Evaluation Report: Little Journey Impact on Healthcare Professionals

Survey and Return on Investment Results

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Dr Alex Christensen, Evidence Manager
LITTLE JOURNEY

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Executive Summary

Introduction

This report presents findings from an evaluation of Little Journey, a digital platform, designed to support children and families in preparing for healthcare interactions. The evaluation examined healthcare professionals (HCPs) perceptions of the platform's impact on clinical practice, patient and family experience, and potential economic value, drawing on survey data and an indicative return on investment (ROI) analysis.

Methods

A cross-sectional survey was conducted with HCPs who had experience using Little Journey in clinical settings. Sixteen respondents from a range of clinical roles and pathways completed an online questionnaire comprising of Likert-scale items and open-text questions. Quantitative data were analysed descriptively, and qualitative responses were analysed thematically to provide contextual insight. An exploratory ROI model was developed using survey findings and conservative NHS-based costing assumptions to estimate potential cost savings at individual and team levels.

Results

Findings indicate that Little Journey is perceived as a well-integrated and acceptable platform that fits effectively within routine clinical workflows. HCPs reported high levels of satisfaction, confidence, and motivation to continue using the platform, alongside strong perceived organisational and team support for the platform. Frequent signposting behaviour suggests that use of Little Journey is commonly embedded into everyday practice.

Perceived benefits from HCPs were strongest around the patient and family experience. HCPs consistently reported perceived improved understanding, preparedness, confidence, and communication clarity for families, alongside reduced anxiety prior to healthcare interactions. Perceived impacts on staff efficiency and workflow were moderate but generally positive, with improvements reported in patient preparation and effective use of staff time. Impacts on coordination, delays, and disruptions were more variable, and impacts on stress and wellbeing were smaller but suggested reductions in emotional and cognitive load during patient preparation.

The indicative ROI analysis suggested that Little Journey has the potential to deliver meaningful economic value through opportunity cost savings. At an individual staff member level, the model estimated a return of £26.20 for every £1 invested (ROI of 262%). When extrapolated to a 20-person HCP team, the estimated return increased

to £71.66 for every £1 invested (ROI of 7,166%). These estimates reflect opportunity cost rather than direct financial savings and should be interpreted as directional.

Discussion and Recommendations

Taken together, the findings suggest that Little Journey delivers its greatest value as an upstream enabler of improved preparation, communication, and workflow, rather than as a standalone efficiency tool. The results indicate that impact is likely to be maximised when the platform is embedded early and consistently within care pathways and supported by appropriate implementation conditions.

While further validation using objective and pathway-specific data is required, this evaluation provides a credible, evidence-informed foundation to support continued implementation, refinement, and more targeted future evaluation of Little Journey within clinical settings.

Introduction

Healthcare systems in the UK continue to face sustained operational pressures, driven by increasing service demand, workforce constraints, and rising levels of staff burnout. Alongside these challenges, there is growing recognition of the role that patient preparation, communication, and emotional readiness play in shaping both care experiences and service efficiency. Digital tools that support families to understand and prepare for healthcare interactions may therefore offer opportunities to improve patient experience while also alleviating some of the pressures experienced by healthcare professionals (HCP).

Little Journey is a digital platform designed to support children and families by providing tailored, age-appropriate information to help them prepare for healthcare interactions. By offering structured, consistent, and accessible preparation materials, the platform aims to reduce anxiety, improve understanding, and support more effective communication between families and clinical teams. In doing so, Little Journey has the potential to influence both patient and family experience as well as staff workflows, emotional labour, and efficiency within clinical settings.

This report presents findings from an evaluation exploring HCPs perceptions of the impact of Little Journey within clinical practice. The evaluation focuses on staff experience, perceived patient and family outcomes, and potential economic value, drawing on survey data from HCPs across a range of clinical roles and settings. The work is grounded in a Theory of Change that proposes that improved preparation and communication can lead to benefits across workflow efficiency, staff wellbeing, patient engagement, and service delivery.

By combining quantitative survey data, qualitative insights, and an indicative return on investment analysis, this evaluation provides a structured assessment of how Little Journey is experienced in practice and where value may be realised at both individual and team levels. The findings are intended to inform ongoing product development, implementation support, and strategic decision-making for clinical, operational, and commercial stakeholders, while also identifying areas for further research and evaluation.

Aims & Objectives

The purpose of this evaluation was to assess the impact of Little Journey on HCP experience and perceived patient outcomes within clinical settings. Guided by Little Journey's Theory of Change, the evaluation focused on key staff-related outcomes, including workflow efficiency, staff stress and wellbeing, and staff perceptions of patient engagement and preparedness.

Specifically, this evaluation sought to gather insights from healthcare professionals to:

- Examine how Little Journey was integrated into existing clinical routines, roles, and workflows
- Assess its influence on staff confidence, time use, and emotional wellbeing
- Identify organisational and contextual enablers and barriers to adoption and sustained use
- Explore healthcare professionals' perceptions of its impact on patient and family experience, communication, and quality of care
- Capture suggestions for improvement and future development of the platform

The findings from this evaluation are intended to inform strategic decisions related to product refinement, implementation support, and the generation of evidence to support engagement with clinical, operational, and commercial stakeholders.

Methods

Study Design

A cross-sectional evaluation design was employed using an online survey to capture HCPs perceptions of the impact of Little Journey in clinical practice. The survey included a combination of closed-ended Likert-scale items and open-text questions to allow both quantitative assessment of perceived impact and qualitative exploration of contextual factors, implementation experiences, and improvement opportunities.

Survey items were informed by the programme's Theory of Change and mapped to theoretical domains drawn from the Capability, Opportunity, Motivation–Behaviour (COM-B) model and the Theoretical Domains Framework (TDF). These frameworks were used to structure the evaluation around mechanisms relevant to behaviour change, adoption, and sustained use in clinical settings. The survey assessed perceived impact across multiple domains, including workflow efficiency, time management, emotional labour, patient and family communication, staff confidence and motivation, and adoption dynamics.

Participants and Recruitment

Eligible participants were HCPs who had experience using Little Journey within their clinical role. A multi-channel recruitment strategy was used to support participant enrolment. Recruitment was conducted via direct outreach to existing Little Journey customers. In parallel, an internal participant database was used to re-contact individuals who had previously expressed interest in participating in research or

evaluation activities. This approach supported continuity and ensured that recruitment efforts targeted individuals with relevant experience of Little Journey.

Participation was voluntary, and respondents completed the survey anonymously.

Data Collection

Data were collected via an online survey distributed electronically. The survey captured demographic information, professional role and experience, patterns of Little Journey use, and perceptions of impact across predefined domains. Likert-scale items used a 5-point agreement scale ranging from *strongly disagree* to *strongly agree*.

Open-text questions were included to explore perceived barriers and enablers to use, opportunities for improvement, implementation experiences, and contextual factors influencing adoption and sustainability.

Data Analysis

Quantitative data were analysed descriptively. Frequencies, percentages, and mean agreement scores were calculated for Likert-scale items. Given the relatively small sample size and the exploratory nature of the evaluation, no inferential statistical analyses were conducted. Percentage agreement (defined as the proportion of respondents selecting *agree* or *strongly agree*) was used as the primary indicator of perceived positive impact across domains.

Qualitative data from open-text responses were analysed using a thematic approach. Responses were reviewed iteratively to identify recurring patterns and themes relating to barriers, enablers, implementation experiences, and perceived value. Illustrative quotes were selected to exemplify key themes and to provide contextual depth to the quantitative findings.

Quantitative and qualitative findings were integrated at the interpretation stage to provide a richer understanding of how and why perceived impacts occurred, and to support triangulation across data sources.

Return on Investment Analysis

An indicative return on investment (ROI) analysis was conducted to estimate the potential economic value of Little Journey from the perspective of healthcare delivery services. The ROI analysis was exploratory and designed to provide directional estimates rather than a definitive economic evaluation.

The ROI model focused on domains most consistently supported by the survey findings and aligned with operational cost drivers within NHS services, including time efficiency, workflow efficiency, patient flow, reductions in delays and disruptions, stress

and wellbeing, and family benefit. Self-reported survey data were used to estimate the proportion of staff experiencing benefit in each domain, which was applied as an uptake or applicability factor within the model.

Costing assumptions were informed by published NHS data sources where available, with conservative values applied where ranges existed. Estimated time savings and efficiency gains were converted into annualised monetary values using assumed average hourly staff costs. All savings were treated as opportunity costs (i.e. time or capacity released for alternative clinical or service delivery activities) rather than direct cash-releasing savings.

ROI estimates were calculated at both individual staff member level and extrapolated to a 20-person clinical team to explore potential scale effects.

Results

Sample Characteristics

A total of 16 HCPs completed the survey. The majority of respondents were women, aged between 35 and 54 years, and over half reported using Little Journey for two or more years. Participants represented a range of clinical roles, including anaesthetists, nurses, play therapists, and matrons, working across multiple departments and pathways.

Due to the small sample size, this evaluation can provide directional evidence on perceived impact and ROI but cannot establish causal effects or statistically generalisable outcomes.

Questionnaire Key Findings

The following sections outline the results from the questionnaire.

Satisfaction and Perceived Support

Healthcare professionals reported high levels of satisfaction with Little Journey across all assessed domains.

Overall satisfaction with Little Journey was high, with 94% of respondents indicating agreement or strong agreement that they were satisfied with the platform. Satisfaction with the support provided by Little Journey in preparing patients and families was similarly strong, with 94% of respondents reporting positive endorsement.

Perceived impact on workflow and efficiency was also rated favourably, with 81% of respondents reporting agreement or strong agreement. While slightly lower than

satisfaction with patient and family preparation, this still indicates a high level of perceived operational benefit among respondents.

Taken together, these findings suggest that healthcare professionals perceive Little Journey as a highly supportive intervention that integrates well into clinical practice and is associated with positive experiences in both patient preparation and day-to-day workflow.

Promotion and Integration of Little Journey into Clinical Practice

Survey findings indicate that Little Journey is well integrated into routine clinical practice and is perceived by HCPs as straightforward to use and promote to families.

A large majority of respondents (94%) reported that it was easy to refer families to Little Journey. In addition, 81% of respondents indicated that the platform was easy to access and incorporate into their daily tasks, suggesting minimal disruption to existing workflows.

In addition to perceived ease of referral, respondents reported frequent active signposting of families to Little Journey (Figure 1). Over one-third of HCPs (37%) indicated that they signpost families *several times a day*, with a further 19% doing so *daily*. A similar proportion (38%) reported signposting *weekly*, while only a small minority indicated signposting on a *monthly* basis (6%). This distribution suggests that, for most respondents, Little Journey is used regularly within clinical practice.

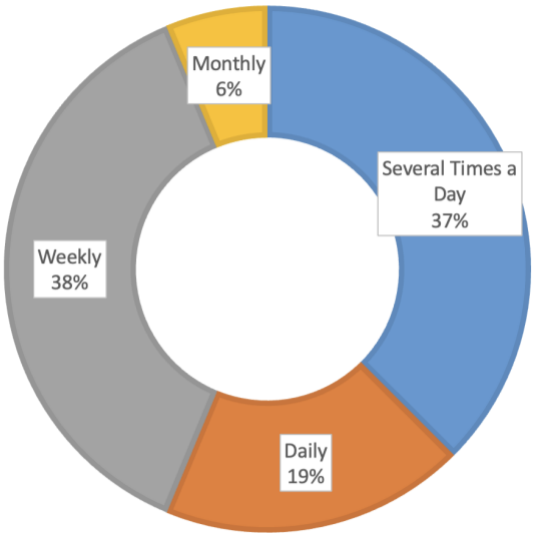

Figure 1. Frequency with which healthcare professionals signpost families to Little Journey

Qualitative responses further illustrate the ways in which Little Journey is embedded into clinical interactions. HCPs described signposting families to the platform through both verbal and digital means, as one respondent noted, "*I signpost all telephone pre-op patients to the App. With a brief explanation of the benefits. They are also asked to use the app on their appointment letter*". While others demonstrate the app directly to families during face-to-face consultations "*I physically demonstrate it to families when seeing them face to face".*

Respondents also reported that Little Journey is promoted through multiple established communication channels, including QR codes, posters displayed in clinical settings, email links, hospital websites, and information included in parent letters. In some cases, families were already familiar with the platform prior to attending appointments, as described by one HCP: *"It is used in clinics and app added to parents' letters. Our patients arrive and already know about it and have used it at home prior to admission."*

Overall, these findings suggest that Little Journey is supported by diverse promotional strategies and is perceived by HCPs as easy to integrate into routine practice, with low perceived barriers to adoption or referral.

Access to Devices for Use with Little Journey

Just over half of respondents (56%) reported having access to a device with the Little Journey platform that they use directly with patients and families.

Among those with device access, a range of device types was reported (Figure 2 left). Use of iOS devices was most common, with 22% reporting use of an Apple iPhone and a further 22% reporting use of an iOS tablet. Android devices were used less frequently, with 11% reporting use of an Android phone and 11% reporting use of an Android tablet. A further 34% reported use of other arrangements, including use of their own phone in combination with QR codes or paper copies of app information.

Respondents also reported variation in device ownership and provision (Figure 2 right). Over half (56%) indicated that the device used was hospital-provided, while one-third (33%) reported using their own personal device. A small proportion (11%) reported use of other devices, including donated devices.

Overall, these findings indicate that where devices are available, HCPs draw on a mix of hospital-provided and personal devices to support use of Little Journey with patients and families.

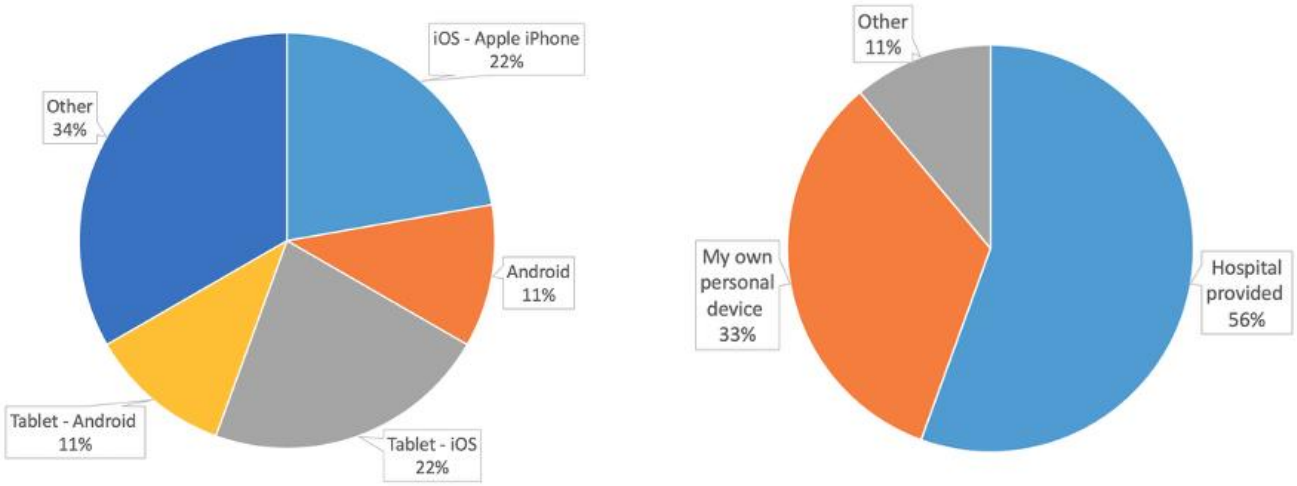

Figure 2. Of those reporting having a device with Little Journey to use with families, distribution of device types used to access Little Journey (left) and the source of devices used with patients and families (right)

Motivation and Confidence to Continue Use of Little Journey

Survey responses suggest strong motivation among HCPs to continue using and supporting Little Journey in clinical practice. Almost all respondents (94%) reported that they are motivated to continue to support the use of Little Journey, and an equal proportion (94%) reported feeling confident using Little Journey as part of their clinical workflow.

Perceptions of organisational and team support were also high. The majority of respondents (88%) indicated that their team encourages the use of Little Journey in patient care. The same proportion (88%) agreed that Little Journey fits well with their existing clinical routines, suggesting alignment with established practices.

Taken together, these findings demonstrate high levels of individual confidence, perceived team endorsement, and motivation to continue use, indicating a strong foundation for ongoing engagement with Little Journey within clinical settings.

Perceived Impact on Families

Eleven survey items assessed HCPs perceptions of the family-level benefits associated with use of Little Journey. Overall, perceived family benefit was the strongest impact domain, with an average of 80% agreement across items.

HCPs reported particularly strong agreement that Little Journey improves families' understanding and preparedness for healthcare interactions. Nearly all respondents

agreed that Little Journey improves the quality of care provided (94%), and a similarly high proportion agreed that it helps families become more knowledgeable about their appointment (88%). Most respondents also agreed that Little Journey helps patients prepare for their upcoming healthcare interaction (88%).

Perceived benefits related to communication and clarity were also consistently reported. Most respondents agreed that Little Journey makes it easier to convey key information in a consistent and accessible way (87%) and that it reduces misunderstandings and improves the clarity of patient communication (82%). In addition, 73% agreed that using Little Journey helps bridge communication gaps with families.

HCPs also reported positive impacts on families' emotional experience. Three-quarters of respondents agreed that Little Journey reduces patient anxiety related to upcoming healthcare interactions (75%), while 81% agreed that it improves families' confidence during appointments. Perceptions of relational benefits were slightly more mixed, though still positive, with 69% agreeing that Little Journey fosters greater connection with patients and improves trust between clinicians and families (69%).

Taken together, these findings indicate that HCPs perceive Little Journey to deliver meaningful benefits for families, particularly in relation to preparation, understanding, communication clarity, and emotional readiness for care.

Time, Efficiency, and Workflow Impact

Survey items relating to time use, efficiency, and workflow impacts showed moderate to high levels of agreement overall, with average agreement of 65% across time-with-patient items and 71% across efficiency-related items.

With respect to time spent with patients and preparation, respondents reported several perceived benefits. Nearly two-thirds agreed that Little Journey reduces the time spent with families during preparation for upcoming appointments (63%) and enables more efficient use of staff time (63%). Three-quarters of respondents agreed that Little Journey helps streamline patient preparation processes (75%). In contrast, fewer respondents agreed that it reduces the need for repetitive explanations (44%), suggesting variability in how preparation tasks are distributed across settings.

Perceived impacts on individual efficiency and workflow integration were stronger. A large majority of respondents reported feeling more effective in their role when using Little Journey (81%). Similarly, most respondents agreed that they feel confident using Little Journey as part of their clinical workflow (94%) and that it fits well with existing clinical routines (88%).

Findings related to coordination, delays, and disruptions were more modest. Approximately two-thirds of respondents agreed that Little Journey helps reduce delays or disruptions in patient care (63%) and contributes to smoother patient flow through the service (63%). In contrast, fewer respondents agreed that Little Journey improves coordination and reduces delays in their workflow (31%), indicating that system-level efficiency impacts may be less consistently experienced.

Overall, these findings suggest that while Little Journey is perceived to support individual efficiency and preparation activities, its impact on broader coordination and service-level delays may vary by pathway, role, or local context.

Stress & Wellbeing

Eight survey items assessed the perceived impact of Little Journey on HCPs stress and wellbeing. Overall, this domain showed a lower level of agreement compared with other impact areas, with an average agreement of 55%.

Perceived benefits were most evident in relation to emotional aspects of patient care. Three-quarters of respondents (75%) agreed that Little Journey reduces the emotional burden of managing anxious patients, and over two-thirds agreed that it supports patients in ways that lessen the emotional burden on staff (69%). In addition, 63% of respondents reported that using Little Journey helped reduce their stress levels during patient preparation.

Moderate levels of agreement were observed for items relating to manageability during periods of pressure. Just over half of respondents (56%) agreed that Little Journey makes their job feel more manageable during busy or stressful periods, while 50% agreed that it reduces the cognitive load required to support patients.

In contrast, items related to workload control and role pressure received lower endorsement. Fewer than half of respondents agreed that Little Journey helps them feel more in control of their workload (38%), eases the emotional demands of their job (44%), or reduces the pressure they feel in their role (44%).

Overall, while perceived impacts on stress and wellbeing were less pronounced than in other domains, the pattern of responses suggests that Little Journey may provide targeted support during emotionally demanding interactions, particularly by reducing emotional and cognitive load associated with patient anxiety and preparation.

Barriers and Enablers to Family Use of Little Journey

Qualitative responses identified a range of barriers and enablers influencing families' engagement with Little Journey. These themes reflect practical, contextual, and content-related factors affecting uptake and use.

Language barriers were frequently cited; respondents highlighted the need for additional language options to improve accessibility: *"It may be useful if there are various languages available to change over from English to for the families that don't speak English."*

Connectivity issues were also commonly reported, with poor or unreliable Wi-Fi in some clinical settings limiting families' ability to access content:

Device access emerged as a further barrier. Several respondents noted limited availability of hospital devices or lack of personal devices among families: *"Not all families have access to a device to scan QR code."*

Timing and awareness within the care pathway were also highlighted as important factors shaping engagement. Respondents noted that families may not always be ready or able to engage with Little Journey at certain points in care: *"Families not using it with their child due to not telling them they are going in hospital."*

Several respondents emphasised that earlier introduction, particularly in maternity or pre-operative settings, could improve uptake: *"More understanding from the midwife's around preparing potential mothers who baby may come to NICU- for them to introduce the app when parents have time to look at rather than introducing it at point of stressful NICU admission."*

In addition, respondents identified opportunities to enhance content relevance for specific groups. This included a need for age-appropriate content for older children and adolescents**.**

Finally, respondents highlighted the role of supporting materials and visibility in enabling family engagement. Requests were made for clearer, higher-quality visual materials to promote awareness: *"More visual posters […] I have made some myself but they are not the best with printing colour issues."*

Taken together, these findings indicate that while Little Journey is generally viewed as accessible and useful, family engagement is influenced by a combination of language availability, digital access, timing within the care pathway, and the relevance of content to different age groups and needs.

Perceived Opportunities to Enhance Effectiveness for Clinical Teams

Responses to the open-ended survey question exploring what would help make Little Journey more effective for respondents or their teams indicated a predominantly positive overall sentiment. Most respondents reported that there was nothing specific they felt needed to be changed, suggesting that the platform's core functionality is perceived to meet HCPs needs in its current form.

Where respondents did identify opportunities for improvement, these suggestions were limited in number and focused on specific aspects of usability and system integration rather than fundamental changes to the platform. One theme related to journey stage clarity, with respondents noting that when patient journeys are divided into multiple tiles, clearer differentiation between stages would support ease of navigation. As one respondent explained, *"When a patient journey is split up into different tiles, each stage of the journey needs to be easily identifiable. Too many tiles exist with similar text or imagery."*

A second theme concerned care profile integration. Respondents highlighted the importance of ensuring that information submitted by families, such as details about additional needs or levels of anxiety, can be accessed easily by clinical teams within existing systems. In particular, respondents noted that linking submitted forms to an email inbox or clinical software would improve the usability of this information in practice, with one respondent stating, *"The submitted forms about additional needs and levels of anxiety needs to link to an email inbox or software we can access."*

Overall, responses indicate that while Little Journey is largely viewed as effective in its current form, targeted enhancements to navigation clarity and integration with existing clinical systems could further support its use by healthcare teams.

Likelihood of Recommending Little Journey & Net Promoter Score

Respondents reported a very high likelihood of recommending Little Journey to others. On a 1–10 scale, the mean likelihood of recommending Little Journey to another department within their hospital was 8.69, while the mean likelihood of recommending it to another hospital was even higher at 9.19.

Responses were then also categorised using standard Net Promoter Score (NPS) methodology (Promoters = 9–10; Passives = 7–8; Detractors = 1–6). When asked about recommending Little Journey to another hospital, responses were highly positive. Of the 16 respondents, the majority were classified as Promoters (n = 14), with one Passive and one Detractor. This resulted in an NPS of +81 (n = 16), indicating a high level of willingness to recommend Little Journey beyond respondents' own organisations.

Responses to recommending Little Journey to another department within the same hospital were also positive, though slightly more mixed. Ten respondents were classified as Promoters, five as Passives, and one as a Detractor, yielding an NPS of +56 (n = 16). This suggests strong internal endorsement, alongside a larger proportion of respondents expressing neutral rather than strongly promotional views.

Qualitative comments help contextualise these high recommendation scores. Many respondents emphasised perceived benefits relating to efficiency, communication, and patient preparation. For example, one respondent noted that Little Journey *"has helped us be more efficient and effective. It improves communication"*, while another highlighted perceived downstream clinical benefits, stating that it *"has reduced the number of patients requiring sedation before [general anaesthesia]."* Others described the platform as broadly applicable across settings, with one respondent commenting that *"it is very adaptable to different pathways and locations"* and helps *"reduce unexpected challenges"*.

Several respondents also highlighted the value of Little Journey in supporting families ahead of hospital visits, with one noting that it *"helps prepare them coming to hospital"* and another stating they would *"absolutely"* recommend it for this reason.

Alongside these positive endorsements, a small number of respondents raised challenges that may temper recommendation in some contexts. These included concerns about cost, with one respondent noting that *"recent price increases makes it increasingly prohibitively expensive for new sign ons"*, as well as usability considerations such as access issues or perceived workload associated with implementation. For example, one respondent commented that the platform was *"not easy to access—glitchy"*, while another noted that although it is *"great for children and their families"*, it can be *"a lot of work."*

Overall, the findings indicate strong willingness among HCPs to recommend Little Journey to peers and other organisations, underpinned by perceived benefits to efficiency, communication, and patient preparation, alongside a smaller number of practical considerations related to cost and implementation effort.

Return on Investment

An indicative return on investment (ROI) analysis was conducted to estimate the potential economic value of Little Journey from the perspective of healthcare delivery services. Given the exploratory nature of the dataset and the relatively small sample size, this analysis was designed to provide directional estimates of value rather than a definitive economic evaluation.

The ROI model focused on time savings, workflow efficiency, stress reduction, and patient flow improvements**,** as these domains were most consistently supported by survey responses and align with operational cost drivers within NHS services.

ROI Summary

Based on conservative assumptions, Little Journey demonstrated a return of £26.20 per £1 spend, resulting in ROI of 262% per staff member. When extrapolating this out to a 20-person clinical team, this demonstrates a return of £71.66 per £1 spend, with a ROI of over 7,000% at team level. Savings were driven primarily by time efficiencies, improved patient flow, reduced stress, and improved communication.

Data Sources

The ROI analysis drew on two primary sources of evidence:

1. **Quantitative survey data**
   Likert-scale survey items assessing perceived impact across domains including time efficiency, stress and wellbeing, coordination, delays, and patient flow. Percentage agreement ("agree" or "strongly agree") was used to represent the proportion of respondents experiencing benefit in each domain.
2. **NHS Data Sources**
   Costing data from various NHS sources was used to calculate real world value cost implications.

ROI Model Structure

The ROI calculation followed a stepwise approach:

1. **Identification of impact domains**
   Survey items were grouped into six impact domains:
   a. Time efficiency
   b. Time with patients
   c. Stress and wellbeing
   d. Delays and disruptions
   e. Patient flow
   f. Family benefit
2. **Calculation of average perceived impact**
   For each domain, the average percentage of respondents reporting positive impact was calculated. These averages were used as uptake or applicability factors within the model, reflecting the proportion of staff likely to experience the benefit.
3. **Translation of perceived impact into cost savings**

Conservative evidence and assumptions were applied to the perceived impact to estimate: time saved, improved efficiency, reduced delays/disruptions, improved patient flow, and reduced stress.

4. **Monetisation of time savings**
   Estimated savings were converted into monetary value using a mix of assumptions and evidence base source.

Key Evidence and Assumptions

Several assumptions were required to operationalise the ROI model. These were intentionally conservative and grounded in evidence where possible. The below table identifies the model inputs and how this was derived. For items that were evidence based (e.g. coming from NHS costings) the low end of the costing range was applied to keep the ROI model conservative. Assumptions were also kept conservative to try and ground the model.

Table 1. ROI model evidence and assumptions utilised

Model item	Description	Conservative model	Evidence/ assumption
Staff	NHS Band 5 Base Pay(1)	£18 per hour	Evidence based
Time	Mins saved per patient	2 mins	Assumption
	General Time efficiency per day	5 mins	Assumption
Patients a Day	Average number of patients seen a day(2)	6	Evidence based (but varies a lot between specialities)
Cost per Cancellation*	Cost per patient cancellation(3)	£500	Evidence based
Extra Patient Seen	Number per Month	1	Assumption
	Cost Saving per Extra Patient	£100	Evidence based
Sick Day	Avg. stress related sick days(4)	3.4 days per staff	Evidence based
	Costs per sick day	£150 per staff	Evidence based
	Reduction in sick day	0.5	Assumption
Complaints	Cost per complaint (5)	£200 per complaint	Evidence based
	Reduction in complaints per year	3	Assumption

Working Days	Average working days per year in UK	252	Evidence based
Proportion of staff experiencing benefit	Percentage of respondents agreeing with relevant survey statements	*Theme dependent*	Evidence based

*This figure captures the wider operational impact of cancelled or unused clinical capacity, including lost consultant time, clinic underutilisation, administrative inefficiency, and downstream disruption to patient flow

No assumptions were made regarding reductions in staffing levels or direct financial savings from reduced headcount. All savings represent opportunity cost (i.e. time released for alternative clinical or service delivery activities).

ROI Calculation

An example of the ROI formula used is (all formulas can be found in the appendix):

> **(Minutes saved × patient interactions × proportion benefiting × hourly cost / 60) × working days = costs saved**

These formulas produced an estimated annual benefit per staff member. Costs associated with Little Journey were then subtracted to calculate net benefit and ROI.

ROI was calculated at:

- Individual staff level, and
- Team level, assuming a 20-person clinical team.

ROI Results

Estimated Return on Investment per HCP

Modelled estimates indicate that Little Journey is associated with a range of annual benefits at the individual staff member level, with the largest contribution arising from reduced delays and disruptions (Figure 3). Estimated savings related to reduced delays and disruptions were £3,750 per staff member per year.

Additional benefits were observed across several operational and wellbeing-related domains. Estimated annual benefits associated with improved patient flow were £750 per staff member, while improved time use contributed an estimated £589.68 per staff member per year. More modest benefits were estimated for better efficiency (£268.38 per staff member per year) and reduced stress and improved wellbeing (£49.50 per staff member per year).

When considered alongside the estimated investment costs, the model indicates a strong return at the staff member level. Overall, results suggest **a total of £3,912.56 savings per year** (accounting for the cost of Little Journey). This means that **each £1 invested is associated with an estimated £26.20 return per staff member**, corresponding to an ROI of 262% where the ROI model reflects opportunity cost. These figures reflect aggregated benefits across time, efficiency, patient flow, and reductions in delays and disruptions.

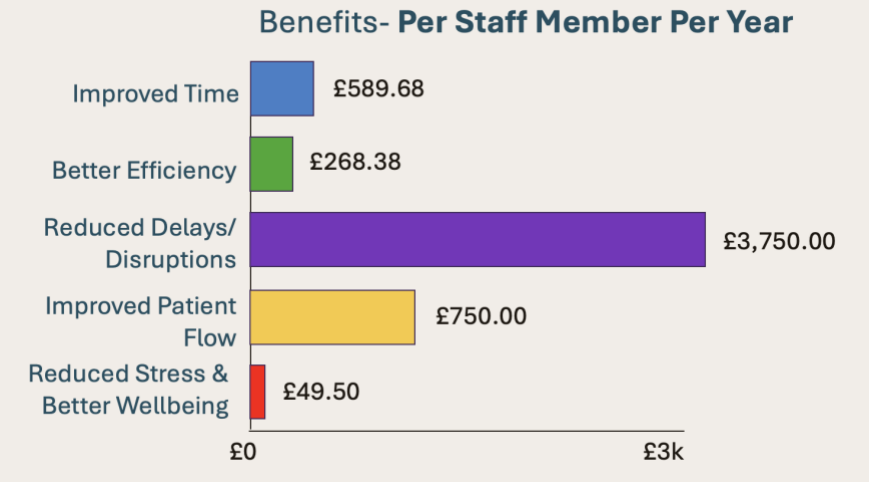

Figure 3. ROI model estimate of benefits per staff member per year

Estimated Return on Investment at Team Level

When extrapolated from individual staff member estimates to a 20-person clinical team, the model indicates substantial aggregate annual benefits (Figure 4). Estimated benefits at the team level were again driven primarily by reductions in delays and disruptions, which accounted for an estimated £75,000 per team per year.

Additional benefits were observed across several operational domains. Estimated annual benefits associated with improved patient flow were £15,000 per team, while improved time use contributed approximately £12,000 per team per year. Smaller, but positive, contributions were estimated for better efficiency (£5,000), reduced stress and improved wellbeing (£1,000), and improved communication (£480) at the team level.

Against an estimated annual cost of £1,495 per pathway, the model suggests a strong return when benefits are aggregated across the team. Overall, the extrapolated results indicate **a total of £106,985 savings per year** (accounting for the cost of Little Journey). This means that for **every £1 invested, approximately £71.66 in savings are generated per team**, corresponding to an estimated ROI of 7,166% where the ROI model reflects opportunity cost.

Taken together, these findings suggest that while benefits at the individual level are meaningful, the greatest economic impact emerges when gains in efficiency, patient flow, and reductions in delays are realised across whole teams.

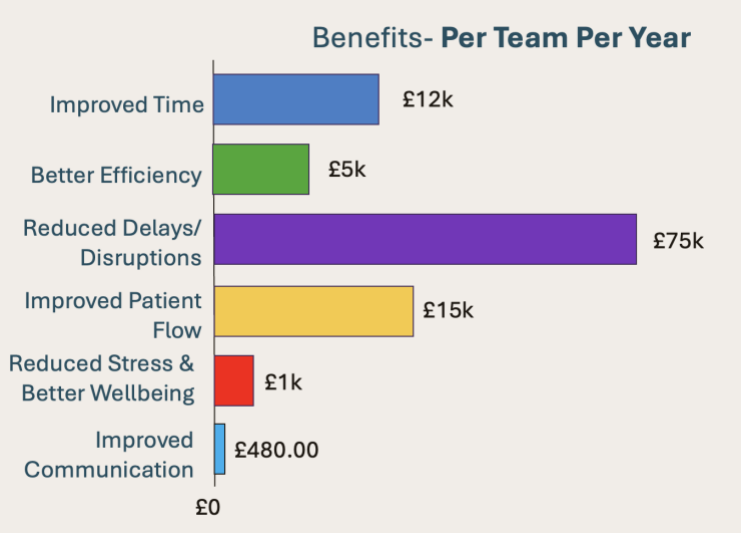

Figure 4. ROI model estimate of benefits per clinical team per year

Interpretation of ROI Findings

The ROI estimates suggest that Little Journey has the potential to deliver substantial operational value, primarily through time efficiencies and improved workflow. However, these findings should be interpreted with caution due to the reliance on self-reported data and the absence of a comparator group.

The analysis does not claim causality and does not capture downstream financial impacts such as long-term reductions in burnout-related absence or patient outcomes. Instead, it provides an evidence-informed estimate of value that can inform decision-making, business cases, and future evaluation work.

Future work should seek to validate these estimates using pathway-specific data, observational measures, larger sample sizes, or controlled comparisons.

Discussion

This evaluation set out to explore HCPs perceptions of the impact of Little Journey on clinical practice and to estimate the potential economic value associated with these perceived impacts. Taken together, the survey findings and ROI analysis suggest that Little Journey is perceived to deliver its greatest value through improving patient and family preparation, supporting communication, and integrating smoothly into existing workflows. These experiential benefits provide an explanation for the pattern of operational and economic value identified in the ROI model.

Across the survey, the strongest and most consistent findings related to perceived benefits for patients and families. HCPs reported improvements in understanding, preparedness, confidence, and communication clarity, alongside reductions in family anxiety. From a service perspective, these outcomes are important because they support families to engage more fully and confidently with care processes, particularly in unfamiliar or stressful situations. By providing structured, accessible preparation, Little Journey may help reduce uncertainty and support clearer, more focused interactions between families and clinical teams, contributing to a smoother and more supportive care experience for all involved.

Adoption and integration findings further reinforce the potential for sustained impact. Respondents consistently reported high levels of confidence, motivation, and perceived team support for continued use, alongside ease of referral and frequent signposting behaviour. This indicates that Little Journey is not experienced as an additional burden but is embedded into routine practice. From an implementation perspective, this is important as tools that integrate easily into existing workflows are more likely to deliver consistent benefits over time and at scale.

Perceived impacts on time efficiency and workflow were moderate but generally positive, with respondents reporting more streamlined patient preparation, more efficient use of staff time, and feeling more effective in their roles. However, perceptions of reduced repetition, coordination, and system-level delays were more variable. This variability is important: it suggests that while Little Journey may reliably support individual preparation tasks, its impact on broader workflow outcomes depends on pathway-specific factors, role responsibilities, and local implementation models. This helps explain why the ROI model concentrates value in particular domains, such as patient flow and reductions in delays, rather than assuming uniform efficiency gains across all aspects of work.

Impacts on stress and wellbeing were less strongly endorsed than other domains but provide important contextual insight. Respondents were more likely to report reductions in emotional and cognitive load associated with managing anxious patients than improvements in workload control or role pressure. This suggests that Little Journey may function as a buffering tool during emotionally demanding interactions rather than as a direct mechanism for reducing workload volume. While these effects contribute a smaller proportion of the quantified ROI, they are strategically meaningful in the context of sustained workforce pressure, where even modest reductions in emotional burden may support staff resilience and ongoing engagement.

The qualitative findings add further depth to this interpretation by highlighting the conditions under which impact is more or less likely to be realised. Barriers such as language availability, device access, connectivity, and timing within care pathways help explain variation in perceived benefit and underline that digital tools do not operate in isolation from their implementation context. Similarly, suggested improvements, focused on content relevance, navigation clarity, and integration with clinical systems, indicate that respondents largely viewed Little Journey as effective in principle, with opportunities for refinement centred on enhancing usability and fit rather than addressing fundamental shortcomings.

The ROI analysis builds on these survey findings by translating perceived impacts into indicative estimates of economic value. Importantly, the model does not claim direct financial savings or causal effects; instead, it provides an evidence-informed estimate of opportunity cost associated with improved preparation, efficiency, patient flow, and reduced disruptions. The concentration of estimated value at team level highlights a key implication of the findings: while individual-level benefits may appear modest, small gains can compound when embedded consistently across clinical teams and pathways. This helps explain why relatively modest investments may be associated with disproportionately large returns when scaled.

Taken together, the findings suggest that the value of Little Journey lies not in any single outcome but in the interaction between patient experience, staff workflow, and service delivery. Improved preparation and communication appear to act as upstream mechanisms that support smoother interactions, reduce avoidable disruption, and enable more effective use of staff time. These mechanisms provide a coherent explanation for both the experiential benefits reported by healthcare professionals and the pattern of value observed in the ROI model.

Overall, this evaluation indicates that Little Journey is perceived as a credible and acceptable intervention with the potential to deliver meaningful experiential and operational benefits when implemented effectively. While further validation using objective measures and pathway-specific data is required, the findings offer a clear rationale for continued implementation, refinement, and more targeted evaluation focused on where and how impact is most likely to be realised.

Implications for Practice

The findings from this evaluation suggest several practical considerations for the effective use and scaling of Little Journey within clinical settings. First, the strength of perceived benefits related to patient and family preparation indicates that Little Journey is likely to be most impactful when embedded early and consistently within

care pathways. Introducing the platform at points where families have time to engage with preparation materials, rather than during periods of acute stress, may maximise both experiential and operational benefits.

Second, although wellbeing impacts were less strongly endorsed than other domains, reductions in emotional and cognitive load during patient preparation were consistently reported. In practice, this suggests that Little Journey may contribute to staff resilience by supporting emotionally demanding interactions, even where it does not directly reduce workload volume. Recognising and valuing these buffering effects may be important when considering the platform's role within wider workforce support strategies.

Finally, the findings suggest the importance of addressing practical enablers of use, including connectivity, language options, and visibility of supporting materials. These factors are likely to influence both uptake and the extent to which experiential benefits translate into operational and economic value.

Taken together, these implications suggest that the greatest value from Little Journey is likely to be realised when the platform is implemented as part of a broader approach to pathway design, patient preparation, and communication, rather than as a standalone digital tool.

Limitations

As with any early-stage evaluation, it is important to be transparent about the limitations of the evidence presented here.

First, this evaluation is based on feedback from HCPs who are actively using Little Journey in practice. As a result, respondents are likely to include individuals who are engaged with, and supportive, of the platform. While this may influence the balance of responses, it also reflects the views of those with direct, hands-on experience of implementation and day-to-day use.

Second, findings are derived from self-reported data and reflect healthcare professionals' perceptions of impact. These perceptions are highly relevant to adoption, sustainability, and real-world value, but they do not replace objective measurement. Similarly, perceived impacts on children and families were reported by healthcare professionals rather than collected directly from families themselves.

Third, the ROI analysis is indicative and intentionally conservative. It translates perceived improvements in preparation, efficiency, and workflow into estimates of opportunity cost rather than direct cash-releasing savings. The model is designed to

provide a directional view of potential value and to support decision-making, rather than to function as a formal health economic evaluation. However, the positive indicators of ROI and perceived impact by HCPs demonstrated in this report are aligned with the operational efficiencies and cost savings shown in previous health economic analyses(6–8).

Lastly, the sample size limits statistical generalisability, and the assumptions used within the ROI model are expected to vary by pathway, specialty, and local implementation model. As a result, realised value will differ across settings, depending on how and where Little Journey is embedded within care pathways.

Taken together, these limitations do not detract from the consistency of the findings but highlight the importance of context. Future work will focus on validating and refining these estimates using pathway-specific data, observational measures, and comparative analyses, strengthening the evidence base as implementation scales.

Recommendations & Next Steps

The findings of this evaluation point to several actions that support the continued development, implementation, and evidence generation for Little Journey.

Further evaluation work would help strengthen understanding of how and where impact is realised in practice. While the current findings provide robust directional insight, additional qualitative research and pathway-specific analysis would support deeper examination of mechanisms related to workflow efficiency, patient flow, and reductions in delays.

Refinement of the return on investment modelling at pathway or specialty level would also be valuable. Variation in perceived impact across roles and contexts suggests that more granular ROI models could improve relevance for local decision-makers and support more targeted business cases and implementation planning at Trust or service level.

Communication of impact could be most effective when focused on the domains where perceived benefit was strongest and most consistent, particularly patient and family preparation, communication clarity, and staff confidence. Aligning messaging with these core value areas may support engagement with clinical and operational stakeholders while remaining grounded in the evidence.

There is also an opportunity to build on the high levels of motivation, confidence, and willingness to recommend Little Journey reported by healthcare professionals.

Supporting engaged staff to act as champions for adoption and peer learning may help strengthen spread, consistency of use, and long-term sustainability.

Finally, continued emphasis on transparent and cautious interpretation is recommended. Given the exploratory nature of the data and the reliance on self-reported measures, future reporting and stakeholder engagement should clearly distinguish between perceived impact, opportunity cost, and direct financial savings to maintain credibility and manage expectations.

Conclusion

This evaluation suggests that Little Journey is perceived by HCPs as a well-integrated and acceptable digital intervention that supports patient and family preparation, enhances communication, and fits effectively within routine clinical workflows. Survey findings indicate strong perceived benefits for families and positive, though more variable, impacts on staff efficiency and wellbeing, which together help explain the pattern of value observed in the indicative return on investment analysis. While the ROI estimates should be interpreted as exploratory and reflective of opportunity cost rather than direct financial savings, they highlight the potential for small, consistent improvements in preparation and workflow to compound when embedded across teams. Overall, the findings provide a credible, evidence-informed basis for continued use and further evaluation of Little Journey, particularly to understand where and how its impact is most effectively realised within different clinical pathways.

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Appendix

Formula Utilised in the ROI model:

- **Improved time =**
  (Minutes saved per patient × patient interactions × proportion benefiting × hourly cost / 60) × working days = costs saved
- **Better Efficiency =**
  (minutes saved a day x hourly cost / 60) × working days x proportion benefiting = costs saved= costs saved
- **Reduced Delays/Disruptions** =
  (cost per cancellation x reduced cancellations per month x 12 x proportion benefiting
- **Improved patient flow =**
  (cost per extra patient x number of extra patients per month) x 12 x proportion benefiting= costs saved
- **Reduced Stress & Better Wellbeing =**
  (proportion benefiting x reduction in sick days x cost per sick day) = costs saved
- **Improved communication =**
  (proportion benefiting x reduction in complaints a year x cost per complaint) = costs saved