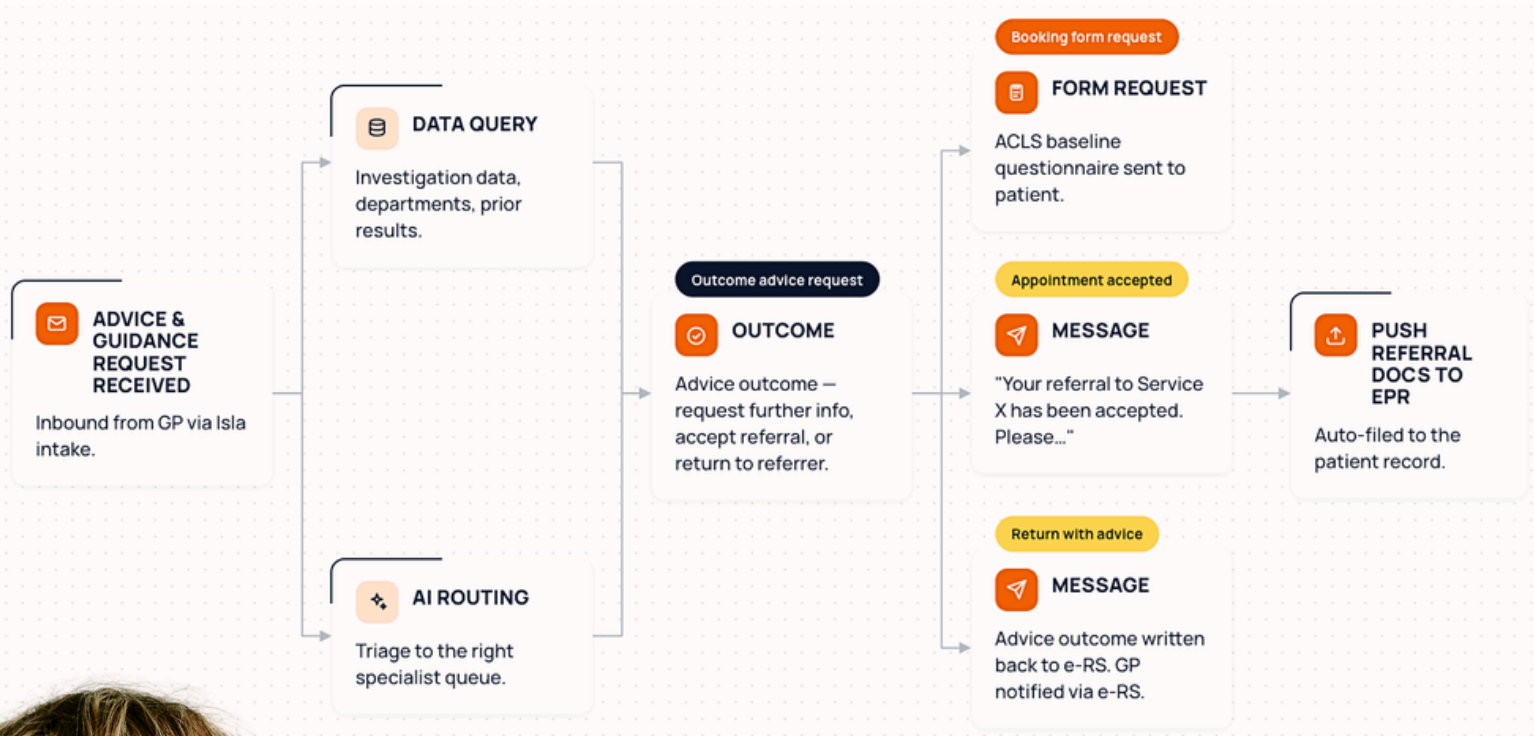
Isla for SPoA model: **SPoA⁺** = Seamless access + end-to-end digital pathways



STAGE	WHAT ISLA FOR SPOA DOES FOR YOU	WHAT THIS MEANS
Pre-triage	Isla ingests A&G requests directly from e-RS via a native integration. Before your consultant opens the case, Isla reviews a set of attachments (AI or keyword detection) and collects additional patient information.	Referrals arrive decision-ready. No chasing. No delays burning clock days.
Triage	AI-assisted sub-categorisation routes each case to the right clinician. Clinical media renders in-line, no downloading or switching systems. Repeat referrals are surfaced. Every outcome is auditable against the named consultant.	Consultants review more cases in less time, with full visibility of outcomes and RTT.
Post-triage	Patients are onboarded onto structured digital pathways immediately. Outcomes flow to your EPR. Automated follow-ups and async review progress patients towards diagnostics, without unnecessary appointments.	Pathway progression from day one. Diagnostic ownership managed within the pathway.

04 · A&G DATA FLOW

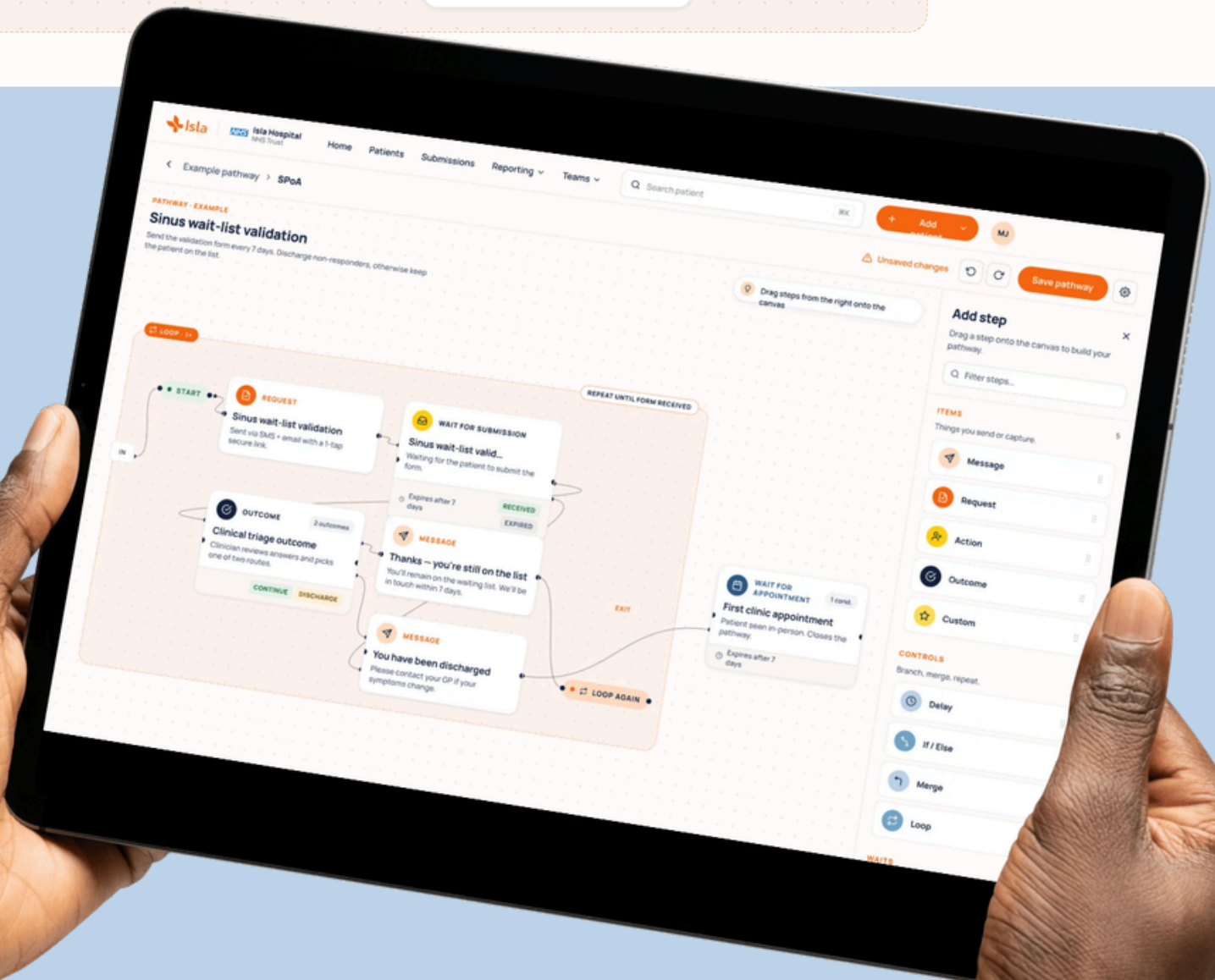
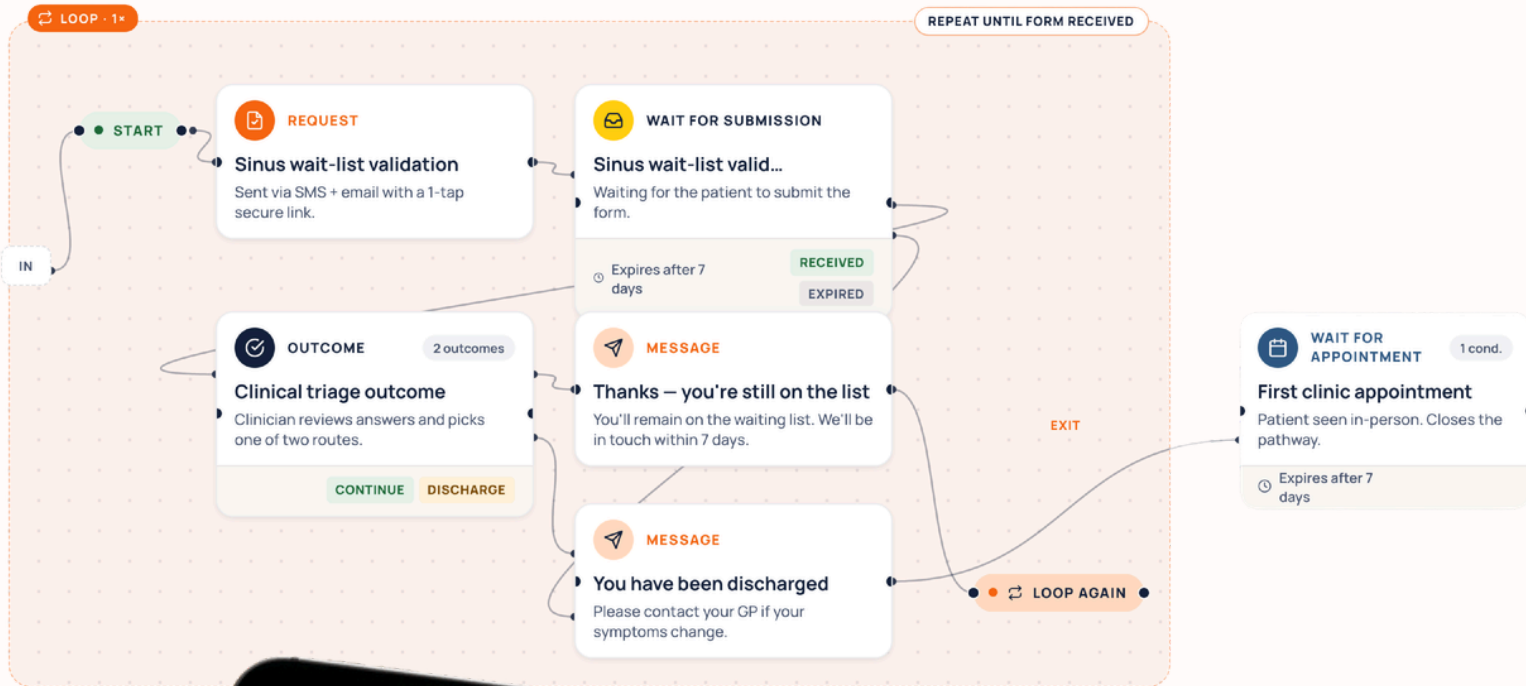
Advice and Guidance (A&G) flow powered by Isla.



Orchestrate the
referral pathways that
fit your trust's needs.

Sinus waitlist validation

Send the validation form every 7 days. Discharge non-responders, otherwise keep the patient list.



05 · ISLA FOR SPOA | BENEFITS OF SPoA+

What you get with Isla. SPoA⁺

Four capabilities that, together, take you from a referral arriving in e-RS to a patient discharged on a fully documented pathway, all in one platform.

01

Native e-RS A&G integration, out of the box.

Isla pulls A&G requests directly from e-RS. This means no separate procurement, no manual workaround, no additional system to learn. Live today and ready to deploy across your specialties.

02

Referral cohort management that protects RTT.

From the moment a request lands, your SPoA team can triage, sub-categorise, and route cases with full visibility across services, clinicians, and priority levels. Nothing sits idle.

03

Digital pathway onboarding from referral.

Patients go straight onto structured pathways from referral. Evidence capture, automated follow-ups, async clinical review; not after a first appointment, but from the point of acceptance.

04

Governance and audit-readiness, built in.

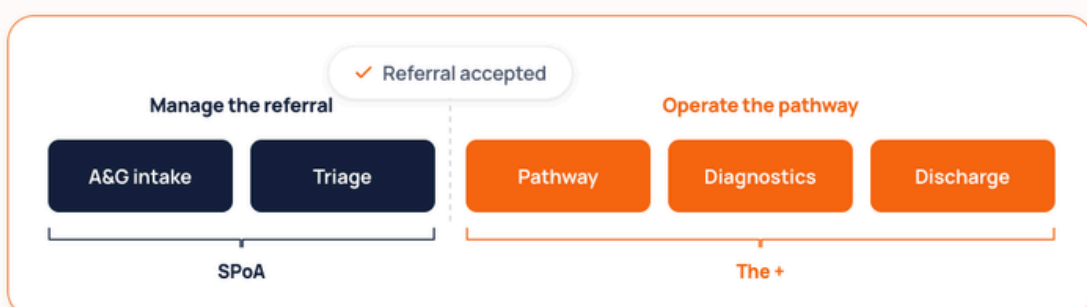
Named-consultant audit trails, structured, reasoned responses, per-consultant SLA dashboards, and ICB reporting. When your SPoA comes under scrutiny, the evidence is already there.

Already running pathways on Isla? You have the platform. Use Isla for SPoA to kick off pathways right from the point of referral, giving your trust a single system for the full patient journey, from A&G request through to discharge. No new procurement. No new training cycle. Same integrations, same workflows. **Trust-wide expansion with zero setup fees.**

SPoA⁺

what it means

SPoA⁺ = seamless access + end-to-end digital pathways



07 · ISLA FOR SPOA | FREQUENTLY ASKED QUESTIONS

FAQs

If your SPoA programme is taking shape this summer, these are the questions we hear most often from clinical leads, operations directors, and procurement teams.

01

We already work with an A&G provider. Where does Isla fit?

Those tools handle referral routing, and that's important. But SPoA creates a much bigger challenge downstream: who runs the pathway, manages diagnostics, progresses the patient, and owns governance? That's where Isla sits. We work alongside your A&G layer, not against it. And if those contracts are up for review, Isla can run the full workflow end-to-end.

02

Can't we just use e-RS for this?

For basic A&G routing, yes. But e-RS doesn't collect patient evidence ahead of triage, run async clinical workflows, or manage the pathway after a decision is made. Isla sits above e-RS, and as e-RS gets better at referrals, the gap it doesn't cover gets more important, not less.

03

Isn't this just another triage tool?

Triage is one step. Isla runs the full pathway: intake, consultant review, patient onboarding, automated follow-ups, diagnostic coordination, and discharge. One system, referral to outcome.

[→ See page 3 for the pre-triage, triage, and post-triage workflow.](#)

04

We already use Isla. What changes with SPoA?

You have the platform. Isla for SPoA extends it to the point of referral, so you get a single system from the A&G request through to discharge. Same integrations, same workflows. Trust-wide expansion with zero setup fees.

[→ See page 5 for the full Isla for SPoA capability summary.](#)

05

Do GPs need to learn a new system?

No. GPs keep using e-RS exactly as they do today. Isla sits on the acute side; the integration is native, so there's no primary care change management.

[→ See the flow diagram on page 4 – GP referral stays in e-RS. Isla operates from pre-triage onwards.](#)

06

How do we handle the increase in triage volume?

That's what Isla is built for. AI-assisted intake, sub-categorisation, structured templates, and native media rendering cut the time per case. Consultants get decision-ready cases they can act on immediately; no chasing for information.

[→ See page 5 for the pre-triage and triage workflow details.](#)

08 · ISLA FOR SPOA | FREQUENTLY ASKED QUESTIONS CONTINUED

FAQs cont.

Where SPoA sits next to your existing referral stack, how it connects to GP workflows, and what's in and out of scope for October.

07

Won't GPs see this as a referral-rejection machine?

Fair concern; the BMA has raised it publicly. Isla gives you the evidence to prove otherwise: named-consultant audit trails, structured clinical reasoning on every response, and ICB reporting. When your SPoA comes under scrutiny, the governance is already there.

[→ See page 5 for the governance and audit-readiness capability.](#)

08

Does this apply to 2WW pathways?

No. 2WW and urgent suspected cancer are explicitly excluded from SPoA. We continue to support those through existing referral flows. Isla for SPoA covers elective referrals only.

09

What about patients who can't use digital tools?

Isla includes Assisted Intake so admin teams can collect patient evidence on the patient's behalf: by phone, in person, or via reception. Trust-wide rollout needs a credible equity answer. This is built in, not bolted on.

10

What about RAS referrals?

We still support RAS where services currently use it. But trusts have stopped commissioning new RAS services; the direction of travel is A&G through e-RS, and that's what Isla for SPoA is built for.

11

What's the difference between a referral tool and Isla's Digital Pathway Platform?

A referral tool manages how a request gets to the right clinician. Isla runs the full pathway from that point forward: intake, triage, patient progression, diagnostics, and governance — all the way through to discharge. The two are often conflated in procurement, but they solve different problems. If you already have an A&G tool, Isla works alongside it. If you don't, Isla runs the full workflow from A&G intake onwards.

09 · NEXT STEP

Let's talk about SPoA.

We'll show you exactly how Isla runs SPoA workflows, from A&G intake through to discharge, and help you assess your trust's readiness.

Isla for SPoA walkthrough.

See the native e-RS integration, the consultant triage workspace, and the pathway-level governance, configured for your top specialties.

Explore SPoA 

What to expect from the walkthrough.

1

See how it works for your specialties.

We walk through the SPoA workflow for specialties like dermatology, ENT, or wherever your volume sits. You see how A&G intake, triage, and pathway progression land in practice.

2

Your clinicians, in the room.

Triage isn't an admin task. Bring the consultants who'll use it. The walkthrough is built so your clinical leads can interrogate the workflow, not just watch a slideshow.

3

Leave with a clear view of readiness.

You'll understand what it takes for your trust to go live: what's already in place, what needs configuring, and how the timeline maps to the October deadline.

