Somerset IBS Webinars

Are webinars the way forward for NHS patient education?

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In 2012, Somerset Partnership NHS Trust set up the first UK dietetic-led primary care gastroenterology clinic seeing adult patients with intractable IBS on a 1-1 basis. Within one year this clinic had successfully reduced non-red flag referrals into secondary care from 14.3% to 8.7%.[1] However, 8.7% still represented a considerable financial burden on the NHS. The one full-time equivalent dietitian was already working at full capacity running this new dietetic-led service. Unsurprisingly, group education was seen as a way of managing the large number of IBS patients who were either failing to access or not suitable for their 1-1 service.

Between April 2015 and December 2016, in-person group education was established giving patients access to the Low FODMAP Diet and specialist advice and literature. However, attendance to these groups was an unmitigated disaster! As a primary care service, they did not benefit from patients being 'instructed' to attend by their consultant and, hence, repeatedly patients would cancel their appointment for the group session or fail to attend on the day. Multiple techniques were used to try and encourage patients. Over the 20-month period a total of 48 patients attended the monthly group sessions, utilising only 22% of possibly capacity. Of those, only 13 attended scheduled follow-up group sessions, and a further 11 were reviewed in 1-1 clinics, resulting in 50% being lost to follow up. It is important to note that IBS is a female dominated condition and patient feedback repeatedly noted: *'I do not want to talk about my bowels in front of other people, especially if men might be present.'*

To address this problem, as part of an NHS England 100 Day Project in January 2017, it was decided that the community dietetic team would trial evening IBS group webinars.

The benefits of using webinars?

Webinars are increasingly popular for continuous professional development, or as a way of educating teams of staff or professionals. However, there is scant evidence of their use as a tool for patient education. Yet, a systematic review this year into patient focused group videoconferencing noted that: *'Being in the home environment is less stressful than meeting people in-person and meeting virtually provides a greater feeling of anonymity and security and the ability to leave the group more easily.'*[2] Virtual education seemed potentially ideal for our IBS patients, giving them that much needed privacy, while still allowing them to obtain reliable information and ask questions directly to the dietitians.

In Somerset, the mean age of our IBS patients is 48 years[1] and this is a large rural county covering an area of over 4,000 km^2 where patients may not have extensive IT knowledge or experience. However, international evidence shows that attendance to remote/virtual sessions is **not** age or technology dependant and that *'inexperience in computer use did not appear to be a barrier for participants'*, and that virtual technology could be *'used in the care of older people who may have poorer digital literacy'*.[2] Acceptability was high in different age-related and content-related groups and the benefits of being able to take part in a group from home often outweighed the frustration of IT problems.[2] Research has shown that barriers to attending groups in-person include reduced mobility, time constraints, distance, insufficient funds, lack of respite care if caring for someone else, and transportation, all of which are particularly pertinent for a large rural county such as Somerset.[2, 3] Webinars allow the patient to take part in a group session from the comfort of their own home, effectively solving many of these barriers to attendance. Indeed, research suggests that participants prefer to see healthcare providers virtually rather than travel, *'with many indicating they would not have travelled to participate in a group session'*.[3]

To maximise attendance, we chose an 'easy-to-use' webinar facility, *GoToWebinar (Pro Version)*, and allowed patients to self-refer into the service without the need for a GP/specialist referral. Instead, patients could simply be directed to a dedicated email address – **gastro.webinars@nhs.net** – after which they would receive a simple survey as well as a registration link to the next monthly webinar. Patients could attend without the need to take time off work, travel or pay for parking, and they could attend anonymously, accessing live specialist advice from the comfort of their own home. They could ask questions and take part in polls during the webinar without any other attendees knowing who they were. Patients could download fact sheets/resources, including a self-referral form in case they needed 1-1 advice after completing the suggestions from the live session.

The dietetic team trialled a pilot session in May 2017 for gluten sensitive patients and then launched their first IBS evening webinar in July. They have now run seven live IBS webinars over a nine-month period.

The team have collected data via Survey Monkey both pre and post each webinar with the aim of determining:

- Whether patients found webinars an acceptable way of receiving information on the dietary management of IBS
- If IBS webinars improved patient knowledge relating to the dietary management of IBS
- If IBS webinars improved patient confidence in managing their IBS symptoms
- If webinars have the potential to reduce patient requests for GP or secondary care involvement for their IBS
- The reasons why an IBS patient would choose to attend an IBS webinar.

Somerset IBS webinar results

One-hundred and twelve people attended the seven live webinars between July 2017 and March 2018. One-hundred per cent of attendees completed the pre-webinar survey, and 59% (66/112) of attendees completed the post webinar survey.

An acceptable way of receiving information

One-hundred per cent of attendees stated that they were likely to recommend the webinars to friends (see **Figure 1**), with 80% stating that it was either 'easy' or 'very easy' to join the webinar (see **Figure 2**).

Improving patient knowledge

Allergy testing is inappropriate for IBS patients and **Figure 3** shows that prior to the webinar 88% of attendees answered incorrectly' while after the webinar 88% answered with the correct answer. Dairy-free and gluten-free diets are inappropriate for IBS patients, while low lactose and low fructan diets show significant success with these patients. **Figure 4** shows that following the webinar significantly more people answered correctly, with a notable reduction in those who thought that a dairy-free or gluten-free diet were suitable in IBS treatment.

Improving patient confidence in managing their IBS symptoms

After the webinar, 82% of patients felt that their confidence had either 'improved' or 'significantly improved', with only 18% noting that their confidence remained 'unchanged'. See **Figure 5**.

Potential to reduce demand on GP and gastroenterologist clinical time

Pre/post webinar demand for GPs and gastroenterologists to be the main source of advice for IBS dropped from 11% to 1% and 27% to 5% respectively. See **Figure 6**.

Figure 1: Webinar Recommendation

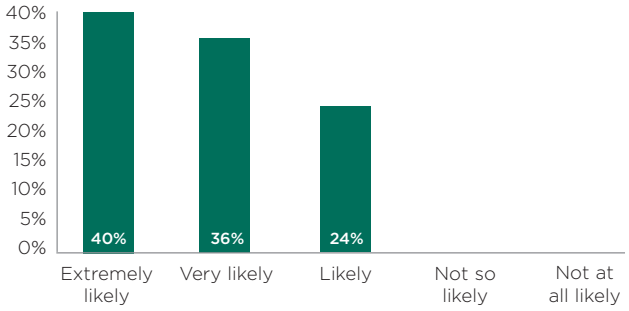


Figure 2: Webinar Ease of Access

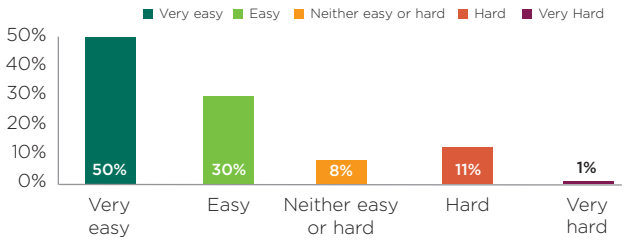


Figure 3: Proving Patient Education – Is allergy testing useful in IBS?

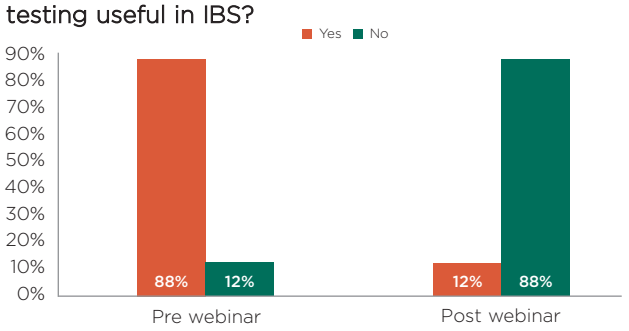


Figure 4: Proving Patient Education – Diets for IBS

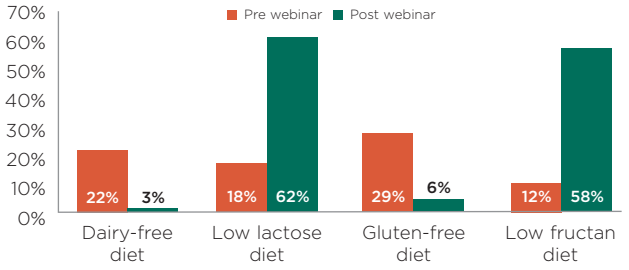


Figure 5: Confidence in Managing IBS Symptoms

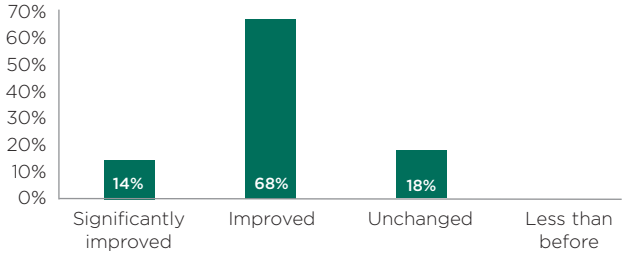
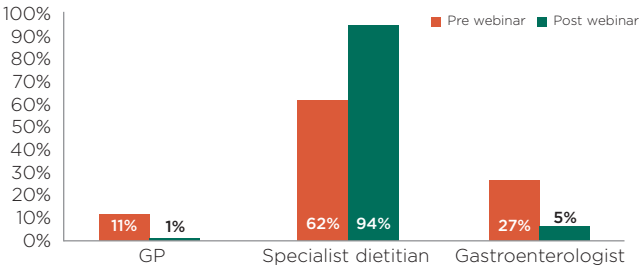


Figure 6: Seeking Healthcare Professional Advice



Reasons why IBS patients chose to attend a webinar

Access to accurate and reliable information was important to over 85% of attendees, while the ability to re-watch the webinar was the second most important reason for attending. Not requiring time off work, being able to ask questions and no need to travel were also important. Just over a third of patients valued the ability to be anonymous. See **Figure 7**.

Discussion

The Somerset data showed that webinars were easy to access and an acceptable format for providing information relating to dietary management of IBS. Patients improved their knowledge and confidence in managing their condition and were keen to have the facility to re-watch the sessions. Indeed, information from an in-person clinical or group session can be easily forgotten.[4] This may go someway to explain why research shows that *'virtual education was as, or more, effective than usual care in improving outcomes including clinical indicators, knowledge, self-care, QOL, and healthcare utilisation'*.[5]

What has become apparent is that the webinars appear to shift responsibility to the patient: the patient chooses whether or not to register for a webinar and whether or not they will attend; they choose when and where they watch the webinar; they choose which resources are individually suited to their needs; and they can choose which sections of the webinar to re-watch in order to consolidate knowledge. Fundamentally, the webinars encourage self-management.

The webinars potentially offer a more efficient use of clinical time, reducing the need for in-person appointments or group sessions, while successfully preventing the need for frequent duplication of information. Research suggests that they may also reduce numbers of non-attendance.[2] They could be used in a multitude of medical areas and by healthcare professionals in many disciplines – e.g. coeliac disease, wound care, orthopaedic workshops, cancer treatment, EpiPen education, fussy feeding of children, weight loss strategies, stroke care at home, cardiology, maternity,... the list is endless.

With increasing financial constraints within the NHS, the webinars have proved economical with all administration being run virtually: there is no requirement for printing or postage of appointment letters or reminders, as all administration is run via the dedicated email address; patients download literature directly from the webinar saving printing costs; the headache of finding and paying for room space is no longer an issue as webinars can be run by any healthcare professional in any location as long as there is access to WIFI. Additionally, each webinar can reach 500 people in one session and the live webinar recording can then be re-used a further 500 times as an on-demand simulated live event. 'On-demand' webinars allow patients to register and watch a recording of a previous webinar immediately rather than at a pre-arranged time, while still allowing them to interact by voting in polls and asking questions.

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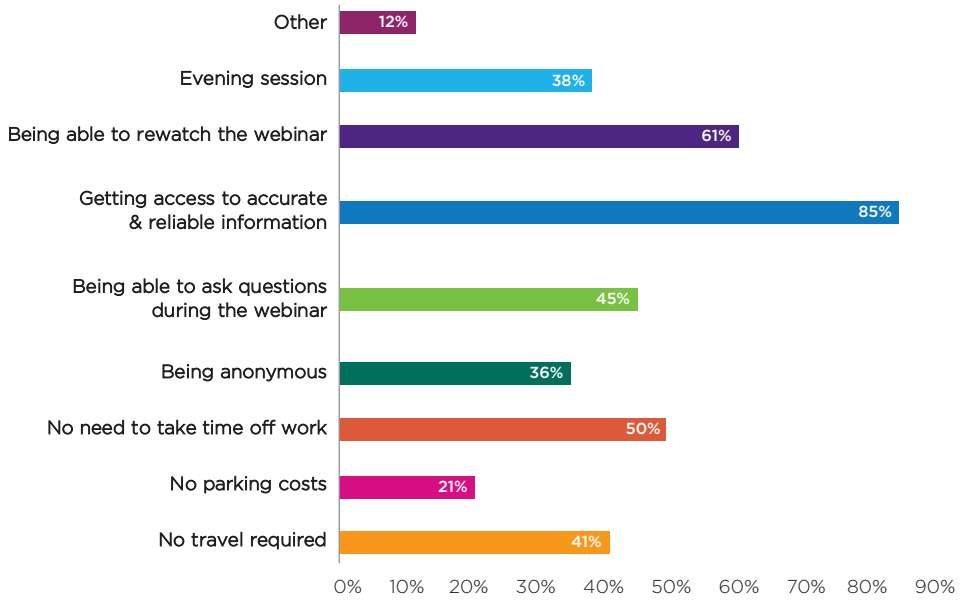
Figure 7: Important Factors When Choosing to Attend the Webinar



With one in 12 GP consultations being based around gastrointestinal problems, and 46% of these being diagnosed with IBS,[6] the webinars can potentially help to reduce the burden on busy GPs. Additionally, patients do not require a medical referral to attend the webinars and instead the GP practice can simply direct non-red flag IBS patients to the webinar email address, and this may result in less demand for GP appointments.

The webinars provide patients with the opportunity to learn techniques to control their symptoms without demanding expensive secondary care referrals, perhaps helping to reduce the notorious IBS 'revolving door' of repeated GP appointments and secondary care investigations. Indeed, data from these first seven webinars (see **Figure 6**) shows a clear reduction in the potential demand on GPs and gastroenterologists.

Summary

The Somerset webinars have been showcased by NHS England in their recent document *'Transforming Gastroenterology Elective Care Services'*.[7] With 75% of the UK population going online for health information, it is increasingly acknowledged that the internet rather than the physician is the first source of information.[5] As the demand increases for consumer driven healthcare, where convenience and access are an expectation, there is no doubt that virtual health is becoming ever more relevant. It offers those with chronic disease unprecedented access to services, and with the rapid advancement in technology it is expected to be increasingly simple to use.[2] At present, patients face multiple barriers when accessing medical/clinical education, which leaves them vulnerable to seeking inaccurate and out-of-date information on the internet. The NHS is in an enviable position of being able to offer accurate and reliable health information and could offer a national database of trusted patient-focused webinars by clinical experts in a multiple of disciplines. YouTube reaches one billion users every month and has transformed information-giving in little over a decade. There is no reason why the NHS could not embrace webinar technology and transform patient-focused health education in the same way.

Is there a place for 'webinar prescriptions'?

As well as the seven IBS webinar sessions, the Somerset Dietetic Team have run their first coeliac webinar with a guest gastroenterologist and two specialist coeliac dietitians as panelists to answer patient questions. The team are now looking at running a webinar on the low FODMAP diet. Is it possible that in the long-term we could offer 'webinar prescriptions' to patients where they can access a selection of educations sessions relevant to their condition?

References: **1.** Williams M, et al. (2016). Using best practice to create a pathway to improve management of irritable bowel syndrome: aiming for timely diagnosis, effective treatment and equitable care. Frontline Gastroenterol.; 7(4): 323-330. **2.** Banbury A, et al. (2018). Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. J Med Internet Res.; 20(2): e25. **3.** Banbury A, et al. (2018). Delivering patient education by group videoconferencing into the home: Lessons learnt from the Telehealth Literacy Project. J Telemed Telecare.; 22(8): 483-488. **4.** Ganguli I, et al. (2017). A Scalable Program for Customized Patient Education Videos. Jt Comm J Qual Patient Saf.; 43(11): 606-610. **5.** Rush KL, et al. (2018). The efficacy of telehealth delivered educational approaches for patients with chronic diseases: A systematic review. Patient Educ Couns.; pii: S0738-3991(18)30053-3. **6.** Thompson WG (2000). Irritable bowel syndrome in general practice: prevalence, characteristics, and referral. Gut; 46(1): 78-82. **7.** NHS England (2017). Transforming gastroenterology elective care services. Accessed online: www.england.nhs.uk/publication/transforming-gastroenterology-elective-care-services/ (Apr 2018).

The webinars have recently been shortlisted for the NHS England Chief Allied Health Professions Officer's Awards 2018 – AHP Digital Practice Award.