Evaluation of the use of Morse as a Community Electronic Patient Record across Child and Adult Nursing Services in Aberdeen City Health and Social Care Partnership

March 2024

Executive Summary

Morse was procured as a Community Electronic Patient Record to Aberdeen City Health and Social Care Partnership (ACHSCP) in 2019. It was initially implemented to Health Visiting services, followed by Community Nursing, Hospital at Home, Macmillan Nursing and School Nursing in 2021/22.

Evaluations were conducted in 2021 and 2023 and centred on the implementation of the application, whether the expected benefits had been realised and whether there was a return from the investment made by ACHSCP. This evaluation focuses on the continued use of the application, its impact and how it has embedded into the aforementioned services as the use of the application matures.

Evidence for the maturity of the system within the services can be found when looking at the Community Nursing responses to the survey. Users deemed there to be an improvement in communication between and within services. This has more than doubled since the initial evaluation was conducted in 2023 when the application had been in use by the service for around 9 months.

Service efficiencies come from the continued reduction of the duplication of information. Eighty eight per cent of survey respondents agreed that Morse continues to contribute towards this. In 2021, fifty five per cent of users suggested that the use of Morse contributed towards a reduction of the duplication information by thirty minutes per day. Remarkably, this figure has increased to sixty three per cent of respondents who suggest that the use of Morse has contributed to the reduction of the duplication of information by thirty minutes per day, per user. Across the services which use Morse, a thirty minute saving would generate over 40,000 hours of additional capacity:

Other time savings mentioned in the report relate to the streamlining of processes surrounding patient visits. These are also significant, with Health Visiting reporting an average of 36 minutes saved from each core pathway visit and Community Nursing 46 minutes from the initial visits they carry out. This accounts for an average time saving of 6,837 hours of Health Visiting time annually and 2,521 hours for Community Nursing.

The report exercises caution in assuming that these reported savings are cumulative and felt by the service in real time as the complexity of patients has increased at a time when staffing levels have stagnated or fallen. The findings demonstrate that compared with paper based processes, Morse has provided significant time savings and a reduction in risk across the services where it is used.

The evaluation concludes that the use of Morse as a Community Electronic Patient Record has had a positive impact on the services which use it and that the results from this evaluation would support a renewal of the contract with the supplier. It also indicates further benefits could be found from increasing the range of interfaces, and that a facilitation resource should be secured as part of the support package from eHealth. This would assist with the continued digital maturity of the application. Responses from the user survey also suggests that a Grampian approach to utilising a Community Electronic Patient Record would benefit users and lower patient risk by allowing increased information sharing.

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1. Background

In 2019, Aberdeen City Health and Social Care Partnership found that significant risk existed within the Health Visiting Service due to the levels of vacancy within the team. This posed a number of challenges to the service around how to meet the needs of the Scottish Governments Universal Health Visiting Pathway while also responding to their duties for vulnerable children. It was suggested that in order to allow the service to operate more efficiently and share information effectively that implementing an Electronic Patient Record would assist the service to lower their operational risk while working with a reduced workforce. Finances to support this were secured from vacancy underspend to allow the procurement of the application and devices to take place.

The initial implementation of Morse was successful and following an evaluation in 2021 demonstrating a reduction of the duplication of information, improved communications and a reduction of risk around responding to Interagency Referral Discussions (IRDs), the application was further implemented to Community Nursing, School Nursing, Hospital and Home (H@H) and Macmillan Services.

While previous papers presented in 2021 and 2023 looked to evaluate the success of the implementation, this paper looks to evaluate the systems impact to date and reflect on whether the contract with the supplier should be renewed.

Review of Evaluations

In 2021 and in 2023, an evaluation was conducted looking at the implementation of Morse in specific areas. The findings from these evaluations supported the view that the implementation of Morse had reduced the regular duplication of information within the services while increasing levels of communication and information sharing within and between teams.

Table 1. Benefits highlighted within 2021 and 2023 Evaluation of the implementation of Morse.

Number	Service	Benefit
1	Health Visiting	37 minute reduction of time taken to complete the 13-15month review*
2	Health Visiting and Community Nursing	30 minute reduction in the duplication of information
3	Health Visiting and Community Nursing	93% of Health Visitors and 41% of Community Nursing users would recommend the use of Morse to a colleague
4	Health Visiting and Community Nursing	Between a third and a half of users believed that communication between teams had improved.
5	Health Visiting and Community Nursing	70% of users agreed that updating aspects of the patient record was made easier and that the record was more accessible.

*This is a reduction in the time taken to carry out tasks associated with the 13-15 month visit. Patient facing time remains unchanged.

A number of recommendations were made following the 2023 review.

1. Review approaches to training and support as part of the implementation to Community Allied Health Professionals (AHPs) and any further services.

2. Review the ongoing support model for H@H and Community Nursing to ensure that users feel supported on an ongoing basis and that changes to the system are well communicated.

3. Ensure that interfaces to other systems are planned and implemented in order to bring further benefits to users and their patients. This will lower the risk of the system becoming an information silo.

4. That an investigation takes place by the Morse user group looking at the use of the continuation note and forms and whether this process can be slim lined. If appropriate, this discussion may also involve the third party supplier.

5. That this survey is completed again in one years time and directed to all users of the system to ascertain whether benefits are longstanding once Morse has 'bedded into' service processes.

6. To support the implementation of Morse on a Pan Grampian basis and to share knowledge and experience where possible.

2. Methodology

The previous evaluation of Morse reviewed the implementation of the system to the services involved. This evaluation looks to assess the impact that the use of the application has had on the services, and the continued benefits found from using an Electronic Patient Record. As a means to evaluate this, the Scottish Digital Office digital maturity models[1] were reviewed as a way to assess its impact and the digital maturity of the system. Information from these were used to formulate a user questionnaire.

The Health Visiting evaluation which was presented in 2021 used Lean Six Sigma to baseline and assess its impact on processes. This methodology has been used again to demonstrate further impact within the Health Visiting and the Community Nursing Services. Data from neighbouring Health and Social Care Partnerships in Aberdeenshire and Moray were used where this was deemed to be comparable. Service delivery data has also been extracted from Morse to assist with calculations and discussion. Feedback from teams also attempts to answer whether recommendations from the 2023 evaluation have been met.

Where data has been collected and users identified questions as 'not applicable', these have been removed from the data to attempt to give a clearer picture of the outcomes. Where staffing costs have been used, these have been calculated using 2023-24 figures including 'on costs'.

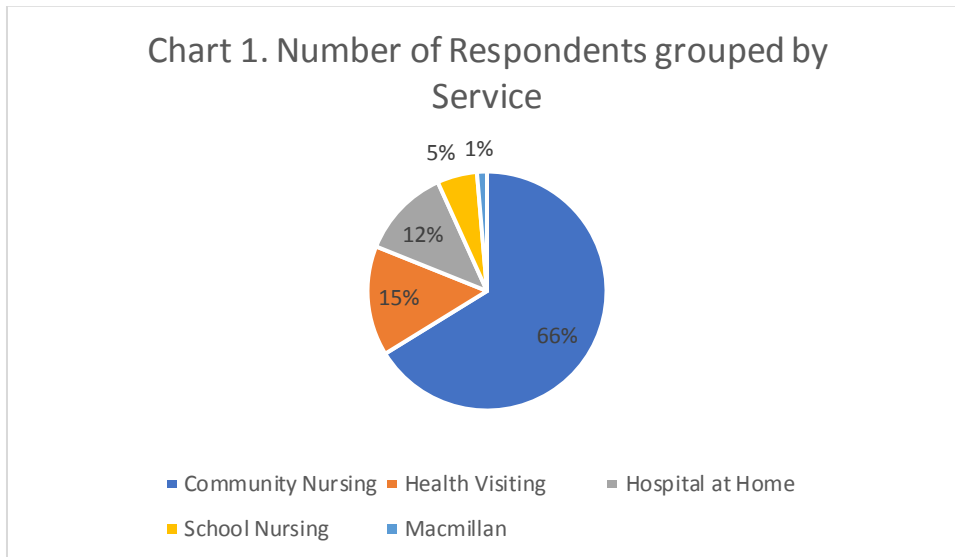[1] Digital Maturity - Digital Healthcare Scotland (digihealthcare.scot)
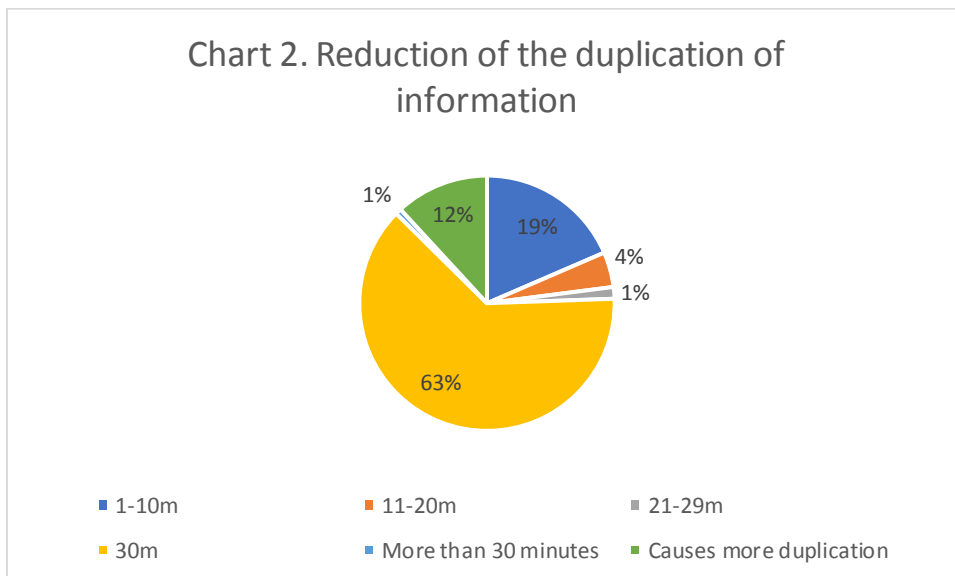
3. Results

User Survey Results

The user survey was completed by 148 individuals spread across the services which use Morse.

The largest proportion of respondents (66%) identified themselves as working within Community Nursing which is in line with the largest cohort of users of Morse.

Chart 1. Number of Respondents grouped by Service

- Community Nursing — 66%
- Health Visiting — 15%
- Hospital at Home — 12%
- School Nursing — 5%
- Macmillan — 1%

Reduction of the Duplication of Information

In the 2021 evaluation of Morse, 55% of users indicated that the use of an Electronic Patient Record had led to a 30 minute reduction of the duplication of information on a daily basis. In the 2024 user survey, 88% of respondents agreed that the use of Morse led to a reduction of the duplication of information. Sixty three per cent of respondents suggested that the time saving from this is 30minutes per day.

Chart 2. Reduction of the duplication of information

- 1-10m — 19%
- 11-20m — 4%
- 21-29m — 1%
- 30m — 63%
- More than 30 minutes — 1%
- Causes more duplication — 12%

A Hospital at Home user reported that *"Found that it saved time when conducting a visit. When the notes are filled in at the time of visit I would say that the time saved per visit is greater than 30minutes. Information is fresh in the memory also."*

Based on a 30minutes per day saving across the Whole Time Equivalent (WTE) staff establishment, this would amount to:

- A time saving of 41,780 hours per annum
- Equivalent of £1.06m per annum (Band 5 used as an average)

Communication and Information Sharing

Respondents were asked their opinions related to whether they felt that there was an improvement in information sharing and access to information compared with how services operated prior to the use of Morse. Results suggest that over 70% of users feel that there has been an improvement in communication and information sharing within and between the services which use Morse and that almost 80% believe that there has been an improvement in the access to information.

Table 2. Communication and Access to Information

	Agree	Neither	Disagree
Communication/Information Sharing within teams	77%	12%	12%
Communication/Information Sharing between Services.	70%	16%	14%
Improved access to information	79%	13%	9%

Users commented that:

"I like that you can see the whole caseload for the team so that you can see what has happened prior to you writing your contact. I like that you don't have to look through drawers for notes." Health Visitor

"I like that you can access the patients information at any time to update or read any changes as opposed to notes left in the persons house. Also that we can read what other health professionals have written i.e. - MacMillan/H@H/podiatry" Community Nurse

Impact of the use of Morse

The following set of questions are in line with those asked in the NHS Scotland Digital Maturity assessment and looks to ascertain the impact of Morse on users day to day working life. While all responses are positive, the environmental impact, especially on the use of paper is significant with 88% of responses agreeing that the use of Morse has impacted positively upon this.

Table 3. Impact of Morse and Digital Maturity

	Agree	Neither	Disagree
I am able to spend enough time with my Patients/Service Users	67%	18%	15%

I spend very little time finding information	58%	16%	26%
Morse helps me be productive at work	68%	18%	14%
Morse contributes to keeping my workload manageable	68%	18%	16%
Morse helps to reduce the environmental impact (esp paper) of data and information handling	88%	6%	6%
Morse helps to reduce the amount of (unnecessary) travel of healthcare professionals	50%	23%	27%

"It's easy to find information about different pupils without having to go into various schools where the paper notes are kept." School Nurse

I can see what has happened at previous visits before visiting patient so I feel I'm more informed when I go to see them. Community Nurse

Quite simple to use, less paper notes that can go missing, no repetitive adding of patients names/chi/DOB already populated, saves a lot of time, easy to use on the go, quick syncing of all our information. Community Nurse

Ease of use, All of the patient details are kept together and the access to important information such as Alerts for allergies, key safes are easily accessible, Planet friendly due to less paper being used. Community Nurse

Areas for improvement

Users were asked to suggest elements where the user experience of Morse could be improved. These were themed and the following areas were highlighted. The list of suggested improvements have been passed onto the Morse User Group to review and respond to.

Table 4. Suggestions for improvements

Area	Comments/Suggested improvements
Data	Data enabled devices to allow users to access other applications while working in community
Interfaces	Expand interfaces to Trakcare, SCI Store, o365 calendar
Document upload	Ability to upload documents/pictures and store within Morse
Access to medical history	Medical history can be spread across several applications at present
Speed when Syncing (mostly reported within Community Nursing due to caseload size)	Syncing reported to be time consuming if returning from annual leave
Work Allocation (Community Nursing only)	Can be time consuming
Access to historical information	Paper records to be scanned.

Overall impact

Almost 80% of users suggest that the use of Morse supports their work and patient care, and when asked whether they would recommend the use of Morse to a colleague, 67% agreed. A notable exception to this was in Health Visiting and School Nursing where 91% of responses received from

Health Visiting and 100% from School Nursing answered that they would recommend the use of Morse to a colleague.

Chart 3. Would you recommend the use of Morse to a colleague?

- Yes 67%
- No 14%
- Maybe 19%

Examples of other feedback received relating to the use of Morse:

It's ease of use. The ability to access patient records wherever I am based. The functions of caseload management and calendar tools that enable me to prioritise my workload and work more efficiently. The ability to make patient referrals with all required information at hand within the patients notes, that are sent directly to the recipient service. The positive impact upon communication and information sharing, as well as safer documentation processing/data protection." Health Visitor

Not looking in drawers for records, accessing and recording data even when in a different base, n slowly growing openness in the team to be aware of each other's workload, easily predicting monthly variations, tracking changes backwards too" Health Visitor

Universal Health Visiting Pathway Delivery.

In 2019, in preparation for a move to an Electronic Patient Record, baseline analysis was conducted using Lean Six Sigma principles to analysis the 13-15 month development review. This was then analysed again after the implementation of Morse to indicate whether there had been a reduction in the amount of time the tasks surrounding the visit to the child had taken. This evaluation has reassessed these processes by using the same Lean Six Sigma principles to analyse the 6-8 week and 27-30 month visit. These were baselined against data provided by Health Visiting colleagues in neighbouring Health and Social Care Partnerships which continue to use paper based systems. These three pathway visits were then used as an average for other core visits (omitting 3 and 4 month visits) which have taken place since Morse was implemented to the service in 2020.

This analysis demonstrated that on average by using Morse as a Community Electronic Patient Record that when compared with using a paper record and manual processes the use of Morse saves on average 36 minutes per Universal Health Visiting Pathway Visit. Using information regarding the number of pathway visits undertaken annually since its inception in 2020, an average of 6837 hours of Health Visiting time is annually saved and an associated £249,081 in Band 7 Health Visiting time is saved compared with the previously used paper based processes. Accumulatively, since 2020 this has saved the service 20,803 hours and £760,363 compared with if the service had continued to use

previous processes and paper records. The full data extract from this is available in the appendix of this paper.

Chart 4. Impact of using Morse on delivery of the Universal Health Visiting Pathway
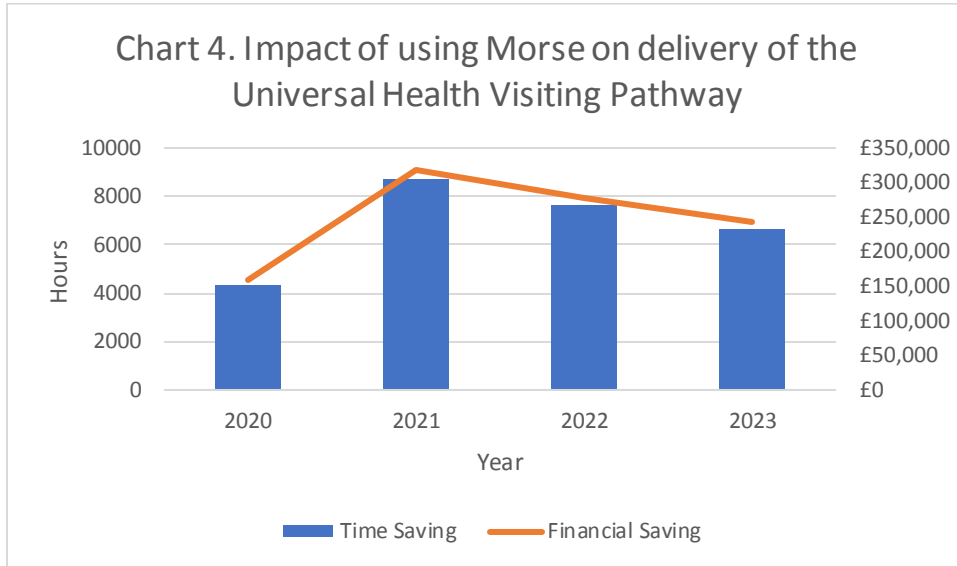
Community Nursing Initial Visit

In a similar manner to the approach used in Health Visiting, the following displays the time taken to prepare for and carry out preparatory and follow up activities related to a patient's initial visit. The information is baselined using that from a Community Nursing team in Moray who continue to use the Community Module for scheduling and outcoming interventions which is what the Aberdeen Community Nursing teams used prior to the implementation of Morse.

Table 5. Community Nursing Initial Visit

Visit	Time taken without Community EPR (minutes)	Time taken while using Community EPR	Time saving per visit
Initial Patient Visit	65	19	46

In 2023, there were over 5,000 new patients into the service. By reducing these to a figure where patients had more than five visits (and therefore discounting patients who are likely to be added to the caseload for one off bloods visits) it is assumed that 3,289 initial visits were made in Aberdeen City in 2023. Using the findings from the comparative processes outlined in Table 5, by using Morse compared with previous processes, 2,521 hours of Community Nursing time has been saved which in financial terms equates to £64,047 of a Band 5.

Impact of missing records and Interagency Referral Discussions (IRDs)

The Child Health Records department recorded that between May 2018- July 2020 there were 71 missing records across Aberdeen City and Shire, while in the three and a half year period between July 2020 and December 2023 there have been 26 reported showing a percentage decrease of 63%.

In 2023, School Nurses were asked to input into 433 IRD discussions. Sixteen percent of these occurred out with the school term, and had notes not been electronic, the nurse would have been unable to access the child's notes to take part in these discussions.

Reduction of paper

In line with the user survey results relating to the impact on the use of paper, the use of PECOS (NHSG procurement system) to order stationary supplies has decreased throughout the period while using Morse.

Health Visiting services noted that prior to the implementation of Morse, stationary was ordered every 4-6 weeks while this now takes place quarterly and there has been a 50% decrease in the total amount of stationary ordered through PECOS, from £1030 to £475 per annum.

Printing of formal paper records have also decreased. In 2019, £3,200 was spent procuring Community Child Records which were professionally printed. This cost is no longer in place.

4. Discussion

The following section takes the results of the user survey and other data collected and discusses this in the context of the complexity of the services who use the application and forms a basis for the concluding remarks and recommendations for how benefits can be sustained into the future.

Challenge of measuring benefits

Over the past three to four years during which Morse has been used by ACHSCP nursing services, the teams have gone through a number of changes. For example the Health Visiting Teams localities have been realigned, Community Nursing have changed models for their rostering and Hospital at Home have gone through a number of changes due to expansion. Patients have become more complex (for example there has been a 24% increase in children recorded as being on the additional Health Visiting pathway between 2020 and 2023) leading to increased practitioner time being required to be spent with patients. The impact of these individual changes on the service alongside the implementation of a Community Electronic Patient Record means that it can be challenging to measure and decipher the direct impact which the implementation of Morse has had on these services. Many of the changes are vocalised but challenging to measure, for example the impact of Community Nursing and Macmillan teams being able to see each others records to know when the other is due to visit or what happened at the last visit leading to a decrease in phone calls or a more informed discussion regarding the patient when they occur.

Progress being made on previous evaluation recommendations

A number of points raised relating to the user questionnaire have been picked up previously in the 2023 evaluation. An outline of the recommendations and the progress which have been made against these are outlined in Table 6.

Table 6. 2023 Morse Evaluation Recommendations

Recommendation	Progress Made
Review approaches to training and support as part of the implementation to Community AHP's and any further services.	Facilitation support has been agreed as part of the Service Level Agreement (SLA) which ACHSCP has with eHealth for the application support of Morse.
Review the ongoing support model for H@H and Community Nursing to ensure that users feel supported on an ongoing basis and that changes to the system are well communicated.	Cambric, eHealth and the services reviewed their business processes in February 2024 in order to ensure that the product aligned with their needs. A plan is in place for how best to utilise functionality to ensure that the product reflects how the service operates and continues to provide efficiencies.
Ensure that interfaces to other systems are planned and implemented in order to bring further benefits to users and their patients. This	Interfaces are awaiting final Information Governance approval with Trakcare and SCI Store for demographics and document transfer.

will lower the risk of the system becoming an information silo.	Planned interfaces with Office 365 and Fairwarning.
That an investigation takes place by the Morse user group looking at the use of the continuation note and forms and whether this process can be slim lined. If appropriate, this discussion may also involve the third party supplier.	As per the recommendation above, Cambric, eHealth and the services reviewed their business processes in February 2024 in order to ensure that the product aligned with their needs. A plan is in place for how best to utilise functionality to ensure that the product best reflects how the service operates and continues to provide efficiencies.
That this survey is completed again in one years time and directed to all users of the system to ascertain whether benefits are longstanding once Morse has 'bedded into' service processes.	Completed by the creation of this report.
To support the implementation of Morse on a Pan Grampian basis and to share knowledge and experience where possible.	Following the publication of the 2023 evaluation and following approval from the NHSG Digital Transformation Delivery Group, a Transformation Programme Manager was recruited in August 2023 to develop a business case to propose a Grampian Wide implementation of Morse across Community Nursing and Allied Health Professionals. However, the financial situation of the Grampian HSCP's has meant that this has been put on hold. The Family Nurse Partnership service continue to be interested in the use of Morse for their service.

Digital Maturity

There are still many elements of the service which remains paper based (for example recording medication being administered) or not fully incorporated onto IT solutions where one may exist. However, there are signs that Morse is becoming normalised within the service and the continued efficiencies being found by regularly reviewing processes assists this process. The Health Visiting Universal Pathway demonstrates this by showing that the results from the 2021 evaluation continue to be held and even increased when compared to the same visit happening in neighbouring Health and Social Care Partnerships. The results from Community Nursing also assist to demonstrate this with Table 7 demonstrating a significant increase in the positive results relating to communication, the reduction of the duplication of information and whether they would recommend the products use.

These results are impressive when we consider that literature suggests that only 16% of digital transformation improve performance and that these improvements are sustained over time.[2] It would appear that the results from the user survey would support the notion that the improvements related to communication and the reduction of the duplication of information have been sustained from the initial user survey conducted with Health Visiting in 2021.

Table 7. Comparison of results from Community Nursing user survey 2021, 2023 and 2024.

Measure	2021 results (percentage positively agreed with statement)	2023 results (percentage positively agreed with statement)	2024 results (percentage positively agreed with statement)	Increase/decrease between 2023 and 2024 results
Improvement in communication within my team	55%	34%	77%	+43%
Improvement in communication with other services	56%	36%	70%	+34%
Reduction in the Duplication of Information	81%	64%	88%	+24%
Would you recommend the use of Morse to a colleague	93%	41%	67%	+26%

Reduction of Risk

One of the driving forces behind the implementation of an electronic patient record and the attractiveness of Morse was allowing the user to access the record offline in order to reduce the risk of the service user being seen or discussed without the clinician being able to access the patient's record. The results show that this risk has been lowered with no incidents in 2023 of someone being called to an Interagency Referral Discussion (IRD) without being able to access the notes prior to the discussion taking place.

Reported missing Community Child Health records have fallen dramatically by over 60% and those recorded are thought to be those children which reside in Aberdeenshire since the Health Records Department covers Aberdeen City and Aberdeenshire areas. Anecdotally, users report that the

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ability to access patient information from other services e.g. between Macmillan and Community Nursing also helps to inform discussions and further reduce risk.

Service level risk of course still exists and an Electronic Patient Record does not mitigate this and vacancy levels are still high in Community Nursing and Health Visiting in particular. The data which can be reported from Morse helps to inform discussions relating to the efficiency of the service and is used to help service provision, for example giving an overarching view where one team is short staffed and others may be able to assist.

Staff Wellbeing

Nursing teams within ACHSCP are operating with high vacancy levels at present. As of March 2024, the vacancy level within Community Nursing is 15.7% and in Health Visiting the combination of long term leave and vacancy means that there is a 39.2% shortfall from a full establishment of staff with caseload responsibilities. Both services regularly report the their daily service RAG status as Red and occasionally Black. This has made the day to day working conditions challenging, with competing priorities and challenges alongside the knowledge that patients and families require to be seen in order to ensure that health needs are identified and that at caring duties are fulfilled. As a result, many staff report that they do not regularly take breaks or have protected learning time. Although Morse was not implemented as a means to directly improve or manage staff wellbeing, it has allowed services to function more efficiently and share information easier than they otherwise would have meaning that they have managed to endure a higher workload in challenging circumstances. By implementing Morse and responding to suggestions regularly, staff anecdotally report that they feel listened to and invested in as they feel that they have the tools that they need to carry out their jobs well. Additional changes could be made to further support staff, for example integration between Morse and their O365 calendar which will give team leaders oversight to see whether lunch breaks etc are planned in their teams days.

Service Efficiencies

The feedback gathered from the user survey suggests that the use of Morse has continued service efficiencies and the results section from this report supports this with a continued reduction in the duplication on information, a more streamlined process relating to the Health Visiting Universal Pathway and Community Nursing.

In Table 8 there are separate entries for the Health Visiting Pathway, Community Nursing Initial Assessment and Reduction of the duplication of information, however in reality the time saved from the reduction in the duplication of information may cover both of these tasks, however it is challenging to unpick these individual processes from the overall working day. Caution should be exercised when looking solely at the bottom line of the savings without taking these interdependencies into account. As previously discussed, time saved by one process may have been subsumed by another process and is therefore challenging to view in terms of year on year savings. Although these efficiencies have been converted into the equivalent cost, the services feel this day to day as generated capacity to undertake the tasks related to their patient's needs and service delivery.

Table 8. Time and Financial impact in 2023 compared with pre Morse processes.

Area	Time saving (hours)	Associated cost
Health Visiting Pathway	6,656	£243,293
Community Nursing Initial Assessment	2,521	£64,047
Reduction of the duplication of information	41,780	£1,061,229
Reduction in Stationary/Printing Costs		£3,755
Total	**50,957**	**£1,372,324**

Other areas may provide savings which have yet to be fully explored. One example of this is the travel costs. The user survey suggests that 50% of users of Morse believe that its use helps to prevent unnecessary travel. However, it is believed that one of the main sources of wasted journeys in Community Nursing is where a nurse makes a visit to a patient who has been admitted into acute hospital care and they have not been informed. The interface to Trakcare will resolve this issue and will be imminently deployed to the application following Information Governance approval. There is therefore more that can be explored in this area to provide further benefits.

Once for Grampian

Feedback from the user survey suggests that it would be useful for other community based services to be included within Morse, for example Allied Health Professionals, Community Nursing teams in Aberdeenshire and Moray etc. This would support the NHSG 'Service Transformation through Digital Transformation' Strategy alongside individual HSCP Strategic Plans. Following the evaluation in 2021, a short life working group was formed to look at Grampian wide options and a recommendation was made to the NHSG Digital Transformation Delivery Group that Morse was adopted across Grampian as the primary Electronic Patient Record for Community Nursing and AHPs. In August 2023, a Transformation Programme Manager was employed to develop and present a Business Case with this recommendation to HSCP IJBs. Business analysis was conducted in these services and a Business Case was drafted in Winter 2023, however due to the financial situation the project was put on hold with the view that the project would be reviewed in the 2024/25 financial year to see if the partners HSCPs found themselves in a more favourable financial situation.

5. Conclusions and Recommendations

The results from the evaluation demonstrate that the use of Morse as a Community Electronic Patient Record has continued to benefit the services who use it. The results from the user survey show that the use of Morse has matured within these services and continues to reduce the amount of information which is duplicated and increase levels of information sharing and communication within and between services. Many of the services who utilise Morse as a Community Electronic Patient Record have ongoing operational risks with significant vacancy levels within their services and the user of an Electronic Patient Record helps to streamline processes and assist with capacity to ensure that the services time can be most effectively used.

Following this evaluation, the following recommendations are made:

1. That the contract with Morse is continued and an evaluation is completed to ensure value for money at the conclusion of this contract period. The impact on patients and travel costs should also be considered.
2. That the outstanding interfaces are pursued and implemented.
3. That a central eHealth facilitation resource is included from this point forward as part of the ongoing Service Level Agreement
4. A Grampian wide view of electronic patient records in Adult and Child Community Nursing continues to be explored.

![Aberdeen City Health & Social Care Partnership — A caring partnership]

Appendix 1.

Universal Health Visting Pathway Visits 2020-2023

Three and four month visits are excluded from this list, as visits at these stages do not involve the same number of assessments to take place and therefore are not felt to be comparable to the other visits.

	2020			2021			2022			2023			**Total**		
	Number of Visits	Time Saved	Financial Saving*	Number of visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*	Number of Visits	Time Saved	Financial Saving*
NHSG New Primary Visit	980	588	£21,491	2045	1227	£44,847	2084	1250	£45,702	2009	1205	£44,057	7118	3085	£112,775
New baby visit 2	652	391	£14,298	1534	920	£33,641	1653	992	£36,250	1537	922	£33,706	5376	2319	£84,751
New baby visit 3	422	253	£9,254	833	500	£18,268	1061	637	£23,268	892	535	£19,562	3208	1399	£51,116
6-8 week visit	959	432	£15,773	1999	900	£32,879	2042	919	£33,586	2007	903	£33,010	7007	2265	£82,788
8 month Visit	938	563	£20,570	1818	1091	£39,869	834	500	£18,290	280	168	£6,140	3870	2157	£78,831
13-15 month Visit	1115	688	£25,131	1933	1192	£43,568	1996	1231	£44,988	1830	1129	£41,247	6874	3129	£114,375
27-30 month visit	1113	835	£30,510	2132	1599	£58,443	2048	1536	£56,141	1940	1455	£53,180	7233	3994	£145,981
Pre School Visit	1048	629	£22,983	2094	1256	£45,921	941	565	£20,636	565	339	£12,390	4648	2455	£89,747
Total by year	8902	**4378**	**£160,012**	17823	**8685**	**£317,436**	14275	**7630**	**£278,861**	11802	**6656**	**£243,293**	52802	**20803**	**£760,363**