



ISLA (in CAD and UCR Teams)

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ISLA Journey So Far

What is ISLA - Introduction in BCHC in August 2022

Need for secure image and video acquisition in community nursing teams

Unexpected use case scenarios in Podiatry, Dietetics, Speech and Language Therapy, Occupational Therapy, etc.

Introduction in unplanned care in late 2024

Start of use by care coordination centre in February 2025, to triage work for the UCR team

ISLA at BCHC

SUBMISSIONS

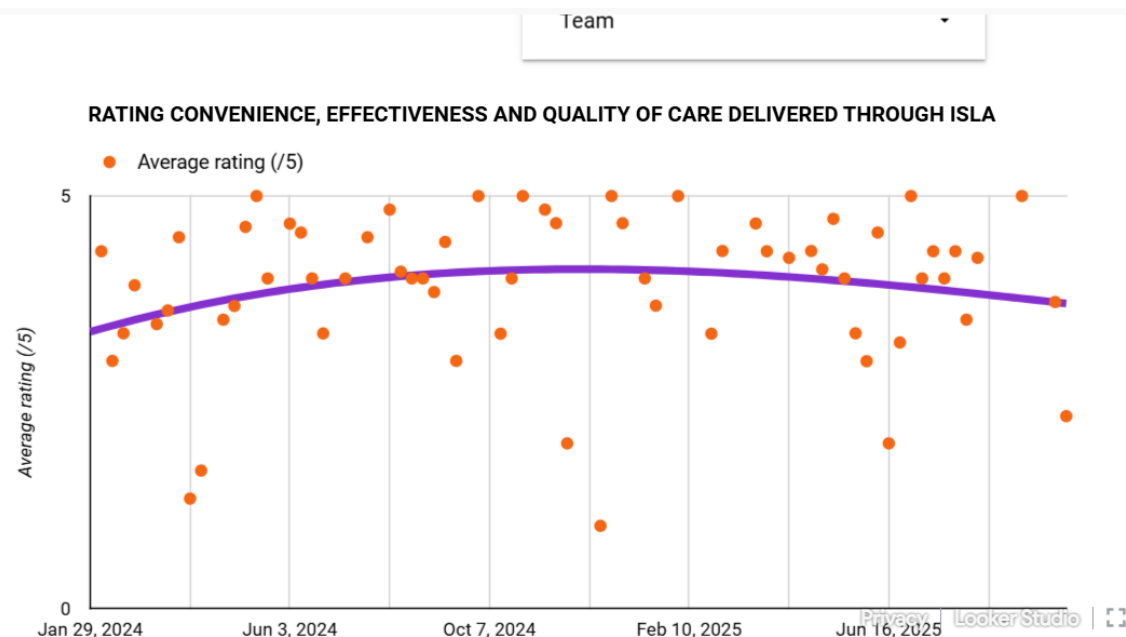
PATIENT FEEDBACK

180 PATIENT FEEDBACK
SUBMISSIONS COLLECTED

ON AVERAGE, PATIENTS SCORE ISLA

3.85 ★★★★★

OUT OF 5



How ISLA Is Used by CAD and UCR Teams

- Long term condition management – using Isla to monitor sputum colour changes and Haemoptysis .
- Management of Heart Failure monitoring peripheral oedema.
- Acute wound infection such cellulitis and phlebitis . Chronic wound care, Deep Vein Thrombosis, trauma injuries
- Acute infection
- Patients and carers and ambulance crew can use ISLA to request advice from the team

Impact of ISLA

ACS - UC - Urgent Community Response

Submissions (total)

632

195 requiring attention

TESTS

4 PATIENT FEEDBACK SUBMISSIONS COLLECTED

ON AVERAGE, PATIENTS SCORE ISLA

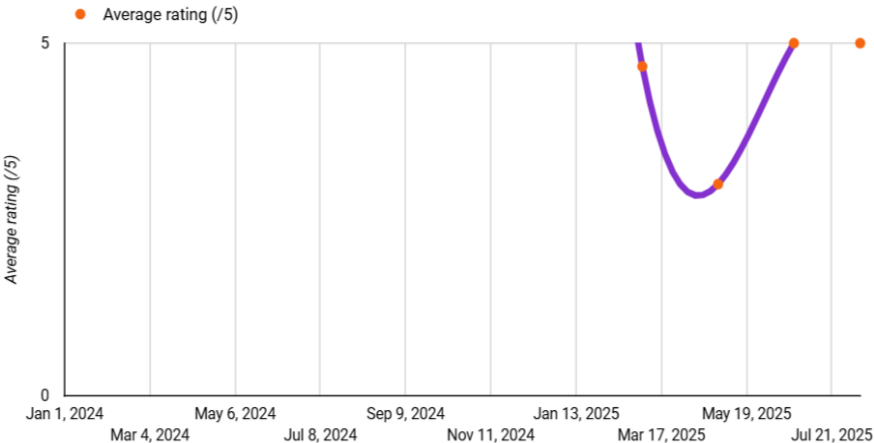
4.50

OUT OF 5

TOTAL UNIQUE PATIENTS WITH REQUESTS

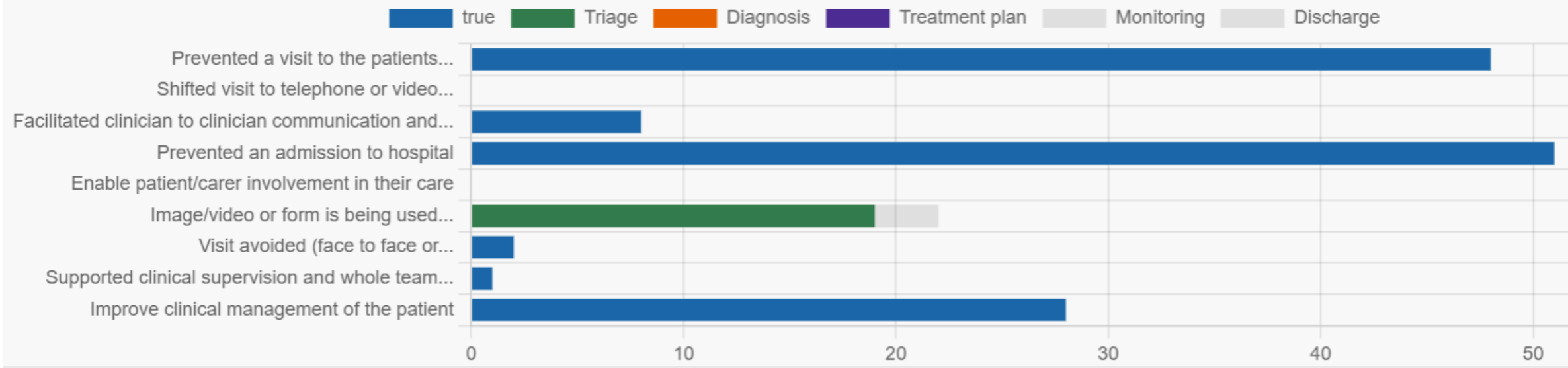
AVERAGE RESPONSE RATE

RATING CONVENIENCE, EFFECTIVENESS AND QUALITY OF CARE DELIVERED THROUGH ISLA



Impact of ISLA Continued...

Recorded patient outcomes



- 51 hospital visits prevented → ~£68,085 of savings in 7 months → £116K of annualised savings
- 45 home visits prevented → ~ £2,580 of savings in 7 months → £4,4K of annualised savings

Impact of ISLA Continued...

- Patient JB 29 year old gentleman with severe learning difficulties, Autistic Spectrum Disorder and Attention Deficit Hyperactive Disorder. JB has challenging behaviour and punched himself to the side of the head.
- An ambulance was called by carers and Computer Aided dispatch (CAD) Band 7 Trainee Advanced Clinical Practitioner triaged the category 3 call. JB is known to become aggressive toward strangers and taking him out of his home environment is avoided. Carer Haafizah agreed to send photos via Isla Health App.
- CAD were able to remotely triage, offer safety-netting, therefore preventing admission to hospital and a UCR visit. Haafizah said 'Using the Isla app was incredibly easy. JB was able to be assessed without leaving his home, which makes him very distressed'. It was very helpful having such support and it was much appreciated'.

What next?

- Options appraisal paper for comparison of existing solutions with similar functionalities
- Wider roll-out to all unplanned teams
- Integration with our EPR for contextualised launch of visual records
- Embedding the solution Trust-wide

Academic evaluation

- Aston University commissioned to evaluate the use of ISLA in services
- 3 services were selected for the evaluation:
 - Lymphodema
 - Tissue Viability
 - Unplanned community nursing including UCR
- Focus lens on equality and patient voice

ISLA evaluation: headline impact

Across Unplanned Community Nursing, Lymphoedema and Tissue Viability

UCN triage impact

59–67%

of triage visits were avoided when ISLA was used to obtain images, video or forms.

Tissue Viability adoption

100%

of the 48 weekly snapshot cases used ISLA; 87.5% involved relevant photo upload.

Lymphoedema suitability

96.35%

of 219 completed weekly episodes were judged appropriate for ISLA.

What the evaluation found

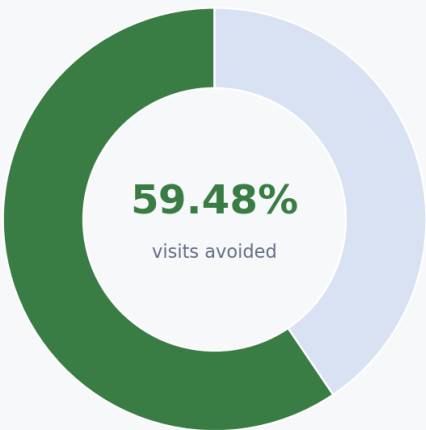
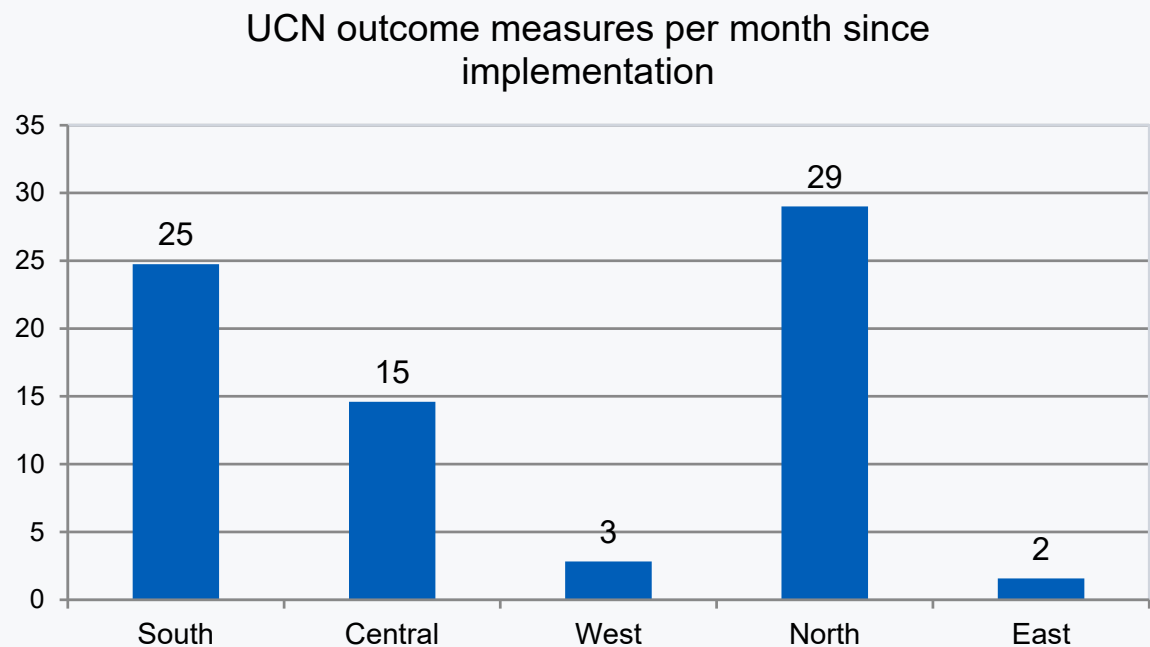
- Secure clinical images improved assessment, monitoring, documentation and timely decision-making.
- Clinicians and patients described more responsive, coordinated and patient-centred care.
- Benefits were strongest where ISLA was consistently embedded in routine workflows.

Overall recommendation

Continue ISLA across all three services, while strengthening implementation, training, leadership support and equitable non-digital routes.

Quantified benefits and variation in adoption

The opportunity is material, but usage remains uneven between teams



Potential annual saving

£75k-£167k

if all five UCN teams
achieved the weekly
snapshot level of use

Key interpretation

Adoption accelerated: 14 outcomes were recorded in the first 8 months, compared with 497 in the final 4 months. **However, East and West remained low users, showing that the financial and capacity benefits depend on consistent implementation.**

What each service gains, and what is needed next

ISLA supports different clinical pathways; implementation is the common success factor

Unplanned Community Nursing

- Remote triage and workload management
- Around 6 in 10 to 2 in 3 triage visits avoided
- Improved clinical management and prioritisation

Lymphoedema

- Images support triage, diagnosis and monitoring
- Messaging improves access and reassurance
- Most extensively embedded across wider care coordination

Tissue Viability

- Routine wound photography and documentation
- Image comparison tracks healing and deterioration
- Shared visual records support continuity of care

Priorities to maximise value

1

Consistent adoption

Leadership, training and sharing best practice, especially in lower-use teams.

2

Technical integration

Improve connectivity, authentication experience and integration with Rio/clinical systems.

3

Inclusive access

Support patients and carers with digital literacy while retaining alternative pathways.

4

Measurement

Improve routine outcome recording to evidence clinical and economic value.

Decision message: continue ISLA and focus investment on implementation, interoperability and equitable access, rather than technology alone.

Thank you

Any questions?