

ISLA

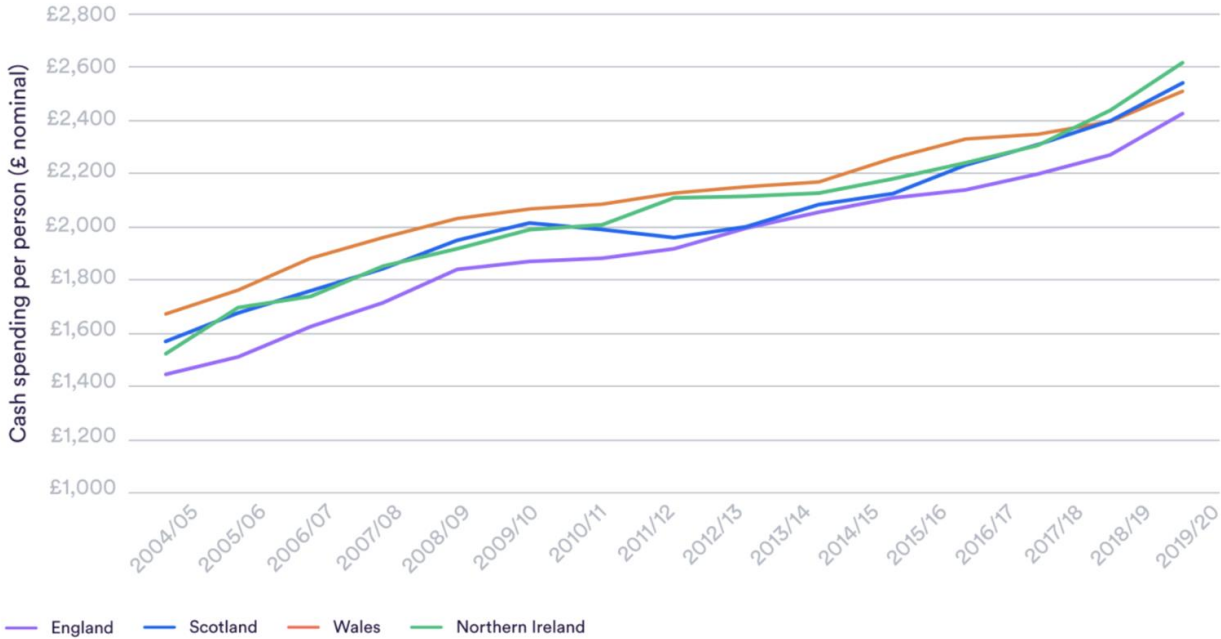
See Health Differently

The scale of the challenge

For NHS England:

- A record 7.4m people on a waiting list in April
- The 18-week treatment target has not been met since 2016
- NHS staff numbers have increased, with doctor numbers up 21% and nurses up 16% over the five years to November 2022.

Per capita health spending



A vision for change

We believe that health systems are still right at the start of the journey with clinical data

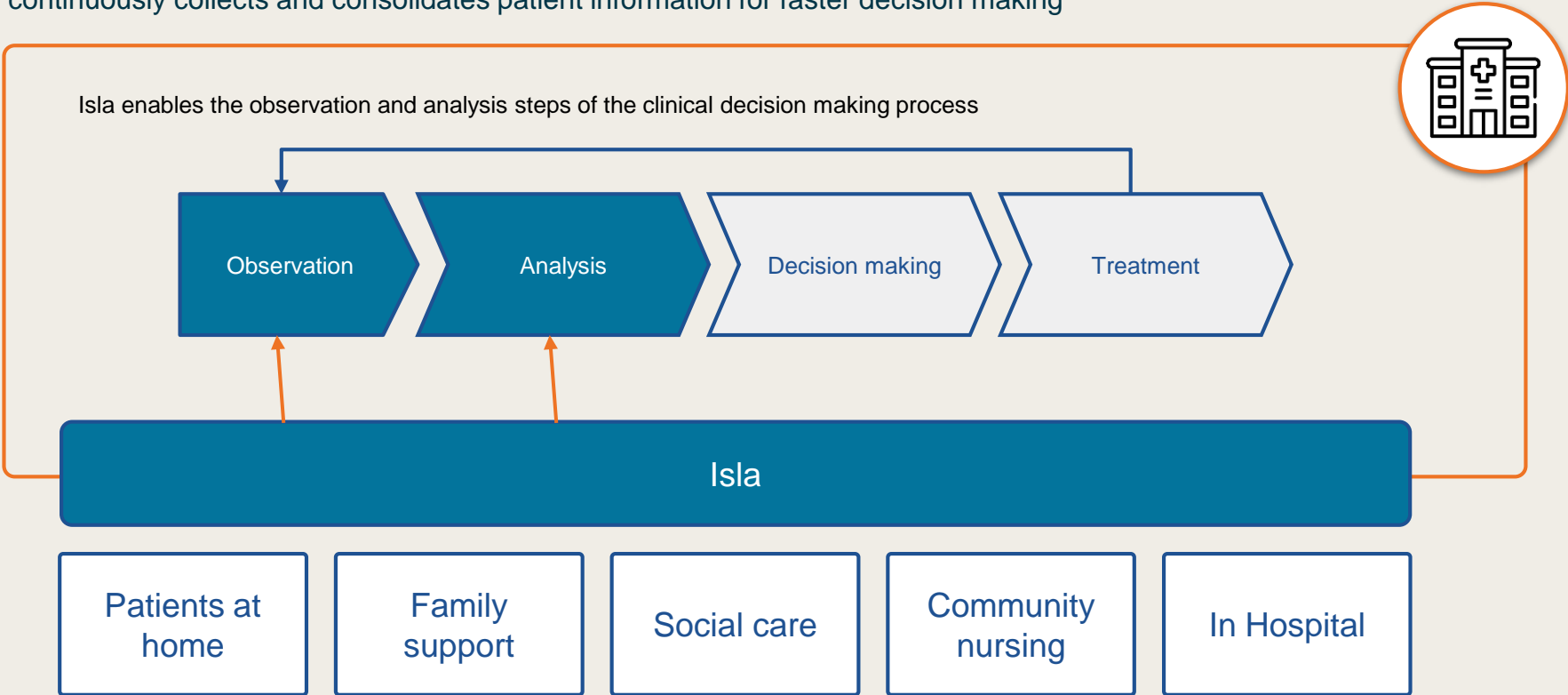
We see two fundamental changes that need to happen to create the next transformative advance for healthcare

- ▶ Continuous, asynchronous, patient-generated clinical information
- ▶ Clinically defined codified decision making



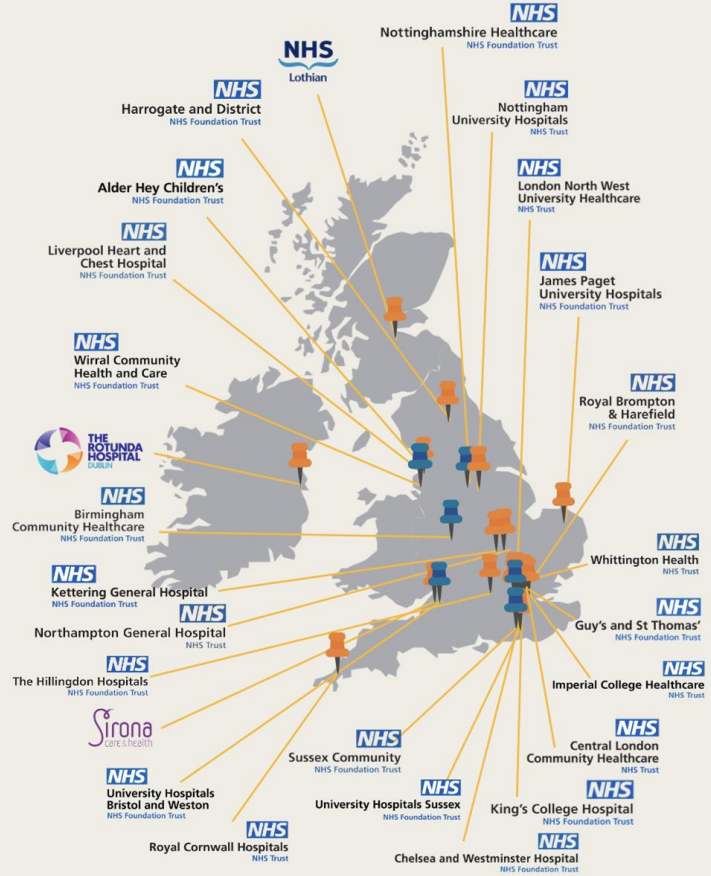
Structured clinical data

Isla continuously collects and consolidates patient information for faster decision making



Existing adoption

Within just under 3 years, we have partnered with **33 NHS Trusts** across multiple specialties.



Transformation at scale

Low friction

- Web-based
- No download or login credentials for patients
- Accessible from any device for clinicians
- Software only
- Intuitive UI

Breadth of application

- Deploy across an organisation or ICB
- Multifaceted benefits
- Link a patient's journey across different services

Automation

- Configurable schedules to produce automated workflows
- Automated interoperability with EPRs

Clinician's view

Collaboratively designed to provide a scalable solution which supports all modern media types

Built to interface with existing systems



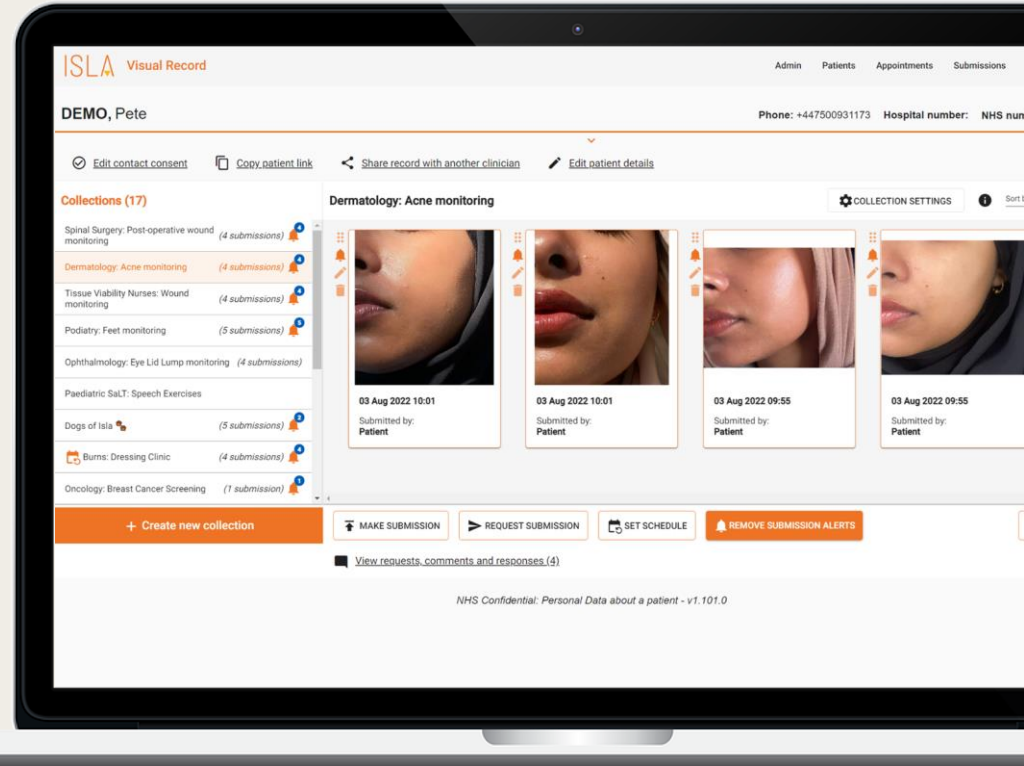
Seamless interoperability with Trust EPRs



Cost-effective cloud storage



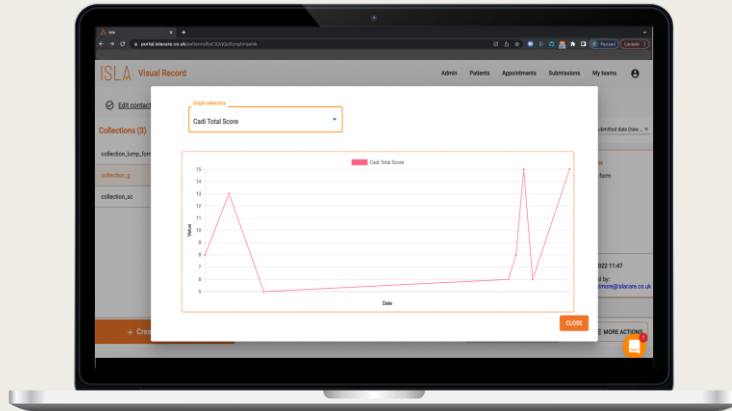
Entirely web-based



Form functionality

Isla already holds **350+** structured digital questionnaires.

Our scheduling functionality allows you to automatically request these at regular intervals, thereby standardizing the collection of PROMs.



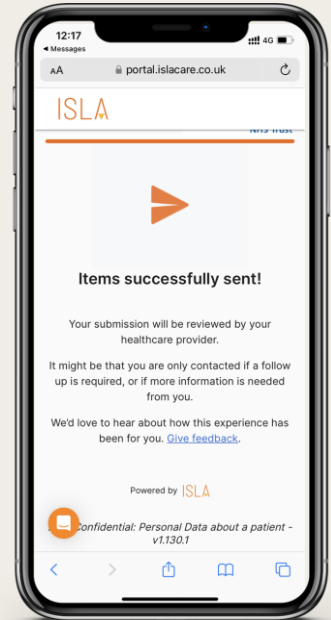
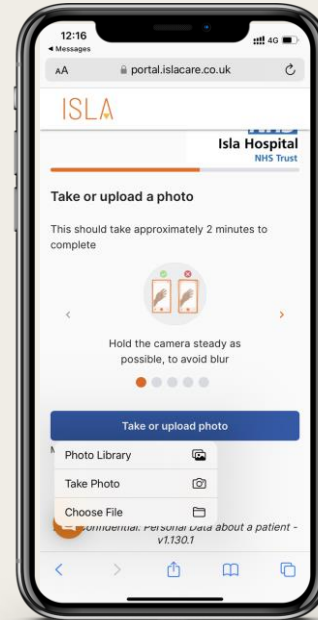
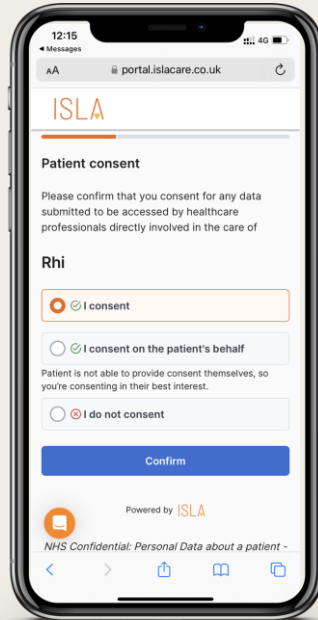
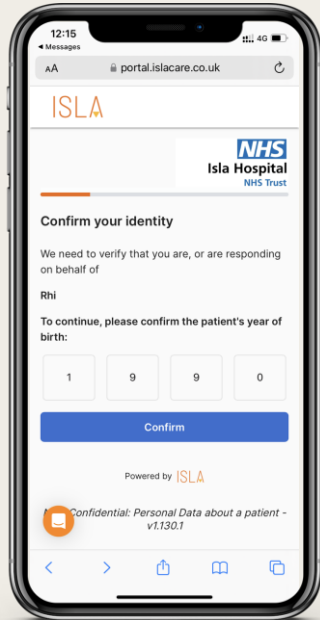
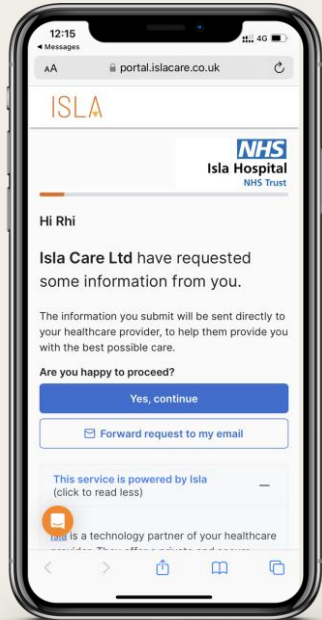
Unlimited form functionality:

- Mandatory questions
- Multiple choice/drop down questions
- Likert scales
- Score calculations
- Body maps
- Data visualisation: plot answers on a graph where quantitative
- Conditional logic: questionnaires which adapt according to previous answers
- Exporting form data as csv files for audit purposes

We can build any form you have to sit natively within Isla at no additional cost

Patient's view

➤ Submit in 5 clicks

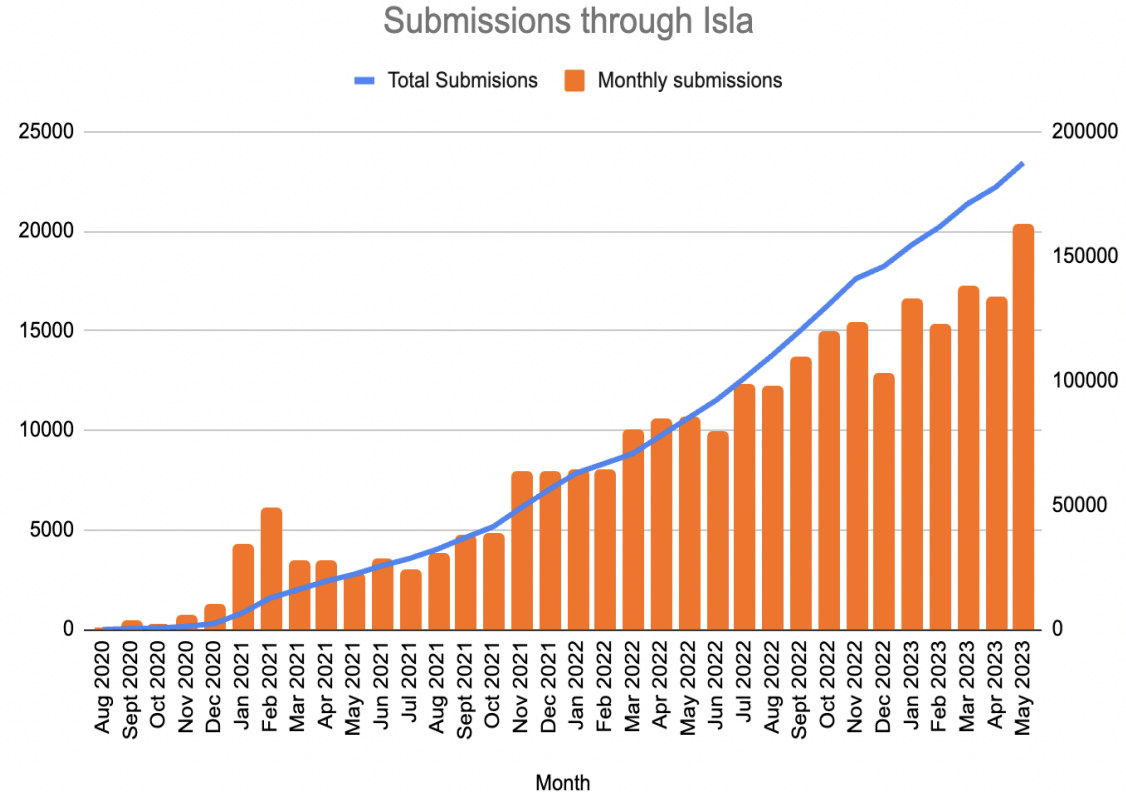


Ramped up adoption

Across the North West London ICS we see **23,000 monthly submissions** from patients and clinicians.

This is currently totalling over 200,000 and at the current rate of growth this will exceed 1m submissions and 100,000 per month by April '24.

This has largely been made possible through a software-first approach and intuitive platform UI.



Epilepsy

- First appointment Patient referred and assessment made
- +14 days Patient added to clinically defined monitoring schedule eg 'Continuous Epilepsy Management'
- +28 days Patient sent a secure link to upload videos of tremors, seizures, spasms etc
- +42 days Patient automatically sent upload link and relevant self management leaflets

Benefits realised

- ✓ 6-monthly cycle of Epilepsy treatment iteration condensed to a few weeks
- ✓ Isla provides unlimited cloud storage to save these videos against the patient's record. We have a total 1700+ submissions to date

“

...we now sometimes make a diagnosis on the same day as a first telephone contact by a GP. We cannot imagine going back to a pre-Isla situation.

Consultant Neurologist, Nottingham University Hospitals NHS Trust

Preoperative assessment

● Need for surgery identified	Patient submits form to determine if they still require surgery and if they require a Pre-Operative Assessment (POA)
● - 33 days	Patients are booked for surgery using an automated system based on their questionnaire responses
● - 17 days	Patients that are not ASA1 attend a POA appointment with enough time to prepare for upcoming surgery
● Surgery date	Patient attends surgical appointment based on ASA1 cohorting

Benefits realised

- ✓ ~180 face-to-face POA avoided (over 5 months) (Chelsea and Westminster)
- ✓ Increased time to prepare for surgery for patients and clinical teams from 17 to 33 days
- ✓ An additional 7 days, on average, between POA and surgery (from 10 to 17 days) to enhance theatre efficiency

“

“Highly efficient, responsive and reassuring”
“Thank you for your excellent service”
“I’m impressed!”

Patients at Imperial College Healthcare

Postoperative surveillance

● Discharge

Baseline image captured on Isla by discharging clinician and wound site assessment completed - patient provided with access

● +7 days

● +14 days

Patient receives link to be taken through wound site assessment and submit multiple images of the wound site (locator image, primary wound site, drain sites etc)

● +28 days

Benefits realised

- ✓ Obstetrics: A decrease in the average monthly reported SSI incidents from 15 to 6
- ✓ Cardiac surgery: 12 readmissions avoided - £122k cost avoidance
- 27 km of travel saved per patient
- ✓ A 6x reduction in the likelihood of readmission across 6 sites
- ✓

“

It's exciting to see how valuable Isla is already to our patients and the care we provide, we have a fantastic opportunity to learn more about the impact of early detection in preventing surgical site infections.

Patient Safety Lead, Guy's and St Thomas'

Community Nursing

35% of Community Nursing referrals/activity is attributed to wound care/management

Of this wound care/management demand, **80%** are offered Isla to remotely submit an image of the affected area

For the patients who are offered Isla, **60%** submit an image to triage and inform a clinical conclusion

Of the images submitted to Isla for clinical triage

15% of demand result in saved contacts through virtual management
*Reduction in clinical contacts

75% of demand is de-escalated from SOS 'Same Day' to a planned intervention

10% of demand remain as a SOS 'Same Day' intervention

“Isla has enabled me to review complex patient wounds in the care home... I feel Isla is a good tool/platform and enables carers to be upskilled and empowered and more involved with the residents care and treatment.”

**District Nurse,
Nottinghamshire Healthcare**

AI product development

Computer vision

AI in wound surveillance to spot early signs of infection in wound images

Initially for cardiac surgery but built as modules which can be combined and built on for other areas of wound care in the future

Selected to take part in feasibility study - 3 of roughly 6000 applicants

A successful feasibility study would result in running a clinical trial for medical device class 2

OCR triage tool

Optical Character Recognition (OCR) being co-developed with Alder Hey Innovation

Using AI to read and identify keywords from documents, scans or photographs that have been set at a specialty level

In phase 1, this will be used for referral letters whereby a specific keyword results in Isla automatically requesting certain information from a patient to support their triage

ISLA

Thank you