

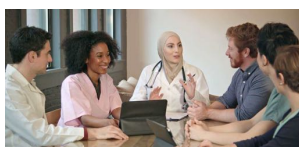
On-demand Patient Webinars Created by NHS Clinicians - Gastroenterology

Immediately on diagnosis patients in Somerset can now access specialist advice from multidisciplinary primary and secondary care NHS experts using on-demand patient webinars in a range of health conditions. These webinars are available via a bespoke website www.patientwebinars.co.uk which has had over 44,000 views worldwide since going live in January 2019. The webinars are de-branded, free of charge and have been endorsed by the British Dietetic Association and NHS England and NHS Digital through the AHP Awards in 2018, with the Somerset webinar on Irritable Bowel Syndrome (IBS) now available on the NHS UK website, thereby laying the ground work for improved patient IBS treatment/care nationally.

NHS UK saw 32,000 views of our IBS webinar from April 2019 to April 2020. NHS UK found the IBS webinar so successful that they have now taken this webinar onto their main servers.

As a digital innovation project, patient webinars are simple, cost effective with far reaching implications for the NHS in terms of clinical time and costs in both primary and secondary care, while offering substantial benefits to patients in terms of convenience, speed of access to treatment education and self-management. The 2019 NHS Long Term Plan aims to remove a third of face-to-face hospital outpatient appointments, equivalent to 30 million outpatient visits per year, freeing up significant clinical time and allowing outpatient teams to work differently. Reduction in referrals using webinars could significantly contribute to this release in clinical time while money saved could lead to effective reallocation of clinical funding at a national level.

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Organisation

Somerset NHS Foundation Trust Non-GDE Foundation Trust

NHS Category

Personalised Care: Self-Management & Community Activation

Tags

Connected Care

Digital Interaction Services

Enabling Digital Technology

Foundational

Patient Webinar

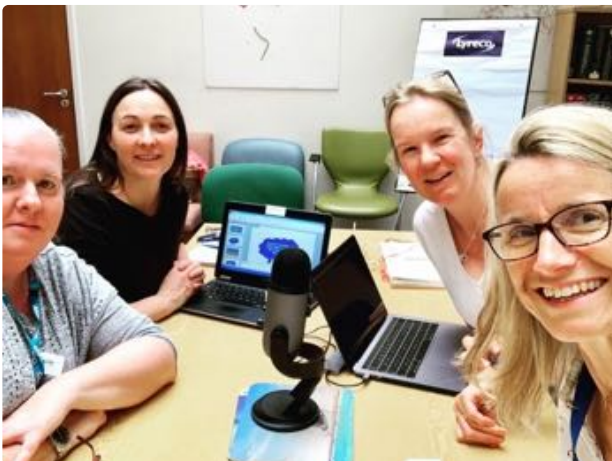
Self Care

First Published

Kasia Janowska 23 Jul 2020

Last Updated

Kasia Janowska 4 Aug 2020



NHS
Somerset
NHS Foundation Trust

Background & Context

Organisation Description

Somerset NHS Foundation Trust ("The Trust") is the first NHS trust on the English mainland to provide community, mental health and acute hospital services. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the needs of our population.

Our trust was formed on 1 April 2020 when Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust merged. We provide community and mental health services across the whole of Somerset and acute hospital services in the north, west and centre of the county and beyond.

We are privileged to work with over 9,000 colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

Working together we provide services from the cradle to the grave including:

- Services delivered in your own home such as Somerset's Rapid Response service that cares for patients to support them during a period of crisis and avoided over 1,000 patient going to hospital in its first year
- Primary care from three GP practices
- A range of services from 13 community hospital including outpatient and diagnostic services, 190 inpatient beds and seven Minor Injuries Units.
- A range of specialist mental health services
- Specialist healthcare for adults with learning disabilities
- Community dental health services
- Regional, specialist and hospital services from Musgrove Park Hospital in Taunton including medical and surgical care, maternity services and cancer treatment services.

The Trust's general services are commissioned by the local clinical commissioning groups while specialist services are nationally commissioned.

The project has scaled considerably beyond the local Trust in recent months and have more recently been hosted on the NHS UK website, therefore we assume that our reach is wider than the local population.

Project Overview

Digital technology being used to create free nationally available accurate and reliable NHS patient education, preventing the need for patients to travel, take time off work, find care cover and allowing patients to download literature as needed and to re-watch as often as they wish so encouraging consolidation of knowledge and patient self-management.

- Patient quote: “Very informative webinar. Was diagnosed with IBS by GP recently and have so far found the amount of conflicting stuff on the internet very confusing, so extremely useful to find an authoritative, trustworthy source providing thorough, implementable information.”

Webinars reduce NHS staff demand, release clinic time, and substantially reduce administration costs with no need to administrate appointments, produce paperwork, supply printed literature and pay for postage. GP, consultant and nurse time is released as no referral is necessary and HCPs simply give the patient the website address on diagnosis e.g. Somerset GPs and endoscopy nurses are now giving IBS and coeliac patients the website link at the point of diagnosis.

- GP quote: “I found this an excellent resource and have already started recommending it to some of my patients.”

Red flags and patient safety is covered repeatedly within the webinar and on the patient webinars website which allows GPs security in referring directly to the webinar without a referral letter being necessary and therefore reducing GP workload.

- Nurse Endoscopist Report: “Pt symptoms are suggestive of IBS, therefore would recommend pt takes part in webinar run by expert community dietitians to see if this helps to manage symptoms. Card to be given on discharge please. Back to GP please.”

The specialist dietetic-led gastroenterology clinic saw a 44% drop in referrals into their 1-1 service in the first year, resulting in an estimated saving of £11k per annum and allowing clinicians to re-focus on areas of unmet need. Outcome data from over 1,171 pre webinar and 443 post webinar patients showed that fair/good/excellent knowledge improved from

56% prior to 95% post webinar, with 94% of patients stating that they would be likely or very likely to recommend the webinars. All ages of patients were well represented from 18 to over 75 years old.

Why the Blueprint is important

This project follows the Trust's mission and vision which focuses on the strategic themes of innovation, integration and service delivery.

Savings: The Somerset webinars are de-branded and free for any CCG or NHS department to use nationally. This innovation has led to a 45% reduction in referrals into the specialist service and a potential saving of £7,817 in the first year of operation in just one medical condition (IBS), in one community dietetics department. Any condition where patient education requires clinical time to give duplication of information within a patient cohort could utilise this digital technology e.g. physiotherapy pelvic floor management, MSK management, renal advice for patients, diabetes, obesity, oncology advice, post radiotherapy, paediatric dietary advice, etc. The opportunities are endless.

Use of the webinars has released valuable clinical time and allowed the specialist service to develop pathways for areas of unmet need in both Coeliac Disease and Inflammatory Bowel Disease.

Easy to create: The number one reason for patients attending the webinars (chosen by 79% of patients) was access to reliable and accurate information from NHS specialists. These webinars do **not** require special technical teams and can be recorded by healthcare professionals in any place with access to Wi-Fi. All that is required is a presentation, a laptop with webinar software and a microphone. (See photos)

National interest: Pilot work with NHS Digital has focused on looking at the options for setting up a national repository of patient webinars on multiple medical conditions where duplication of information in a clinical setting can be safely replaced with digital patient education. This work has led to the creation of an NHS Digital paper, '*Framework of Adoption*', as guidance for departments wishing to run webinars for patients. This paper highlights the importance of preventing unnecessary duplication of webinars and sharing peer-reviewed webinars amongst NHS trusts nationally.

What is most interesting about this project?

As a digital innovation project, patient webinars are simple, cost effective with far reaching implications for the NHS in terms of clinical time and costs in both primary and secondary

care, while offering substantial benefits to patients in terms of convenience, speed of access to treatment education and self-management.



Image 1: Paediatric webinar being recorded with consultant paediatrician and specialist paediatric dietitians from primary and secondary care.



Image 2: Inflammatory Bowel Disease webinar being recorded with gastroenterologist, clinical nurse specialist, specialist IBD GP, specialist IBD dietitians from primary and secondary care.

Why would other areas be interested?

An Example: Cornwall CCG has requested to use the Somerset IBS webinars within their own IBS patient pathway. Cornwall dietetics were breaching referral to treat times at 90.4% with over a 24 week wait for an appointment with 35% of all their referrals being for IBS. As the wait for dietetics was so long, GPs were referring instead to secondary care which was increasing costs and waiting times in hospital-based gastroenterology. Hence, dietetics wanted to improve the quality of the advice given, reduce patient waiting times

and be compliant with RTT. Secondary care were keen to support this project in order to reduce their clinical burden. Cornwall went live with their new IBS pathway in June 2019 directing their GPs to send all IBS patients as first line advice to the NHS UK website to access the IBS First Line Advice webinar (by Somerset team), followed by second line advice to access the Somerset low FODMAP diet webinar via the Somerset www.patientwebinars.co.uk. CCGs in Southampton, Birmingham, Cheshire, Nottinghamshire, Essex, Buckinghamshire, London, Bradford, Ipswich and Bath are now using our Somerset webinars within their patient pathways including IBS, coeliac and paediatric webinars.

Cornwall Feedback 1 year on:

“Implementation of digital services have reduced patient wait times significantly with patients receiving advice straight after referral rather than a long waiting time for face to face consultation. This approach moves with many patients also preferring digital appointments at their own convenience. A reduced need to see IBS and coeliac patients has also enabled us to use face to face consultations for other conditions in a timelier manner. We are also implementing the available annual coeliac webinars for patients that we have not have previously had capacity to see before therefore improving patient care further. Digital services do not replace the need for face to face consultations but do greatly support the service.”

What is the clinician’s experience of using the digital tools?

“Very positive. The advice is there to use. We simply required our booking and admin teams to support how we communicated this with the patient. We also needed to link with consultant's/GPs and AHPs to advertise our new models and put this information into referral guidelines. For any patients that do not improve after advice and guidance or feel further information is needed, they can self-refer for a face to face appointment.”

Do you have any patient feedback on digital dietetic services you offer?

“Our students completed a satisfaction survey recently comparing traditional face to face route with the digital route. The satisfaction was the same for both groups.”

Any top tips to others exploring using digital tools in dietetic services?

“Go for it! It supports your service; it does not replace your need. It standardises advice for patients that may have used unreliable internet searches otherwise. Information is already out there for patients, but we can make sure it is the correct information.”

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Technical Prerequisites

- Location for webinars for patient access e.g. Trust website/independent website
-

- Access to Wi-Fi
- Webinar service subscription OR website creation software, website hosting & online video hosting
- Microphone – omni-directional gives the best sound quality
- Access to free editing software
- NHS webinar email address for responding to queries/issues

➤ Other Prerequisites/ Additional Information

- Consideration of managing red flags to ensure patient safety
- Interaction with local governance team
- Business cards for GPs and Gastroenterologists to hand out to patients with the webinar URL

➤ GDE Blueprinting Team

Development Lead:

[Marianne Williams](#) BSc Hons, RD, MSc - Advanced Clinical Practitioner & Specialist Gastroenterology Community Dietitian

Subject Matter Experts:

Leah Seamark, Specialist Gastroenterology Community Dietitian

Ceri Marchant, Specialist Gastroenterology Community Dietitian

Lesley Harper, Community Nutritional Support and Community Hospitals Lead

Executive Sponsor:

There is no executive sponsor for this project. The project was undertaken with Trust support as part of the NHS England 100 Day Project in 2017.

Planning & Preparing

1. Determining if Webinars are the Right Choice for Patient and Service Needs

Timeframe: March 2017

Why?

Before getting started with developing webinars, it's important to determine if they are the most appropriate choice of intervention for the issue you are facing. You should also consider if patients are likely to engage with webinars over other educational delivery methods and if there will be buy in and support from the clinical services around you. Without taking these factors into consideration, you could end up undertaking a project that has minimal impact on your service.

Who?

Somerset community dietitians created webinars for patient education as part of an NHS England 100-Day Project in Somerset in 2017. The project was part of NHS England's Elective Care Transformation Programme which supported health and care systems to reform and modernise elective care pathways. As part of this programme, the Elective Care Development Collaborative was established to support rapid change led by frontline teams, to develop, test and spread innovation in delivering elective care services.

Through this community of practice, local systems came together using the '100-day challenge' methodology from innovation charity, Nesta. This empowered frontline leaders, clinicians and patients to design and test innovative ways of transforming elective care services across professional boundaries.

Frontline services were challenged to develop solutions under three broad themes within the 100 days. The themes are as follows:

1. Rethinking referrals: Improving the quality of referrals through advice and guidance, standardised pathways and referral templates
 2. Maximising shared decision making and self-management support: Improving access to self-management support and education for people with long term conditions
-

3. Transforming outpatients: Offering patient-initiated, rapid access and virtual follow ups to better meet people's needs and improve access to timely care

The outputs of the 100-day project for Gastroenterology can be found in the handbook listed in the artefacts.

In addition to the 100-day project, the Information Governance team gave clearance for webinar technology to be used within the Trust & the Somerset Community Dietetics team has continued to oversee this project locally and nationally.

How?

In Somerset, there is insufficient clinical time to meet demand for gastroenterology patients with long waiting lists for appointments and poor use of clinical time providing duplicated education to patients. An alternative effective way of delivering patient education was essential.

Three conditions were chosen as areas of focus that represent a large burden of disease on gastroenterology, general practice and dietetics services, as well as having a significant impact on patient's quality of life. One topic at a time was developed starting with irritable bowel syndrome. This was the topic of focus for the first 8 months of the project before developing additional webinars.

There a consensus agreement between the dietetics staff and the Gastroenterology consultants on the NHS England 100-day project that IBS was indeed a heavy workload with lots of duplication of information. This was therefore chosen as the initial topic to develop a patient webinar and was followed by coeliac disease and inflammatory bowel disease, which also have an intensive and duplicative workload.

Condition overviews are provided below to give some context to why they were chosen:

1. Irritable Bowel Syndrome (IBS)

10-20% of the UK population suffer with IBS, costing the UK economy between £45 and £200 million annually. There is insufficient clinical time to meet demand with IBS patients. From April 2018 to March 2019 a total of 588 IBS referrals were received with a capacity for 360. Hence, access to the webinar allowed 354 of these patients to be sent self-help/webinar access information, while 234 were triaged into the 1-1 clinic. We offer 2 IBS related webinars giving advice as per national guidelines: one for First Line IBS Advice;

and the second giving specific treatment advice, as per NICE guidance, for the IBS dietary intervention known as the Low FODMAP Diet.

2. Coeliac Disease

This condition affects 1% of the population. There is an average of 3-4 month wait for specialist dietetic advice post diagnosis due to insufficient clinical capacity. There is no standard coeliac disease review process in Somerset. Multidisciplinary experts from primary and secondary care created a 'Newly diagnosed Coeliac Disease' webinar and an 'Annual Review for Coeliac Disease' webinar so that patient treatment advice is now available immediately at diagnosis and as required for annual review. This will cut the number of dietetic clinical appointments post diagnosis by half from 2 to 1 appointment, so releasing clinical time for areas of unmet need. It will also encourage patient self-management and essential dietary compliance, potentially reducing the comorbidities caused by dietary indiscretion e.g. osteoporosis, autoimmune disease, iron deficiency anaemia.

3. Inflammatory Bowel Disease (IBD)

This is a lifelong chronic condition affecting around 620,000 people in the UK. When patients are in periods of remission, they will now be able access a webinar on nutritional advice for this condition, giving them essential up to date information from a cross-border multidisciplinary team, including a gastroenterologist, a clinical nurse specialist, specialist dietitians, and a Bristol-based GP, Dr Charles Andrews, who is also the RCGP South West champion for IBD. IBD patients in remission often suffer with gut symptoms that can be misinterpreted as symptoms of IBD when, in fact, they are symptoms of Irritable Bowel Syndrome. Research shows that these patients can respond well to IBS dietary intervention. Hence these patients can also benefit from access the IBS webinars, so reducing hospital visits, out-patient appointments and unnecessary prescriptions.

Webinars were selected as the method of delivering patient education on the three conditions for the following reasons:

- The conditions affect a large proportion of presentations to gastroenterology and dietetics and hence would benefit from reusable and engaging media
 - Recorded webinars were a good use of clinician time, instead of repeating the information to every patient, multiple times, they only needed to do so once and provide the webinar link to the patient
-

- Treatment plans involve lifestyle modifications, including special diets, which the internet offers conflicting advice on
- Paper copy diet plans were lost or forgotten after leaving the consultation
- The conditions are all bowel related which can be embarrassing for patients to discuss in front of a clinician or in group sessions
- Educational material for these conditions is easy to deliver in a webinar setting. The information is not complex, dense or confusing. Lifestyle advice is 'low risk' but high impact on patients' lives and is a 'quick win' for services.
- There is a strong evidence base in the literature for the positive impact of patient webinars (see artefacts).

Key Learning & Advice

- **Engage with local and NHS wide initiatives** like the NHS England 100-day project, our practice has been infinitely improved by patient webinars and we might not have had the momentum or foresight to produce them if we didn't engage with the national project.

Key Decisions

- When developing webinars **pick conditions that have a high incidence and prevalence in your practice** to ensure the utility and patient engagement
- **Pick conditions that have a low clinical risk and clearly identifiable 'red flags'** to ensure webinars are safe and patients understand when they need to seek additional clinical advice
- **Pick conditions that have conflicting advice via 'Dr Google'** and cause confusion and distress to patients for maximum impact.

Artefacts & References

- [Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review, 2018, Banbury et al. Journal of Medical Internet Research](#)
-

- [A Scalable Program for Customized Patient Education Videos, 2017, Ganguli et al. The Joint Commission Journal on Quality and Patient Safety](#)
- [The efficacy of telehealth delivered educational approaches for patients with chronic diseases: A systematic review. 2018, Rush et al. Journal of Patient Education and Counselling](#)
- 100 Day Challenge methodology: [nesta.org.uk/people-powered-results](https://www.nesta.org.uk/people-powered-results)
- [Gastroenterology Elective Care Handbook](#)

2. Tools, Funding and Training

Timeframe: March 2017

Why?

After determining that webinars are the right choice for your patients and service, you need to think about the more practical elements of developing the webinars. This is important as it requires an initial investment of time and money that will be higher than at any other point of webinar development and hosting.

Who?

Development Lead

How?

Scoping the Required Tools & Services

The development lead contacted the local mental health (MH) team who were already running webinars for mindfulness. These had high patient engagement and uptake and were positively impacting service provision as they had long waiting lists for individual appointments.

Through the MH team and our own reading online we identified that we needed the following equipment, services and expertise:

- Omni-directional microphone (Blue Yeti Professional USB microphone)
- Good WiFi
- Basic video editing software
- Webinar service subscription (covers creation and hosting of webinars)
- Survey tool for patient feedback
- 'Business cards' detailing the webinar URL for GPs/Gastroenterologists to give out to patients:



- Clinical subject matter experts (SMEs)
- Technical SMEs
- Local governance SMEs
 - Setting up the email for patient queries, formerly webinars@nhs.net and now updated to contact.webinars@nhs.net
 - Supply of local policies for patient education/video recording consent forms for staff
 - Trust agreement for webinars secured over e-mail, no formal proposal was required

Webinar Service Subscription Decisions for the Pilot Year (2017-2018)

The MH team had researched webinar options and identified 'Go To Webinar' (GTW) as the best option for creating and hosting webinars for the following reasons:

- It was a 'one stop shop' with all webinars housed in one place without the need to create an independent website
 - It rated highly for customer ease of access – a fundamental consideration to increase patient engagement
 - They supported live and pre-recorded webinars
-

- Webinar updates were easy to perform by a simple download/upload function
- Webinars could be uploaded to other services e.g. YouTube

As the MH team had used the GTW service with success, we decided to use it based upon their positive experience and recommendation. We did this for the first year of the project but then moved to Zoom for which basic offering is free to use. The paid Go To Webinar service (£2,300/year) is only useful if you want to run webinars ‘live’ so that patients can ask questions live or complete ‘poll’ questions. We realised after 8 months of running the webinars that, although useful, these facilities were not required for the high cost and so we simply record the webinars, edit them and then make them available ‘on-demand’ for free with Zoom. Our thought process is detailed in below.

Reviewing Webinar Creation & Hosting Decisions After the Pilot Year (2018-onwards)

Following our pilot experience and facing renewal of the annual GTW fee, funded for one year only by the League of Friends Charity, we considered alternative options for sustaining webinars in a more cost-effective manner. Any of the options below are viable for launching webinars from scratch.

There are three main options for creating and hosting webinars:

1. A Webinar specific service e.g. GTW
2. Your own independent website e.g. Wordpress linked to YouTube videos
3. YouTube or comparable free online video hosting site where you have a ‘channel’
4. Trust website

Making a Decision on Webinar Creation Services

Webinar creation services are the tools that allow you to create webinar slide-decks and add voice-overs and video

Type	Benefits	Challenges	Resources Required	Associated Costs
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Zoom 2019 to present	Free service with Zoom for up to 45 minutes per session Easy to use Can record session and download onto desktop for editing Can uploaded edited video onto YouTube	Need to record a webinar that is less than 45 minutes	Staff time	Free
Go To Webinar 2017-2018 for pilot. Moved to Zoom in 2019	All-in-one for creation and hosting of webinars User friendly for creation of content and for access by patients	Expensive Requires manual administration of e-mail inbox	Funding	£2,300/year

Making a Decision on Webinar Hosting

Webinar hosting is where you will 'house' the webinars and associated patient information. It acts as a front door for the user.

Type	Benefits	Challenges	Resources Required	Associated Costs
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<p>Self-Created Independent Website</p> <p>We used WordPress to develop a website ourselves that provided a user front door to our service. The website contained links to our webinars which were hosted on YouTube.</p> <p>2018-Present</p>	<p>Easy to remember URL for patients, GPs and HCPs</p> <p>Very easy to manage and edit as required allowing agile working</p> <p>Self-administrating e.g. automatic emails set up reducing administration time</p> <p>Can link to YouTube & survey tools directly</p>	<p>Steep learning curve for the novice creating the website</p> <p>Need to pay for hosting as well as the website creation tool</p> <p>Potential organisation firewall blocking access</p> <p>Need to manage multiple services and tools with content updates and links</p> <p>High footfall (experienced during COVID-19 outbreak) started to create technical issues and poor</p>	<p>SME Time</p> <p>SME Training</p> <p>Minimal funding</p>	<p>Website hosting £25 first year, but can increase if the website is popular or the domain name is sought after</p> <p>Annual subscription to website creation tool e.g. Word Press £30 a year</p>
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		<p>functionality. This was not an issue with a lower number of users.</p>		
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<p>Professionally created Independent Website</p> <p>We are in the process of developing a professional website. We are undertaking this with a third party due to the success of our webinar service and the increasing footfall on our self-created website which was starting to affect user experience e.g. slow load times.</p> <p>Due to go live April 2020</p>	<p>Easy to remember URL for patients, GPs and HCPs</p> <p>Very easy to manage and edit as required allowing agile working</p> <p>Self-administrating e.g. automatic emails set up reducing administration time</p> <p>Can link to YouTube & survey tools directly</p> <p>Technical and design support to enhance user experience</p> <p>Can manage periods of high service use e.g. COVID-19</p>	<p>Need to pay for hosting as well as the website creation tool</p> <p>Potential organisation firewall blocking access</p> <p>Expensive</p> <p>SME time to meet with third party to develop ideas and give direction for website</p>	<p>SME Time</p> <p>Significant funding</p>	<p>The cost of the third-party website was £20,000. We secured funding through the Academic Health Science Network for £2,500 and the third-party agreed to develop the website for this amount.</p>
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<p>Free online video hosting e.g. Youtube</p> <p>You can host your videos without a website by setting up a channel on a service like Youtube.</p>	<p>Quick and easy to set up and edit</p>	<p>Not necessarily trusted by patients – clear NHS branding required</p> <p>Often blocked by organisation firewalls</p> <p>YouTube ‘Channels’ aren’t as customisable as your own website and links to downloadable resources e.g. unable to house downloadable PDFs or link to survey tools</p>		<p>Free</p>
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<p>Webinar Service – GTW</p> <p>GTW is a one stop shop for creating and hosting webinars. You don't need a website.</p> <p>2017-2018 for pilot. Moved to using Zoom in 2019</p>	<p>All-in-one for creation and hosting of webinars</p> <p>User friendly for creation of content and for access by patients</p>	<p>Expensive</p> <p>Not necessarily trusted by patients – clear NHS branding required</p> <p>Requires manual administration of e-mail inbox</p>	<p>Funding</p>	<p>£2,300/year</p>
<p>NHS Organisation Website</p>	<p>Trusted by patients</p> <p>No firewall issues linked to external sites – easier for NHS staff to access in clinical settings</p> <p>Organisation buy-in and support for webinars</p>	<p>Often busy and nested deep within the website</p> <p>Long URL for sharing – this is important</p> <p>More difficult to set up and update webinars due to governance and reliance on organisation</p>	<p>Liaison with organisation ICT and governance teams</p>	<p>Free</p>

		ICT team to make edits		
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The link to the webinars could also be texted directly to the patient negating the need for any website. This is presently being trialled with Stockport CCG where GPs are using EMIS in conjunction with AccuRx to text the Somerset IBS webinar link from NHS UK directly to the patient.

Finances

First Year Costs

The total cost of creating and running the year of webinars with GTW was £3,530 which was recouped by the reduction of face-to-face appointments with clinical staff.

Breakdown of First Year Costs

Tools, Services & Expertise	Cost	Funding Source	Details
Microphone	-£120	Departmental	Consider need for replacement (damage/loss) in the future
Webinar service subscription: GTW	-£2,300	League of Friends Charity	Funded for one year only

Dietitian time for webinar development	-£834	Departmental	Estimated 36 hours development time costed at £23.18/hr for a band 6 dietitian. Development time was given back in lieu.
PatientWebinar business cards: Vistaprint	-£276	Departmental	10,000 cards for GPs/ Gastroenterologists to hand out to patients
Survey Monkey	Free	N/A	Charges incurred after 100 responses so switched to Questback as provided by the Trust for free
Video editing software	Free	N/A	iMovie
Wi-Fi	Free	N/A	NHS/Home
Training	Free	N/A	Self-directed
SME	Free	N/A	Doctors IT Professionals Governance Team
Total Cost	- £3,530		

Estimated Savings from First Pilot Year Webinars (2017-2018)

- Pre-webinars (2016-2017) we ran 350, one-hour face-to-face appointments for inflammatory bowel syndrome with band 6 dietitians (£23.18/hr)
 - Following the introduction of webinars (2017-2018), the number of face-to-face appointments for inflammatory bowel syndrome dropped to 195
 - The 155 appointments saved are estimated to have a staff cost saving of £3,593 (£23.18 x 155) for the first year
-

Balance at the End of the First Year (2017-2018)

Webinar development costs were covered by the reduction of face-to-face clinical appointments. Our GTW fee was externally funded by League of Friends meaning that the department saved £2,639 in the first year considering staff webinar development costs and the cost of the microphone.

Costs	Savings	Costs
Staff hours saved by webinars (155 appointments)	£3,593	
Staff hours used in developing webinars (36 hours)		-£834
Total	£2,759	

Switching Services After the First Year (2018 onwards)

After the first year we switched from GTW to Zoom which is free as the £2300 cost was unsustainable and unnecessary with so many high quality, free tools available. Following this change, we set up an independent website with WordPress to host the webinars with videos linked to YouTube.

Now the team is familiar with developing webinars the staff time is significantly reduced and new webinars can be developed in 1-2 hours. As new webinar development is infrequent this time has not been included in the estimates below.

Breakdown of Costs 2018 onwards

Tools, Services & Expertise	Initial Cost	Annual Running Cost	Funding Source	Details
-----------------------------	--------------	---------------------	----------------	---------

Self-Created Website Tool: WordPress	-£20	-£30	Departmental	Gave us somewhere to house webinars and direct patients to
Website hosting	-£25	-£25 to £100	Departmental	Hosting fees vary according to the popularity of the URL and the site once live
PatientWebinar business cards: Vistaprint	-£150	As needed	Departmental	5,000 cards for GPs/ Gastroenterologists to hand out to patients
Webinar service subscription: Zoom	Free	N/A	N/A	Switched from GTW due to high fee of £2300/y
Survey Tool: Questback	Free	N/A	N/A	Charges were incurred with Survey Monkey after 100 responses so switched to Questback as provided by the Trust for free
Video editing software	Free	N/A	N/A	iMovie
Wi-Fi	Free	N/A	N/A	NHS/home
Training	Free	N/A	N/A	Self-directed
SME	Free	N/A	N/A	Doctors IT Professionals Governance Team

We are in the process of developing a professional website with a third party due to the success of our webinar service and the increasing footfall on our self-created website which was starting to affect user experience e.g. slow load times. We secured funding through the Academic Health Science Network for £2,500 and the third-party agreed to develop the website for this amount (the original quote was £20,000).

Training

- Formal training:
 - Two members of the dietetics team attended an online lesson from GTW in hosting the webinars as offered by sign up to the service
- Self-directed learning:
 - Reading GTW guidance and video tutorials on how to run a webinar – there are several free resources that offer the same information by performing a Google search
 - We ran three practice sessions and ran a live pilot webinar with patients, allowing us to refine our process and master our tools. This helped to identify issues and address them before our official launch
 - The self-taught knowledge was cascaded from dietitians to other healthcare providers.

Key Learnings & Advice

- **Webinars are a cost-effective** way of reducing face-to-face appointments and are relatively easy and quick to set up.
 - **Pre-recorded, on demand webinars are free to host and more convenient for patients** and staff than live sessions.
 - It takes around **5 hours of self-directed learning** to become confident with the webinar software and editing tools with no prior experience.
-

- Set up a '**Digital Innovation Education Team**' to manage tech issues and video editing – this engaged local IT Champions and facilitated our project.
 - **Do not rely on NHS hardware** when editing videos, it is often not powerful enough – we purchased a department iPad which comes with free iMovie editing software.
-

Key Decisions

- **Make use of free resources:**
 - We switched from GTW (paid) to Zoom (free) with no compromise in a professional and polished product for patients.
 - We found iMovie software, available on iOS devices, to be the easiest to learn and use for video editing.
 - We opted to pay for hosting to obtain a **short and easy to remember URL to increase engagement**, but you could host webinars on your Trust website for free.
 - We are developing a professional website as the **popularity of our webinars is starting to affect user experience** e.g. slow load times.
-

Artefacts & References

- [iMovie on iOS devices](#)
 - [Zoom \(free webinar service\)](#)
 - [GTW \(paid webinar service\)](#)
 - [Word Press \(paid webinar hosting website\)](#)
 - [Youtube video hosting](#)
 - [Survey Monkey feedback tool](#)
 - [Vistaprint](#)
 - [Blue Yeti Professional USB microphone](#)
-

3. Creating Webinar Content with Subject Matter Experts (SMEs)

Timeframe: June 2017

Why?

It was essential that this project was clinically led: patient webinars require in-depth clinical knowledge. This makes it simpler to create the webinar presentation and allows for authenticity and accuracy during recorded webinar discussions.

Who?

Development lead

Clinical subject matter experts

How?

This was a project that was started as part of the NHS England 100 Day Project initiative in January 2017. The project team included:

- Dietitians
- Gastroenterologist
- General Practitioner

Together we developed the webinar content and planned how they might be integrated into 'service as usual'. We met multiple times, evolving the ideas and content over time.

Our discussions covered:

- Choosing appropriate topics (see section 1)
 - The webinar was aimed at first line advice which we didn't cover in clinic any longer since or GP dietetic service had been shut down, but which was very much needed by this patient population
 - We then decided to expand the webinars to include treatment options as this was one of the reasons that our referral rates were so high and were normally given in face-to-face clinic appointments. Nationally this was also the information that IBS
-

patients were most keen to access as 'Dr Google' searches give so much conflicting advice and dietitian appointments have excessively long waiting lists

- Highlighting red flags and ensuring the webinars were safe
 - 'Red flags' were covered in detail within the webinar at both start and end to ensure that patients would go to see their GP if they had any concerning symptoms.
 - Feedback showed that this was being acknowledged by patients who had correctly followed up with their GPs after the webinar
- Using resources that were evidence based and available locally to ensure accurate information and optimal use of pre-existing resources e.g. national guidelines, signposting to reputable online patient education resources
 - We already had some resources from our face-to-face clinics and the project lead developed more that were adapted for use with and following webinars.
- Determining patient needs and addressing them through webinars
 - We used Survey Monkey, as it is free and reputable, to ask patients what they wanted in the webinars. This survey was limited to known, local patient support groups.
 - We then collected all the questions that were asked by patients in the 8 months that we were running the webinars live and this directed how we altered and reviewed the next edition of the webinar
- Integrating webinars into 'service as usual'
 - Webinar link sharing in primary and secondary care was initiated with all Gastroenterology Department letters including the URL for the webinars and providing GPs with 'business cards' of the webinar URL to hand out in clinic
 - We developed a self-referral form so that those who still required help could refer directly to us without needing a GP referral so reducing GP workload and making access to our service easier for patients.

Website Development Time

- The dietetic department manager was very supportive and allocated the project team time in lieu to develop the webinars
-

- Now that the benefit of webinars has been realised with quantitative feedback and shared in this blueprint, it will be easier for dedicated protected time to be given for development of webinars. This is vital as feedback has been provided that some service managers in other departments have resisted allocating time to webinar development due to service need, despite the evidence that in the longer term the initial investment of time will be recouped and quickly lead to reduction in face-to-face appointments

Interest from other SMEs

- Once the benefit of the webinars was seen the whole dietetic team were keen to look at ways of running webinars to reduce their workload
- Locally we have been approached by SMEs from other specialities who are interested in developing their own webinars

Key Learnings & Advice

- **Leverage the enthusiasm and engagement of local Digital and Clinical Champions**
- A Webinar Champion with dedicated development time would be beneficial to get webinars going and co-ordinate the contribution from enthusiastic wider team members
- **Create buy-in with clinical SMEs** by emphasising clinical time saving through webinars
- **Prioritise clinical accuracy and evidence base** – a wealth of information is available, use these and minimise additional work in creating resources

Key Decisions

- **Roll out the webinars as part of ‘service as usual’** between primary care, community services and secondary care for maximum impact.
- **Collaborate with primary and secondary care health professionals** to ensure buy-in with the webinars from inception.
- **Allocate dedicated webinar development roles and time**, time spent will be recouped in reduced service burden later.

Artefacts & References

- [Webinar website](#)
- [NICE Clinical guidelines and pathways](#)
- [Survey Monkey](#)

Implementing

4. Piloting Webinars & Patient Feedback

Timeframe: July 2017

Why?

A pilot webinar was created and delivered to a live patient audience in order to collect feedback and ensure relevance to patients and identifying barriers, challenges and methods of increasing engagement.

Who?

Development Lead

Clinical SMEs

How?

Running the live pilot (Year One with GTW)

An initial live pilot webinar was hosted to test feasibility, address technical problems and assess content utility for patients.

- To engage patients in the pilot GPs asked their patients to email us on webinars@nhs.net and we would send them a standard email with a link to GTW so
-

they could register. They were told the date of the next webinar which as always on the third Monday evening of each month at 7PM to make access equitable to working professionals

- Two SMEs ran the webinar live – one would present and talk throughout and one would run the admin/IT side managing questions and technical issues by patients who could message in. This was so important as I had observed a webinar by another team where most of the live session was taken up with patient technical issues and not the actual webinar
- Good WIFI was fundamental
- GTW recorded all patients who had registered and they automatically send out reminders to patients 1 week, 1 day and 1 hour before the webinar. Those that could not attend on the night were automatically sent a copy of the webinar to watch later
- Hour webinars were 7-8pm initially. They were cut down when we started to run them on demand.
- Webinars were initially run from the development lead's home to ensure quiet and good Wi-Fi. This has been a challenge in the work environment, but workarounds can be found e.g. using hospital meeting rooms after work hours.
- Practising the live process was helpful in addressing issues and getting used to the delivery for SMEs. It soon became second nature and required little prep work.

Setting up Patient Feedback Mechanisms

- Survey Monkey was used for patient feedback as it is reputable and free (more in section 5)
- We made all survey's anonymous and patients were given the option to opt out if they wished
- Patients were directed to the 'pre' survey before accessing the webinar so we now have in excess of 1,000 survey responses. However, the post survey is optional as it is difficult to route patients directly to this once the webinar has finished. We have around 400 post webinar responses. We ask patients to complete the pre-webinar survey within the webinar and on the webinar page there is a button asking them to complete the post-webinar survey to maximise the response rate
- Following the switch from live webinars (run for 8 months) to pre-recorded, on-demand webinars the same feedback mechanism was followed

Updating and Refining Webinars Based on Feedback

- We looked at all the feedback in the free text “what else would you like to see in this webinar” question and we added these to each webinar update.
- By the time we made new condition webinars e.g. coeliac webinar, we had honed the webinar skills and knew to be very well prepared with scripts, pre-set questions for each panellist and a person leading the session to make sure the pace was acceptable.

Key Learnings & Advice

- **Have a minimum of two clinical experts involved** in the recording as this varied the voices and allowed for questions between the clinicians. This applies to both live and recorded webinars.
- Use a quiet room with good wi-fi when recording webinars. **Technical issues reduce patient engagement and experience.**
- **Avoid scope creep and stick to national guidelines** - it is not possible to respond to and include all patient feedback, we veered off course a few times and had to realign the webinars.

Key Decisions

- **Obtain patient feedback** – it was highly informative and should be an ongoing part of the webinar review process.
- **On demand, pre-recorded webinars made access more equitable** for patients and reduced burden on SMEs compared to live webinars

Artefacts & References

- [Questions PRE & POST patient webinars IBS](#)
-

5. Finalising & Documenting the Patient Webinar Development and Hosting Process

Timeframe: July 2017

Why?

The team had no experience in developing webinars prior to this project, so it was important to reflect on the various methods trialled and document the finalised process for clarity and maximum efficiency going forward. This finalised process algorithm is useful for others wanting to create webinars in their own specialist areas as it summarises our learning to date.

Who?

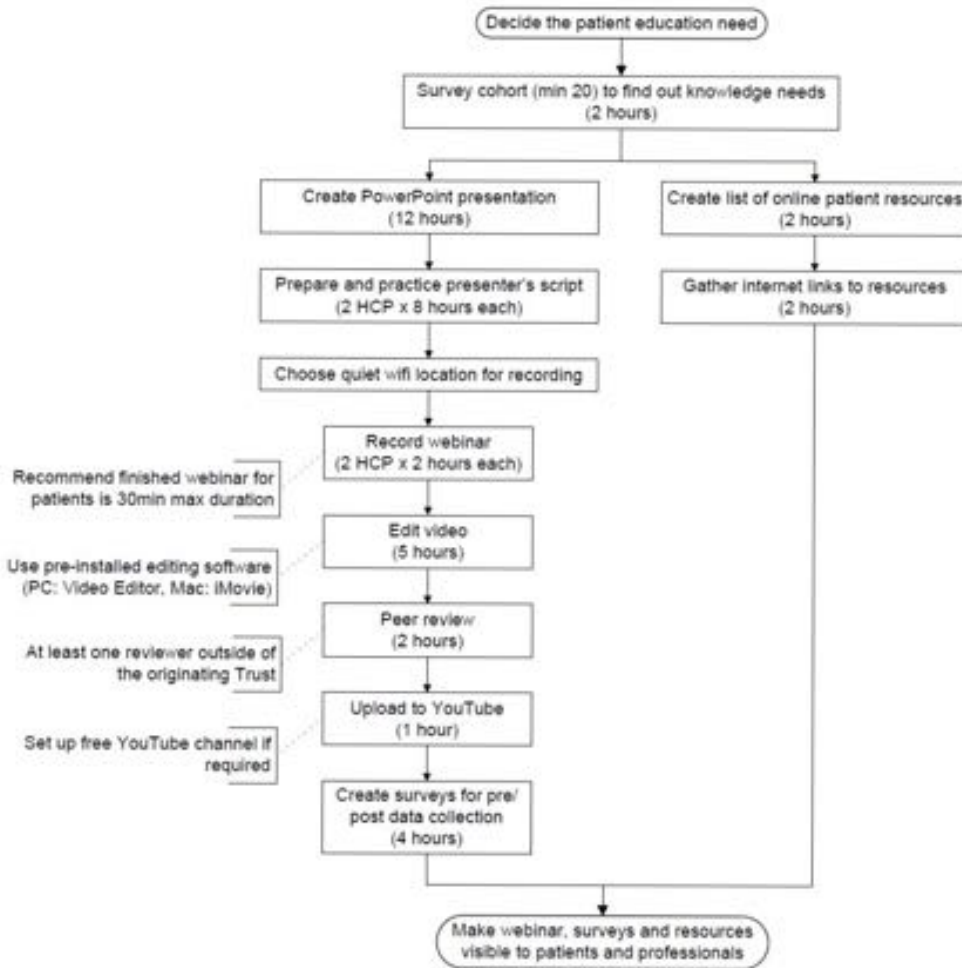
Development Lead

How?

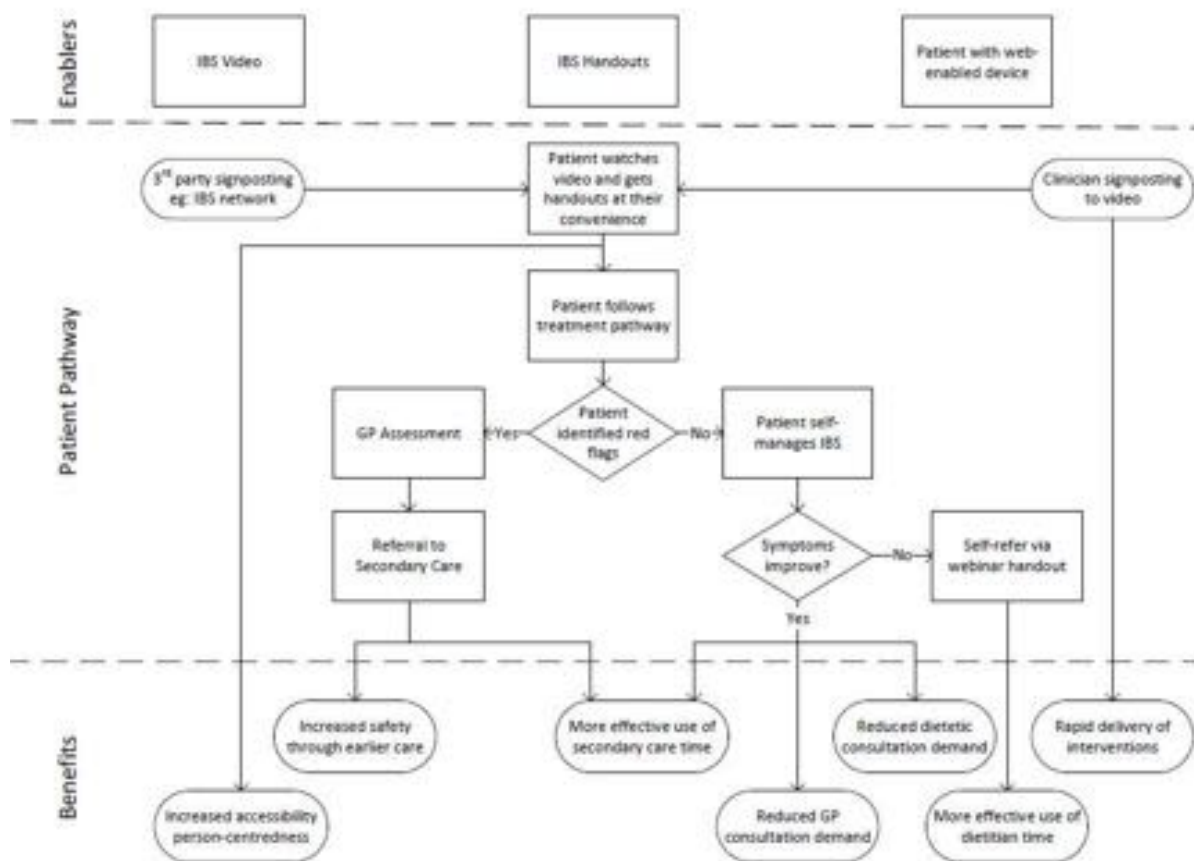
The final process was developed by combining our experiences of developing webinars, engaging with SME and reflecting on patient feedback.

IBS Webinar Creation Process

This diagram indicates the process flow used to create webinars for patients with IBS. The guidance given for each stage is indicative of time spent by Specialist Dietitians.



It was also helpful to map out webinar benefits to ensure a consistent approach in the aim of patient webinars (created with the help of Richard Hatton NHS Digital Benefits specialist):



Key Learnings & Advice

- **4 working days**, spread over several weeks, is the time required for clinicians to create webinar content
- **Two SMEs** are required to record the webinar
- **6-monthly quality assurance and review** is required with the team listening to the webinar, incorporating patient feedback and editing this into the webinar recording/ powerpoint.

Key Decisions

- **Map out your webinar development and publishing process** – it helps to visualise timelines, roles and areas for improvement. It's also helpful for other local departments if they want to get involved.

Artefacts & References

- [Webinar Creation Process](#) pdf version

6. Increasing Adoption of Patient Webinars

Timeframe: July 2017 - ongoing

Why?

Following the creation of webinars and identifying a positive patient and clinical response, we worked on integrating them into standard practice. This was important as service burden was high, and we wanted to work on reducing unnecessary consultations.

Who?

Development Lead

SMEs

How?

Increasing Adoption of Patient Webinars

As part of the NHS England 100 Day Project the Trust had pre-agreed to engage with patient webinars meaning that no specific business case or plan was developed. Other organisations have started to use our data to develop business cases to launch webinars locally.

To enhance uptake of webinars we added them to our local IBS patient pathway and directed GPs to use it. They were keen as it did not require a referral letter and they simply

need to tell the patient the patient webinar email address initially and now they simply give them a PatientWebinars business card. These cards are also given out by gastroenterologists and endoscopy teams.

It was imperative to let GPs know about the webinars as they were the initially the main users of the webinars with their patients. We gave talks to GP study days, gave out business cards with the website address and emailed all practice managers, senior GPs in Somerset monthly with our stats. It was then important to apply for awards and raise our profile locally, with the Trust and with GPs so that they felt confident in using them. The **ease of use was fundamental i.e. the domain name, the email address** etc had to be easy to remember and make sense to the user. The webinars sold themselves as GPs recognised the time saving and patients appreciated ease of access to information without the need to travel, take time off work, find childcare, pay for parking etc.

Information Governance

The IG team gave clearance for patient webinars to be disseminated to patients within the Trust via e-mail. No formal proposal was required.

The IG team provided local policies for patient education/video recordings.

Clinical safety

Highlighting red flags in the webinars was determined as being sufficient for ensuring patient safety and minimising risk.

Continuous Patient Feedback

Ongoing patient feedback mechanisms were developed using Questback software as this was provided for free by the Trust and Survey Monkey charges after 100 responses.

Questback produces analysis graphs which were then used to obtain an understanding of:

- Increase in knowledge of how to manage their IBS post webinar
 - Increase in confidence in managing their IBS post webinar
 - Education question to prove understanding post webinar
 - Ease of use of the webinar
 - Satisfaction with overall content of the webinar
 - Whether they would recommend the webinar
-

- Why they chose to attend a webinar
- Demographic data on attendees e.g. age, gender, location

Key Learnings & Advice

- **Speak to your Trust to identify free resources** e.g. patient survey feedback software
- **Make it easy for your Trust to approve webinars** – involve SMEs, stick to national guidelines and address red flags.

Key Decisions

- **Pick a simple URL** to ensure patient and staff engagement with the webinars
- **Build feedback mechanisms into your webinar process from the beginning** – it gives valuable insights into patient needs and quantifiable evidence for where service improvements have been made

Artefacts & References

- [Questions PRE & POST patient webinars IBS](#)

Sustaining

7. Analysing Patient Webinar Impact on Services

Timeframe: July 2017 - ongoing

Why?

Assessing patient response to webinars is vital in identifying areas for improvement and the impact on clinical services. The information acquired provides statistics and insights into how webinars are influencing service users and reducing burden on services. The data

can be used to support scaling webinars and achieve buy in from boards, clinical staff and patients.

Who?

Development Lead

How?

The patient feedback collected pre- and post-webinar was analysed for trends and to assess the impact of patient webinars on clinical services.

Key insights from the data to date are:

- Use of the webinars reduced referrals to the 1-1 specialist gastroenterology dietetic-led service by 44% in the first year (Sep 2017 to Aug 2018)
 - All age groups from 18 to 75 represented with 82% female dominance
 - Access to accurate and reliable information was most important reason for attending (79% of attendees), following by being able to re-watch the webinar (64%), no travel required (51%), no need to take time off work (44%), no parking costs (34%) and being anonymous (38%)
 - 89% stating it was easy to access the webinar
 - 56% of attendees having fair, good or excellent knowledge prior and 95% have fair, good or excellent knowledge post webinar
 - 53% being very confident, fairly confident and some level of confidence prior and 84% being very confident, fairly confident or some level of confidence post webinar
 - 60% answering the education question wrong prior and 21% answering incorrectly post webinar
 - 91% were satisfied or very satisfied with the overall content of the webinar with the largest number being very satisfied (56%)
 - 94% were likely or very likely to recommend the webinar with the largest number being very likely (64%)
 - Prior webinar n=796; Post webinar n=322
-

Key Learnings & Advice

- **Collecting and analysing patient feedback supported the case for ongoing investment into webinars**, including expansion into additional areas of clinical need.
- When choosing **new webinar topics focus on areas of high clinical need that are currently managed in clinical environments with repetitive information** e.g. food allergies, diets for renal patients. These topics can be delivered safely by webinar and release clinical time for areas of unmet need.

Key Decisions

- **Setting up feedback mechanisms as part of your webinar** process provides invaluable, quantifiable information of the impact on your services.

Artefacts & References

- [Questback & Survey Monkey Webinar Combined Data Sep 2019](#)

8. Maintaining/Sustaining Innovation and Spread

Timeframe: July 2017 - ongoing

Why?

Regularly updating patient webinars ensures ongoing clinical relevance and that patients will benefit from the most recent evidence base for their condition. It also improves clinical safety as outdated information could be harmful or in conflict with the latest developments. It promotes trust in webinars by clinicians and patients.

Promoting webinars as a method of patient education and reducing burden on clinical services encourages other services to engage with this method of information delivery, sustaining the work we have done.

Who?

How?

Updating Webinars

Dietetic team meetings to look at webinars and review patient information and handouts and re-record any webinars that are out of date.

- Reviewing webinars every 6 months in order to ensure that the patient information in webinar and downloadable handouts are up to date and relevant
- Assessing patient feedback from surveys and making changes or additions as appropriate to improve patient satisfaction and patient ability to self-manage their condition
- Ensure that your webinar information remains within national guidelines as we made several changes suggested by patient feedback that seemed sensible but were later deemed to stray too far from national guidance. This meant we had to re-record the whole webinar
- Rebranding of webinars away from trust specific branding to NHS generic branding means that webinar resources can be reused nationally, whilst maintaining patient trust in high quality resources

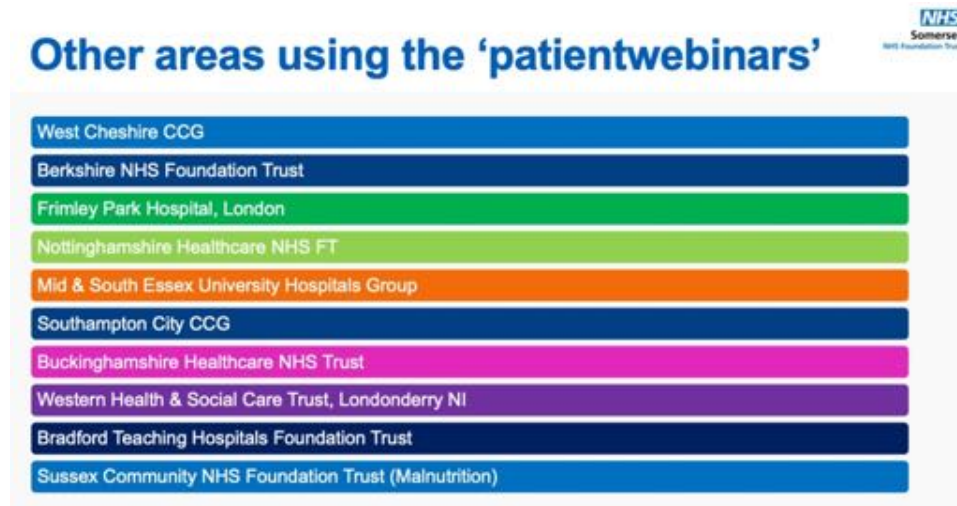
Enhancing the Webinar Service

- We have downloadable self-referral forms on the website that patients can download and complete to self-refer for a 1-1 appointment if they fail to improve with webinar advice or wish to have more clarification on dietary intervention. This prevents the need for patients to see their GP for a referral into our service for a 1-1 appointment. In the first 18 months we only had 16 self-referral forms returned indicating that most people had enough information via the webinars and did not require a 1-1 appointment. No governance needed as implied consent as they decide whether or not to download and complete the form and return it to us. We do not have any of their personal details until they post in the self-referral form. We've developed a Patient Webinar Framework for Adoption with NHS Digital for interested parties (see artefacts).
 - We are in the process of developing a professional website with a third party due to the success of our webinar service and the increasing footfall on our self-created website which was starting to affect user experience e.g. slow load times. We secured
-

funding through the Academic Health Science Network for £2,500 and the third-party agreed to develop the website for this amount (the original quote was £20,000).

Promoting the Webinar Methodology

- The project lead developed a PowerPoint on setting up webinars for use by other organisations which have been used by the following Organisations:



- Webinar links are being shared on the NHS UK website
 - Entering awards, writing articles for trade journals and giving lectures nationally on the Somerset patient webinar outcomes in order to encourage 'spread'.
 - Presently writing up a feasibility study on webinars with Professor Mary Hickson at Plymouth University: Feasibility, acceptability and cost efficiency of using webinars to deliver first-line patient education for people with Irritable Bowel Syndrome as part of a dietetic-led gastroenterology service in primary care, Journal of Human Nutrition & Dietetics (due to be published July 2020).
 - Dietitian Marianne Williams entered and won the NHS England Allied Health Professional of the Year and the NHS Digital Award for Digital Practice in 2018 for her work with the patient webinars in Somerset. She has since been working on this project with NHS Digital and won Digital Health Outstanding Contribution of the Year 2019. This exposure has significantly helped the 'spread' of this project with interest from many NHS areas nationally. See chart below of areas of NHS interest in the UK (green=areas wanting to run webinars, red= areas linking or planning to link with Somerset webinars via NHS UK or patientwebinars.co.uk)
-



Key Learnings & Advice

- **Ensure that all webinars/resources are reviewed once every 6 months** by the lead in that area of clinical expertise
- **Help ‘spread’ your idea nationally** by entering awards, writing articles, and giving lectures

Key Decisions

- **Set up a Digital Innovation Education Committee** in your department to help other NHS staff learn webinar skills and roll out webinars in their area of expertise
- **Use generic NHS branding so that webinar resources can be reused nationally**, whilst maintaining patient trust in high quality resources.

Artefacts & References

- [Somerset Patient Webinar Outcome Data for National CCG Business Cases](#)
- [ratified-framework-for-adoption-patient-webinars-v0.3-17th-may-2019](#)
- [Somerset IBS Webinars - Are Webinars the Way Forward to Patient Education? Complete Nutrition, CN Focus Vol.10 No.2 June 2018 \(link opens PDF\)](#)

Benefits & Outcomes

➤ Core Capabilities

Remote & Assistive Care

44% reduction in face-to-face appointments in the first year of setting up and using webinars for patient education and information

Clinical & Business Management

Patient feedback sought pre and post-webinar to improve content and make them fit for patient needs whilst maintaining clinical relevance and evidence based practice.

Over 1300 pre-survey responses and 400 post-survey responses to date.

Webinars hosted on Youtube have been watched over 2000 times

Asset & Resource Optimisation

44% reduction in face-to-face appointments in the first year of setting up and using webinars for patient education and information.

Can now accommodate unmet service need using freed up staff time for patients with inflammatory bowel disease and coeliac disease which was not possible prior to webinars. This aligns with the 2019 Long Term Plan which aims to reduce up to 30% of face-to-face appointments using new methods of service delivery.

System Transformation

Integrated care

Patients can access webinars at any place and time of their choosing (with internet access/ smart device). This encourages patient engagement and self-management of their condition.

Service-user empowerment & self-management

Patients can access webinars at any place and time of their choosing (with internet access/ smart device). This encourages patient engagement and self-management of their condition. Self-management is reflected in the 44% reduction in face-to-face appointments for this information.

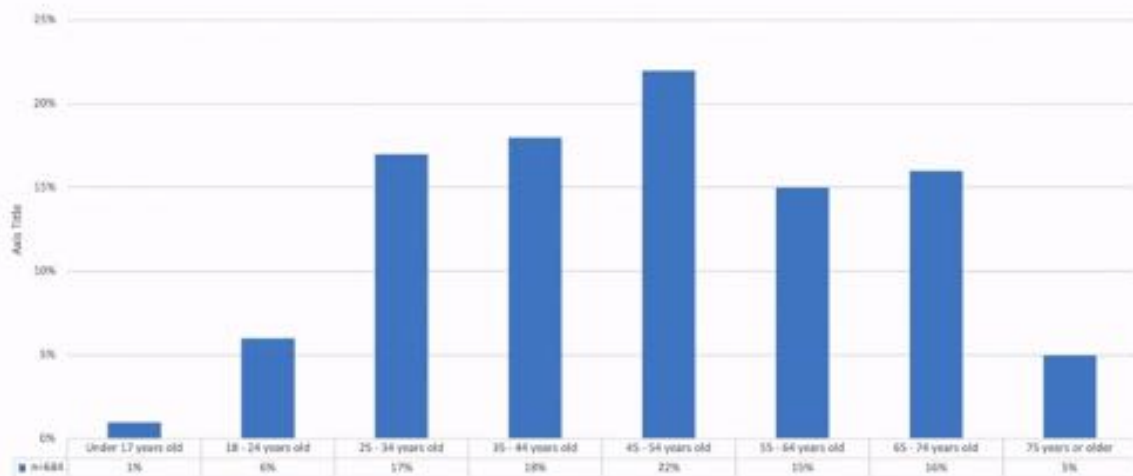
Patients from over 80 countries have accessed the patient webinar website (WordPress) with 44,000 accesses in the UK.

Care and Operational Delivery

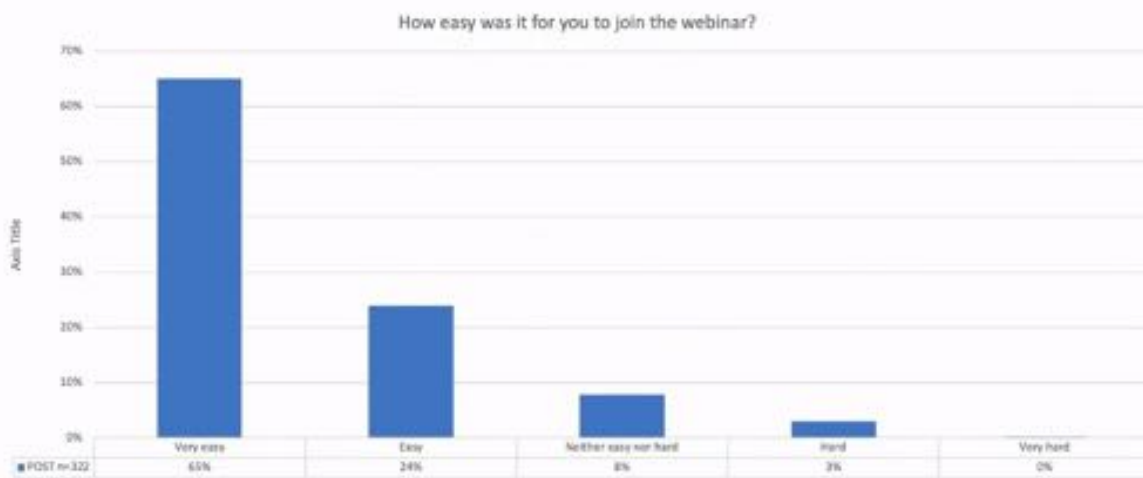
Staff & Patient Experience

Patient feedback demonstrated that patients have a positive experience with webinars as shown below. The webinars are also equitable, and we found that there was high representation from older people in our community.

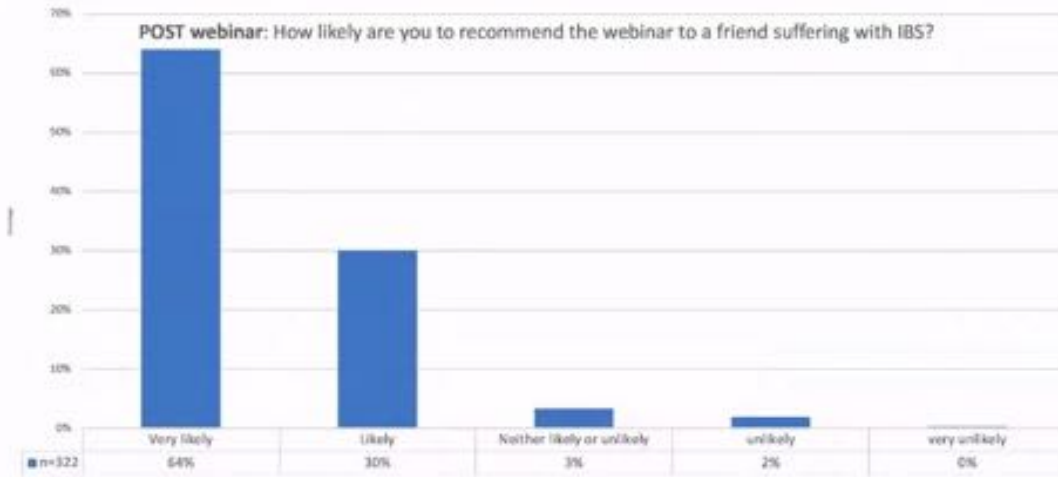
What is your age?



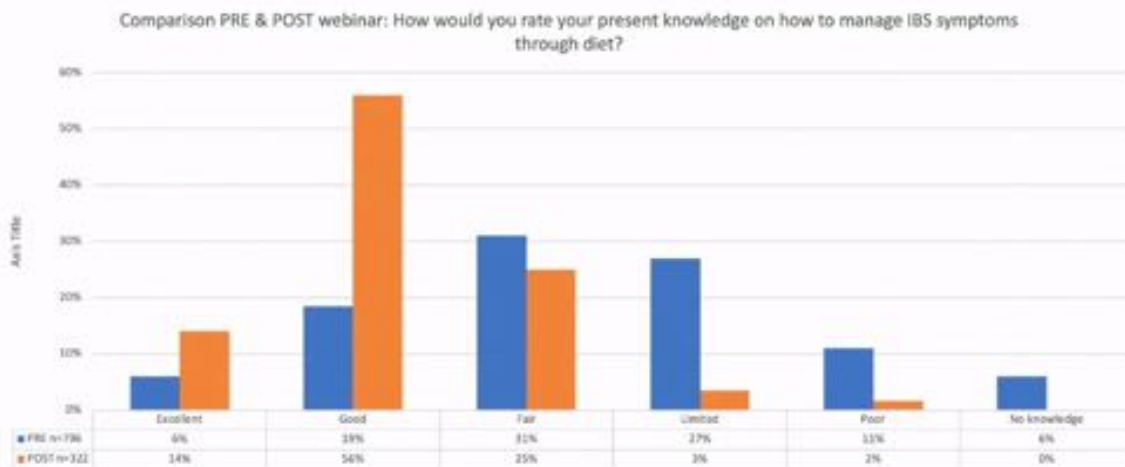
How easy was it for you to join the webinar?



How likely are you to recommend this webinar?

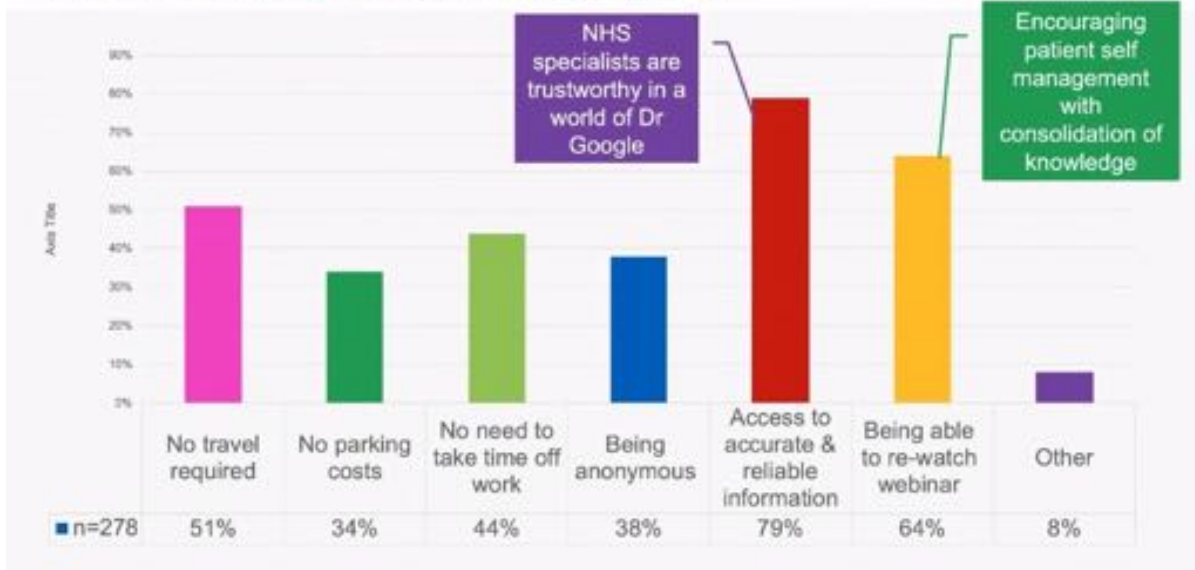


Comparison PRE & POST: How would you rate your knowledge on how to manage your IBS?



Which factors were important to you when choosing to attend the webinar?

Somerset Partnership **NHS**
NHS Foundation Trust



Resource Sustainability

The website self administrates with automated systems- this reduces administration time, using paper for letters, paying for postage.

Clinical time saved by webinars have reallocated clinical staff to areas of high service need e.g. coeliac disease.

Rebranding of webinars away from trust specific branding to NHS generic branding means that webinar resources can be reused nationally, whilst maintaining patient trust in high quality resources.

Artefacts & References

- [Patient feedback](#)