

Healthwatch B&NES Community Pot Final project report 2019-20

If you have any questions about this report, please contact Vanessa Scott,
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T: 07754780487 or E: vanessascott@thecareforum.org.uk

The deadline for report submissions is 12.00 (midday) on Friday 29 January 2021

NOTE: The text boxes will expand as you type.

SECTION A: YOUR ORGANISATION

1. Name of Organisation	Bath Institute for Rheumatic Diseases
2. Full Address of Organisation (for correspondence)	Dept D1, Wolfson Building, RUH, Combe Park, BA1 3NG

3. Contact details

Main Contact for reporting	
Name	Celia Mead
Position	Director
Telephone	
Mobile	07778 666177
Email	Director@birdbath.org.uk

SECTION B: THE PROJECT

4. Focus of project

- Please state clearly what issue(s) your project looked at.
- Were these the issues that you had planned to focus on?
- If not, please explain what the project focused on and how and why the focus changed.

The scope of the project:

1. BIRD to record and publish 4 separate podcast series on rheumatic conditions by December 2020. Podcasts should engage patients who have been unable to engage before due to barriers for the public and patients attending past rheumatology information day events. Barriers were ability to attend (for work or health reasons), accessibility, the Covid-19 pandemic and in-frequency of events for particular health conditions.
2. BIRD to promote and raise awareness of the podcasts with the B&NES patient network, NHS contacts.

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3. BIRD will gather feedback from all involved to continually update and make future podcasts better.

4. What did you do?

- Using your Memorandum of Understanding for reference, please tell us what progress was made against each of the activities that were due to be delivered through this project - including numerical data for outputs where agreed.
- Please include details of any factors that contributed to or impeded the achievement of the agreed outputs.
- If the agreed outputs were not achieved, please explain the reasons why and any actions that were taken to try to address this.

NB - Please include any photos, video links, examples of surveys, media and communications used etc to illustrate what you did in the box below or attach them as an appendix.

Project outputs from the Memorandum of Understanding:

Project outputs 1- 3 from the MOU: BIRD to plan, record and publish 4 mini-series Rheumatology podcasts by December 2020

Between June and December 2020 BIRD recorded and published 4 Rheumatology podcast series:

1. Osteoporosis - 4 podcasts covering an overview of the condition, medications, physiotherapy and patient experience.
2. Vasculitis - 3 podcasts covering an overview, medications and specialist clinic information.
3. Young Adult Arthritis - 3 podcasts covering the transition from paediatric care to the adult care clinic at the Royal National Hospital for Rheumatic Diseases, RUH Bath. 1 podcast discussed pregnancy and arthritis in young adults.
4. Axial Spondyloarthritis (axSpA) - 5 podcasts featuring an overview of the condition, symptoms, research updates and projects, staying active and a special podcast with the Chief Executive Officer of axSpA charity NASS.

In total 15 podcasts have been recorded and published, totalling over 321 minutes (5 hours) of podcast material. The podcasts varied in length from 25 minutes to 45 minutes.

All the podcasts are available through the Anchor platform:

<https://anchor.fm/bird-ppepodcasts> and through a new dedicated page on the BIRD website: <https://anchor.fm/bird-ppepodcasts>

Podcast speakers were mostly all staff from the Royal National Hospital for Rheumatic Diseases (RNHRD), RUH Bath, including consultants, specialist nurses, physiotherapists. Also interviewed was a research staff member from the University of Bath and the Chief Executive from the leading UK charity for axSpA, NASS (National Axial Spondyloarthritis Society).

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Project output 4 from the MOU: BIRD to promote and raise awareness of the podcasts with the B&NES patient network , NHS contacts

Podcast marketing channels used by BIRD to achieve project output 4:

1. **Posters-** BIRD produced various posters advertising the podcasts. One was generic and then a themed one per podcast topic. These were sent to all the speakers to use in their clinics and also mailed out to all B&NES GP surgeries.
2. **Business cards generically promoting all podcasts** - these were sent to all podcast speakers to distribute in clinic and packs of 50 sent to all B&NES GP surgeries for the waiting rooms.
3. **Social media** - The initial funding package was announced on all BIRD's media (Website, Facebook, Twitter and LinkedIn). Each podcast series as it was released was announced on all social media channels.
4. **Facebook Advertising** - Each podcast was advertised via Facebook with a budget of £500 per podcast series. Combined these adverts achieved:
Link Clicks 14,816
Reach 261,244
Impressions 581,554
5. **BIRD's General Public Mailing List** - Again, the Healthwatch B&NES funding news was highlighted in a network newsletter. Our BIRD general public audience number 362. Most of these are local people who have previously attended our events and signed up to receive BIRD news. Each time a new podcast series was released, this network was notified.
6. **BIRD's Stakeholders Mailing List** - BIRD maintains a stakeholder database of over 150 people which consists of all BIRD's stakeholders. Regular podcast updates were sent out via newsletters. Stakeholder Categories in our database include: BIRD Patrons, BIRD Council of Management, RNHRD diseases staff, Consultants, Specialist Nurses, Podcast speakers, Other rheumatology charities who have supported, spoken and attended our Rheumatology Information Days in the past, Fundraisers, BIRD Trustees, past and present, University of Bath Researchers and Staff. Also on this list are contacts from the Bath GP Education and Research Trust, through this an email was sent to over 400 GPs about the podcast.

See attached document for images and examples '*BIRD Podcast Marketing*'

5. What did you find out?

- Please outline the key findings from your project, considering:
 - key themes from the feedback that you received
 - themes related to any particular health and social care services that participants said that they used
 - what participants said worked well (with regards to health and social care)
 - where participants felt things could be improved (with regards to health and social care)

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- any conclusions or recommendations that your organisation would like to make based upon the feedback that you have received (please try to make these SMART - if you would like to discuss these further please do not hesitate to get in touch with us)

NB - Please include any relevant survey data, tables/ graphs, case studies etc to illustrate what you learnt in the box below or attach them as an appendix.

To attempt to measure the key findings & demographic information BIRD created an e-survey questionnaire that was linked to each podcast on the Anchor platform. However, over time it was clear that people just didn't go back to fill this in after listening to the podcast.

In an attempt to overcome this problem and gather more feedback BIRD used 3 methods:

1. **Volunteer Podcast listening group** - we used our network database to request the creation of a volunteer podcast group. In total 8 people volunteered. Over a period of a few weeks, they were asked to listen to a variety of podcasts and not just ones that related to their condition. Then they completed an e-survey questionnaire. 5 out of the 8 completed the survey.
2. **General Public Survey** - marketed an e-survey through a variety of BIRD channels - Via Facebook ads (targeted to everyone who had engaged with a FB ad), twitter, Facebook, BIRD website and another request to our network we asked people to complete a feedback survey. This achieved 12 responses.
3. **Survey to all the podcast guest speakers** - E-Survey sent to all BIRD podcast speakers for their feedback. 11 out of 17 responded. *It's worth noting that they were all keen to reply, but at the start of January the Covid19 pandemic accelerated and staff were under pressure. BIRD didn't want to keep asking them to complete it for obvious reasons.*

All full survey reports are sent separately to this report.

Key themes from feedback (see section relating to key benefits for data):

- People feel supported in a new way by the podcasts. 75% of respondents said it was reassuring to hear voices of Clinicians and Healthcare Practitioners
- There is an appetite for the podcasts to continue, and some wish to attend in-person events later in 2021.
- People are likely to listen to more than one podcast
- Mental Health is an area that could be explored more with the podcasts. (See Q5, Q6, Q16 & Q17 responses to the General Public questionnaire. People have had very little interaction with their healthcare providers, so remote support seems an important tool.

Themes related to any particular health and social care services that participants said they used:

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- See Q16 and Q17 of the general public survey. It's very evident (as mentioned above) that people have had very little contact with their Healthcare providers and not felt able to continue with their physical exercise.
- Most are only receiving care via the phone.

What participants said worked well:

- 100% of respondents in the BIRD audience survey replied that the information in the podcasts was easy to understand.
- 100% of the respondents enjoyed listening to the podcasts
- 100% of the participants agreed that having flexible, remote access to information was useful.
- 66% of podcast listeners shared knowledge of the podcasts via word of mouth and social media
- Podcasts 'made me feel connected'
- 80% said the 'clarity' of the broadcast sound was good.

Where participants felt things could be improved:

- There is demand for more topics including PsA, Lupus, Sjogrens, Managing Rheumatoid conditions together, Osteoarthritis and Fibro being mentioned.
- Possibly shorten the podcasts
- Improve on the website (since done)
- There are requests for videos

6. Demographic information

- Using your Memorandum of Understanding for reference, please report who you engaged with through this project, including any agreed questions such as:
 - postcode
 - age range
 - disability
 - carer etc
- Did you identify any differences or themes in the experiences of different demographic or protected characteristics groups (i.e., that might suggest barriers to and/or potential inequalities in access to health and social care services)?

Demographic Information

(See notes above regarding the collection of demographic and feedback information)

1. Volunteer Podcast listening group -
Volunteer survey group postcodes:
 - 2 Bristol
 - 1 Bath
 - 1 London
 - 1 Chippenham

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2. General Public Survey -
This achieved 12 responses.
Postcodes:
4 Somerset
3 Wiltshire
1 Hampshire
1 Oxfordshire
1 West Midlands

It's worth noting that when we surveyed our network database in early 2020, of the respondents:

37% were from B&NES
6% from Somerset
16% Wiltshire
10% Bristol
3% Gloucestershire
28% further afield

3. Anchor (podcast hosting platform) Geographic data
90% of all listeners were from the UK
Within the UK 81% of the listeners were in England

Anchor does not allow us to break down the data further.

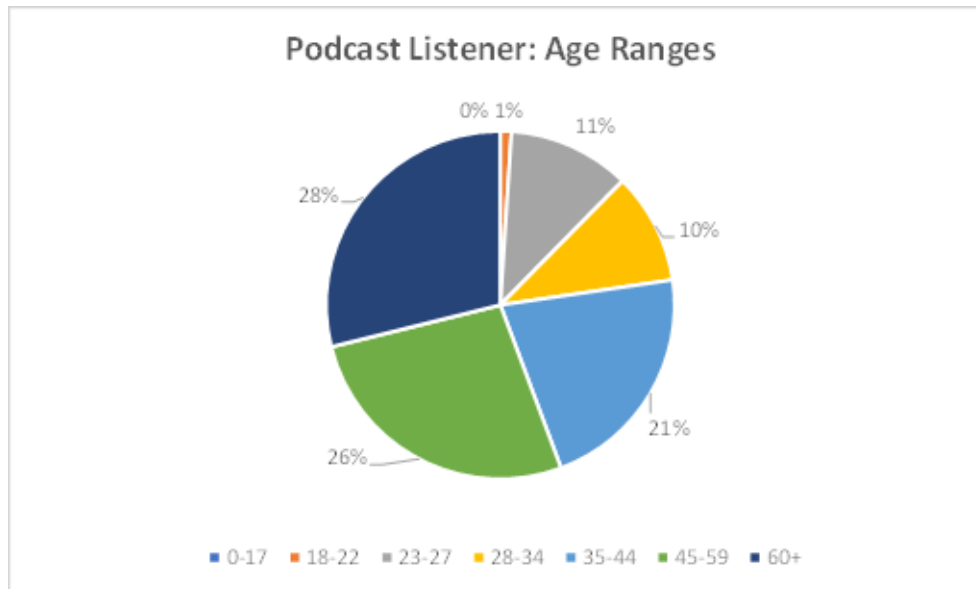
It's worth noting that when we surveyed the BIRD network database in early 2020, of the respondents (100 responses from 350 - a much higher response rate):

37% were from B&NES
6% from Somerset
16% Wiltshire
10% Bristol
3% Gloucestershire
28% further afield

Conclusion: It's hard to measure the exact proportion for B&NES residents but we can be sure they represent a large proportion of all the people who received the marketing, through BIRD channels and the speaker local clinic/GP surgery channels.

Full copies of the Surveys are attached x2 (1 Volunteer Listening Group, 1 General Public)

Age Range of listeners (Source, Anchor):



For BIRD, this split of age range in a considerable success. For our previous Information day events attendees were 90% over 60. In our review of events, BIRD had identified it needed to widen the audience across age ranges.

Information of disability and carer were not covered in the feedback surveys.

Key comments:

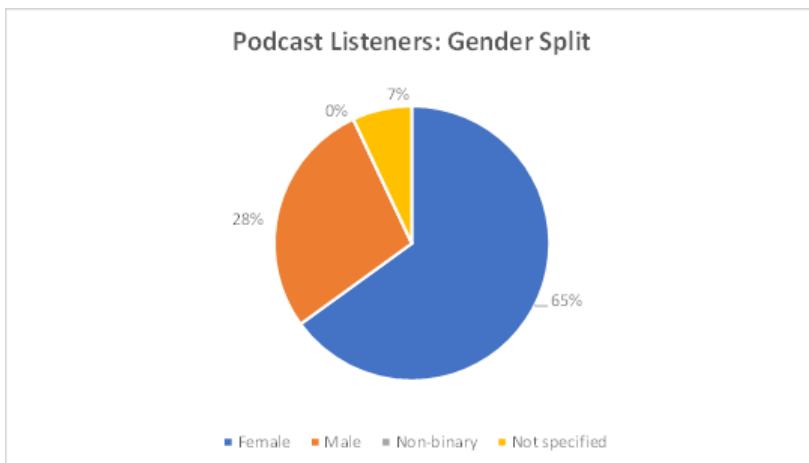
Podcasts have removed some of the barriers in people accessing the rheumatology information service BIRD was attempting to provide through the Patient and Public Engagement Programme.

Previous information days were very successful and popular with attendees, however there were many barriers to attending for example: age, mobility, many couldn't attend due to work commitments, time and length of the information day, availability of people to transport them (if needed), parking problems, distance to travel, accessibility to the venues, ill health on the day (dropouts) and other reasons. Podcasts are proving a very effective way to provide a service without these barriers. The increase in the different age groups could be an indicator of that.

Conclusion: Podcasts help BIRD to reach an audience with wider age range.

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Gender split:



Key comments:

At previous BIRD events the overall percentage of female attendance was significantly higher than men. Our database when surveyed was 80% female (of the respondents). This gender split for podcast listeners represents an improvement for BIRD.

Conclusion: Podcasts help BIRD to reach a larger audience from the, previously, more female attended events.

7. Outcomes - please tell us how this project has impacted those people who took part?

NB - If you have any testimonials or quotes that you would like to share to demonstrate the outcomes that your project achieved, please include them in the box below or attach them as an appendix.

Key BIRD podcast project outcomes:

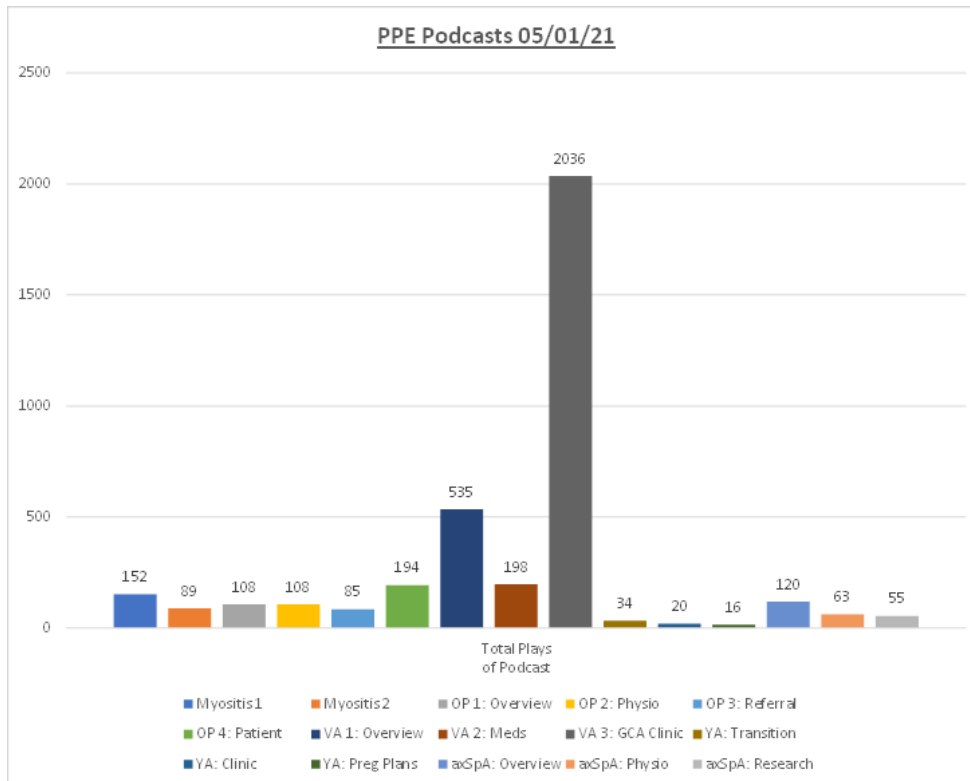
Data sources for outcomes:

1. Anchor platform listening figures
2. Volunteer podcast listening group survey results
3. General public podcast survey results
4. Podcast Speaker survey results

1. Higher than targeted number of podcast listens

In the proposal the target listens for each podcast was 50 per episode. The chart below demonstrates that this was easily achieved for all of the podcast series, except for the Young Adult Arthritis Series.

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Up until the 25th January 2021 there have been a total of 4110 listens of the podcasts. (The chart above is to the 5th January). A fantastic outcome.

Anchor platform shows data on ‘dropout’ rates during podcasts. We can see that there is a very low ‘drop out’ rate for the popular podcasts. Low ‘drop out’ rates should be considered another success.

2. Increased knowledge for patients with Rheumatology conditions

Using the data from the 2 feedback sources, General Public Survey and Volunteer Listening Group we can see the following positive outcomes for increased knowledge:

General Public Survey - key beneficial outcomes

- 66.6% said ‘their knowledge had improved a little’. 8.3% replied their knowledge had increased significantly. (It’s worth noting that a lot of the respondents here are part of our database so likely to be quite well informed if they’ve attended our information days).
- 100% respondents they enjoyed listening to the podcasts
- 100% said they found the podcasts easy to understand
- 58% said ‘Listening to the podcasts meant I felt supported in a new way by specialists’
- 58% replied that ‘listening to the podcasts has been a benefit to my mental health’
- 33% responded that the podcasts ‘helped me to learn about new information and support services’

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- 66% replied that the podcasts 'improved my understanding so I can ask more relevant and helpful questions in clinic'. To mirror this, in the Speakers feedback survey 100% of them answered that patients better understanding their condition helps them to ask more relevant questions whilst in clinic.
- 100% of respondents agreed that having 'flexible, remote access to information was useful'.
- 50% of respondents answered 9 to 10 of a scale of 1(not likely) -10(very likely) 'how likely are you to recommend the BIRD podcasts. Using the Net Promoter Score = 34

Volunteer Listening Group - key beneficial outcomes

- 100% of the listeners rated the podcasts 9 & 10 (on a scale of 1 low -10 high) for increasing their knowledge of the conditions and medications.
- 60% replied their knowledge had deepened after listening to the podcasts.
- 80% replied they were 'very likely' to listen to more podcasts.
- One respondent replied: "Podcasts allow education to be done at a time suitable to the individual".

Speaker Survey - key beneficial outcomes

- 100% of the Speakers thought that offering information through podcasts is beneficial to patient's mental health and well-being. (Mirrored in the replies in the General Public Survey).
- 100% of speakers think that improving patients understanding of their condition can help them feel less anxious and make better informed decisions around their medications.
- 30% of speakers said patients had mentioned the podcasts to them in clinic.

3. Increased Social media engagement from and with BIRD:

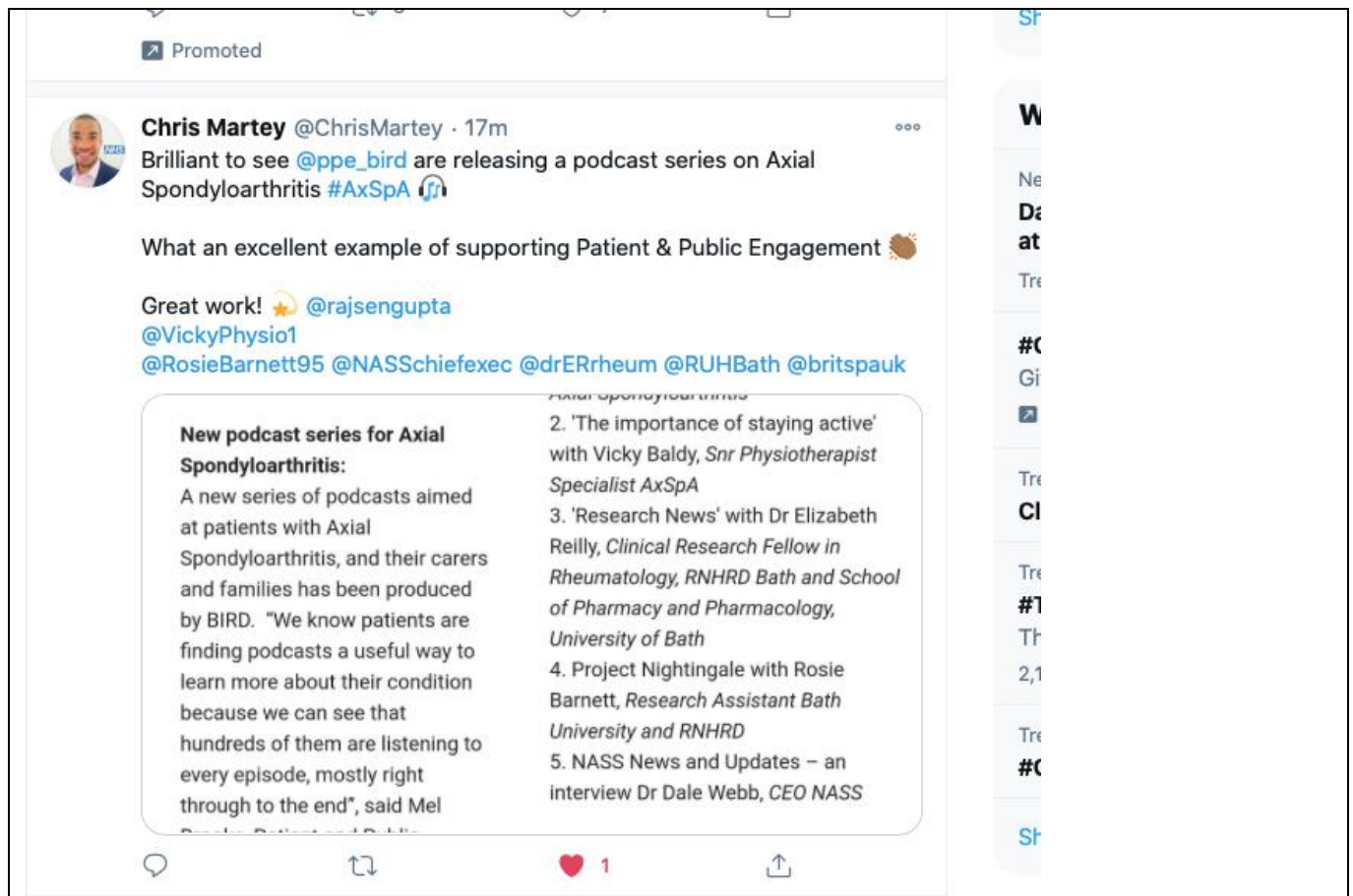
Before we produced podcasts, BIRD's social media presence was extremely low in terms of posts and engagements. Most of our marketing for events for the Patient and Public Engagement programme was done through the BIRD mailing list and posters in the entrance to the old Royal National Hospital for Rheumatic Diseases.

Publishing podcasts has absolutely required and ensured that BIRD improves its engagement with social media audiences. This hopefully allows more people to access information they may find helpful. We have increased our posting across all social media, developed our website pages to include a special page for podcasts and created a LinkedIn page.

4. Developed, created, solidified and maintained BIRD Stakeholder relationships.

The creation of podcasts has allowed BIRD to develop, create and maintain relationships with professional contacts. Through social media and newsletters, we have enhanced the reputation of BIRD. For example:

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Through our Podcast Speaker survey we can see:

- 100% of speakers were happy with their final recording and podcast
- 100% of speakers felt appreciated and thanked by BIRD
- 100% of speakers would be willing to participate again
- 80% of speakers would be willing to participate in a live event again when possible. (20% were a 'maybe').

Other comments about the podcasts received from speakers:

'Thank you for asking me, I feel very honoured'

'Thank you for being so adaptive and coming up with new patients in the current circumstances, it is much appreciated'

8. Considerations

Did you have to take any steps when designing and conducting the project to ensure the safety and wellbeing of your participants? If yes, please explain what these steps were and how you overcame them. Example areas include: Data Protection, Ethical considerations, safeguarding etc.

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Due to the nature of the project, we did not have any participants (apart from the speakers).

9. Next steps...

What action do you think needs to be taken now to share the feedback/ conclusions/ recommendations from your project and help to improve people's experiences of health and social care services in B&NES?

- Please refer to your Memorandum of Understanding for any actions that had been agreed between your organisation and Healthwatch B&NES.
- Please let us know if your organisation is planning to carry out further work in this area.
- Please let us know if there is anything further that could be done in partnership with Healthwatch B&NES. We are very happy to work with you to escalate feedback, best practice and concerns where required. If it would be useful to talk about this in more detail please do get in touch

E: vanessascott@thecareforum.org.uk or T: 07754780487

Following the points above:

With the submission of this report that will signify the end of the project with BIRD and Healthwatch B&NES.

Following the success of the podcasts from listening figures, the general public respondents and the speakers involved, BIRD would very much like, subject to funding, to produce more podcasts throughout 2021. We will continue to gather feedback and make improvements were possible.

BIRD would welcome any further involvement from Healthwatch B&NES to continue with the podcasts in 2021. We are also hoping to hold in-person events again towards the end of 2021.

Key data points which point to BIRD aiming to do both podcasts and events:

- In the Volunteer listening group 80% stated they liked to receive their information through both channels
- In our BIRD survey from early 2020, 49% stated they wanted to receive information through both methods. (29% events only, 20% online or podcasts only)

10. Working with Healthwatch B&NES

This is the second time that we have run a small grant scheme for VCSE organisations. We very much hope to be able to continue this funding stream and build relationships with partners across B&NES. We would therefore be very grateful for your thoughts on

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which elements of this process have worked well and if there was anything that you think we could improve on or do differently next time.

Working with Healthwatch B&NES and being able to use your logo on our advertising posters and website has added gravitas as well as adding a feeling of being part of the local community. Partnerships help to strengthen the images of BIRD and Healthwatch B&NES within the local communities of stakeholders, healthcare practitioners, patients, carers and the general public.

Our communications with Healthwatch B&NES staff have always been very helpful.

We would love to continue the working relationship. Due to the nature of this project, we were unable to facilitate the involvement of a Healthwatch B&NES volunteer, however, in the future if we are able to hold live events again (alongside producing podcasts) there are volunteer opportunities there.

SECTION C: WHAT NEXT?

Please ensure that you have completed **all** sections of this report. Once complete, please submit this report electronically along with any accompanying documents) to Vanessa Scott
E: vanessascott@thecareforum.org.uk

The deadline for report submissions is 4pm (midday) on Friday 29 January 2021

We aim to hold an event for all grant recipients to discuss the findings of their projects with one another and the Healthwatch B&NES Executive Board. Details of this event will be shared in due course.

NB - The financial report is a separate document. This also needs to be submitted by 12.00 (midday) on Friday 29 January 2021.