Accurx Scribe

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From implementation to impact:

Accurx's Launch Blueprint for achieving ROI with Ambient Voice Technology (AVT)

Playbook 4: Measuring time saved

Reading time: 7 minutes

This is for:

Clinical leaders, executives, digital teams, transformation leads and service managers who need a credible, practical and clinically grounded way to measure time savings from AVT.

The Accurx Launch Blueprint helps you:

- Understand what genuinely drives time savings, and what doesn't
- Use evidence and evaluation methods that are trusted inside the NHS
- Avoid unreliable metrics that mislead and undermine confidence
- Capture benefits beyond speed: cognitive load, quality, workflow efficiency and clinician wellbeing
- Present findings clearly to leadership, C-suite and finance teams

The results you can expect:

- ✓ A clear, repeatable way to measure time saved that reflects real clinical work
- ✓ Straightforward, reliable reporting for executives and stakeholders
- ✓ Clinicians who feel confident in the evidence and more engaged in using AVT
- ✓ A strong, data-backed case for scaling AVT across the trust

TL;DR:

Measuring time saved is harder than it looks. Common metrics like "time in notes" often give misleading results. The most reliable approach is a structured, direct observational method adapted for NHS workflows, supported by simple supplementary data and real-world feedback from clinicians. While time savings matter, there are other components of AVT's impact. Improvements in cognitive load, after-hours work, documentation quality and patient experience are equally critical to understanding value.

1. Why measuring time saved is not straightforward

Time savings are one of the most sought-after outcomes from AVT, but also one of the most misunderstood. The instinct is to look at EPR metadata, especially “time spent in notes”. Unfortunately, this metric rarely reflects reality.

Most EPRs track the whole episode, not the actual documentation time. They also capture everything around it — interruptions, multitasking, waiting for results, and notes finished later. On top of that, clinician variation is huge. One clinician writes detailed, structured notes while another keeps things brief; one relies heavily on templates while another doesn’t. EPR metadata alone simply cannot tell whether AVT is helping.

2. The real factors driving time savings

Meaningful time savings come from a combination of factors:

- ✓ **Workflow redesign:** Templates, editing time, note acceptance rates and how quickly clinicians reach proficiency all shape how much time is actually saved.
- ✓ **Standardisation and accuracy:** When notes follow consistent structures and the output is reliably accurate, the whole documentation process becomes smoother. Reviews are quicker, edits are lighter, and workflows become more predictable across services.
- ✓ **Clinician behaviour and confidence:** AVT changes the rhythm of documentation. The first week sometimes increases time as clinicians learn. After around ten uses, confidence grows, workflows settle, and measurable time savings begin to appear.
- ✓ **Cognitive load reduction:** With the AVT capturing conversations, a clinician uses far less mental effort holding details in mind or switching between tasks. With lower cognitive load, clinicians re-read less, correct less and are less likely to retrace steps. This often reduces duplicated effort, cuts down after-hours documentation and frees up attention for other clinical tasks. These are indirect but meaningful time savings.

3. The gold standard for measuring time saved: Direct Observation

The most reliable way to measure time saved in the NHS is a structured **direct observational study**. The Accurx approach is adapted from methodologies used by The Health Foundation and THIS Institute. Unlike timestamps, this method shows what clinicians actually do.

It reveals the "hidden work" behind documentation - interruptions, thinking time, navigation between systems - while also accounting for case mix and variation between clinicians.

Step 1 - Baseline workflow understanding: Short interviews, surveys and workflow mapping to understand how documentation currently happens.

Step 2 - Direct observation (pre-AVT): Observers record consultation timings, time spent writing or editing notes, interruptions, and visible signs of cognitive load.

Step 3 - Direct observation (post-AVT): The same protocol is repeated at least four weeks after AVT adoption, once clinicians have reached a stable rhythm and the technology is being used consistently well. This ensures the fairest assessment. Data is then compared to assess the before/after change.

Step 4 - Interviews and experience metrics: The evaluation concludes with qualitative feedback to understand the impact on clinicians' workflow, wellbeing and patient interactions.

In addition, we use ongoing light-touch, rapid evaluations to reinforce observational findings and enrich the picture. These include:

✓ **Pulse surveys and micro-interviews with clinicians**

- perceived changes in admin load
- confidence and usability
- after-hours documentation
- cognitive fatigue
- patient communication quality

✓ **Digital signals from AVT usage**

- activation rate (first 10 uses)
- average editing time
- time to complete outpatient letters
- proportion of notes requiring major edits
- time from consultation to EPR transfer

4. The outcome of getting measurement right

The purpose of measurement is simple: to give leaders the clarity they need to make confident, informed decisions. The Direct Observation method — a core part of the Accurx Launch Blueprint — has been shaped with input from executives across secondary care and is designed to answer the questions that matter most when building a business case rooted in real NHS practice.

? Is the methodology sound?

! By combining direct observation with qualitative insight and digital usage data, the approach offers a holistic, clinically grounded view of how AVT changes real workflows. This gives leaders confidence that findings reflect everyday practice, not artificial scenarios.

? Are the findings realistic, not exaggerated?

! Realistic figures build trust far more than 'perfect' ones. That's why we are explicit about case mix, sample size, the normalisation period and the limitations of what data can show. Transparency strengthens credibility - especially at executive level.

? Are time savings sustained and scalable?

! We use observational evidence and usage patterns to show how benefits develop over time, and how they spread across services once clinicians gain confidence. Statistical forecasting helps model how early gains can translate into trust-wide impact.

? What does this mean for workforce and service design?

! Time savings are not the end of the story. They are one part of a broader value case. Our approach provides the context leaders need to interpret the results meaningfully. The goal is not simply "more patients per hour", but:

- safer, more consistent care
- redeployment of staff time to areas of highest value
- a workforce that feels supported rather than stretched
- improved patient experience and communication

5. The results you can expect

Accurx Scribe has been deployed across multiple secondary care sites. These are some key findings:

Time saved per patient

Clinicians saved approximately 8 minutes per patient on documentation after outpatient clinics.

3 week pilot at University Hospitals of Leicester (UHL)

Time saved per clinician (daily)

Clinicians saved approximately 25 minutes per day outside of clinical/admin hours.

3 week pilot at University Hospitals of Leicester (UHL)

Specialty context savings

40 minutes saved per patient on documentation during 90-minute appointments, with expected increase in daily patient load by 25%.

Consultant evidence in a PALMS service (Community Trust)

Screen interaction reduction

Time spent interacting with the computer during the consultation reduced significantly from 70% to 20%.

4 week pilot at St Wulfstan's Surgery, Warwickshire

Also in this series:

Playbook 1: Setting up for success – How to prepare before rollout so clinicians start strong

Playbook 2: Adapting workflows – How to embed AVT into real clinical practice, from getting templates right to managing change and patient consent

Playbook 3: Using data – How to use data to guide roll-out, evaluate impact, and build a robust business case for AVT

Register your interest to receive our full AVT implementation playbook.

Get in touch: partnerships@accurx.com