Oxford Academic Health Science Network
DEMENTIA

Dementia Clinical Network

Webinar programme 2016-17

Report

Fran Butler

October 2017

1. Introduction

The Dementia Clinical Network (DCN) introduced a programme of webinars in July 2014 and has now run a total of 40 webinars to June 2017, now with over 980 live attendees (and a further 840 or so listeners to webinar recordings). The original purpose of the webinars (from the original 'Unwarranted variation' project initiation document) was

- Build culture of partnership collaborative working across Oxford AHSN
- Reduce variation in diagnostic and prescribing practice following initial referral to memory service

Last year we reported on the webinar programme up to June 2016 – this current document provides an update on that report, with an overview of the last year's webinar programme. As with last year's report, two sources of information have been used to inform this review;

- Webinar attendance data collected over the period of the webinars running.
- A survey sent out to the DCN e-mail list requesting feedback.

2. Webinar programme 2016-17

Webinars held

Between May 2016 and June 2017 we held 15 webinars, with 306 live attendees and there were 434 viewings of the webinar recordings. For some webinars, people have attended in groups and attempts have been made to determine these additional numbers. However, we are not always aware of these group viewings, which appear just as one attendee on the participant panel of the webinar.

The list of webinars for this period is shown in the table on the next page.

Webinar recordings are being seen as a very useful repository of educational material. It is interesting to note that we now have more viewings of recordings than attendees at the live webinars – in our previous report for 2014-2016, live attendees outnumbered recording viewings by a factor of 6 to 1. Where possible recording links are sent out in the next few days following the webinar which makes it much easier to view recordings for people who have missed the webinar. Additionally, a document containing recording links for webinars since 2015 is sent out following every webinar, making it easier to view webinars from the past. Indeed, some of our older webinars are still being viewed, for example one webinar from autumn 2015 having received 69 viewings between June 2016 and October 2017.

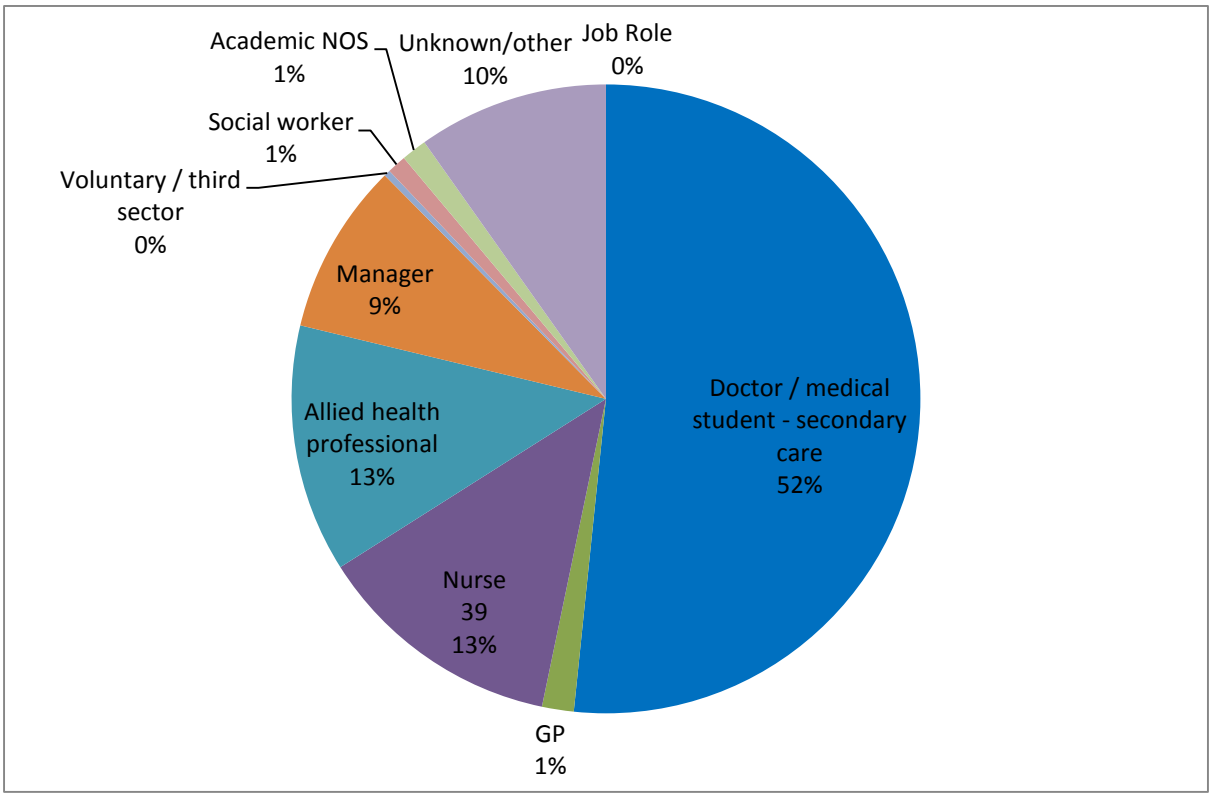
Dementia Clinical Network webinars July 2016 – June 2017

Webinar	Nos attending live	Total recording viewings	Total viewings (live plus recording)
An audit of scans from Berkshire (25.5.2016) *Dr Jacqui Hussey*	24	10	**34**
Case-based illustration of common dementia sub-types with clinico-pathological correlation (8.6.2016) *Prof Monika Hofer, Dr Aneeba Anwar*	22		**22**
Diagnostic boundaries in dementia: doing better in the short term (22.6.2016) *Dr Rupert McShane*	21	52	**73**
Assistive technologies in practice (28.9.2016) *Tom McDermott, Natasha Solway*	14	6	**20**
Post-diagnostic support in a memory assessment service (19.10.2016) *Dr Stephanie Oldroyd*	29	39	**68**
Alzheimer's Disease and Epilepsy (2.11.2016) *Dr Arjune Sen*	21	41	**62**
Old Adult Mental Health Inpatient Service (7.12.2016) *Dr Brian Murray*	15	58	**73**
Oxfordshire Primary Care Memory Assessment Service (22.2.2017) *Dr Julie Anderson*	33	23	**56**
Cognitive Behavioural Therapy (CBT) and mindfulness for people with dementia (22.3.2017) *Dr Joshua Stott*	21	40	**61**
A Roundup of RCTs in 2016 (19.4.2017) *Dr Rupert McShane*	11	31	**42**
Neuro-behavioural features of Parkinson's Disease: Presentation and management (26.4.2017) *Dr David Okai*	20	8	**28**
Phenocopy behavioural variant FTD (10.5.2017) *Prof James Rowe*	15	14	**29**
Memory Services National Accreditation Programme: past, present and future (24.5.2017) *Prof Martin Orrell*	31	33	**64**
How does alcohol affect brain cognition? (7.6.2017) *Dr Anya Topiwala*	15	77	**92**
Introducing the NIHR Oxford Biomedical Research Centre (28.6.2017) *Dr Clare Mackay*	14	2	**16**
Total	**306**	**434**	**740**

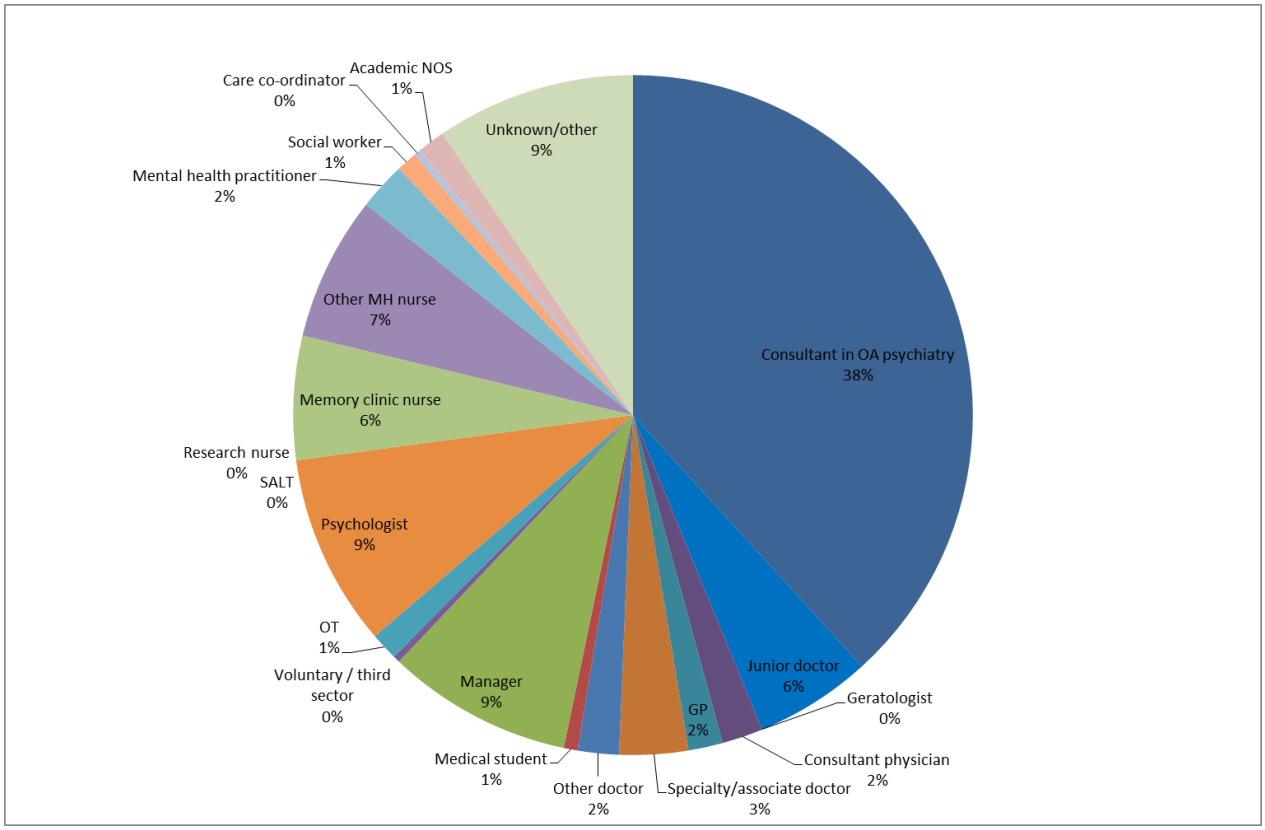
Which professions have attended webinars?

For live attendances (rather than watching of recordings) we are able to analyse which professions have attended and where they are based. The most common professional group joining our webinars live is secondary care doctors and medical students followed by nurses and allied health professions. Managers formed the fourth largest group. Of the 158 attendances by secondary care doctors and medical students, 117 of these were by consultant old age psychiatrists. Psychologists formed the largest proportion of allied health professionals (71%). The table below shows a summary of job roles of those who have attended our webinars.

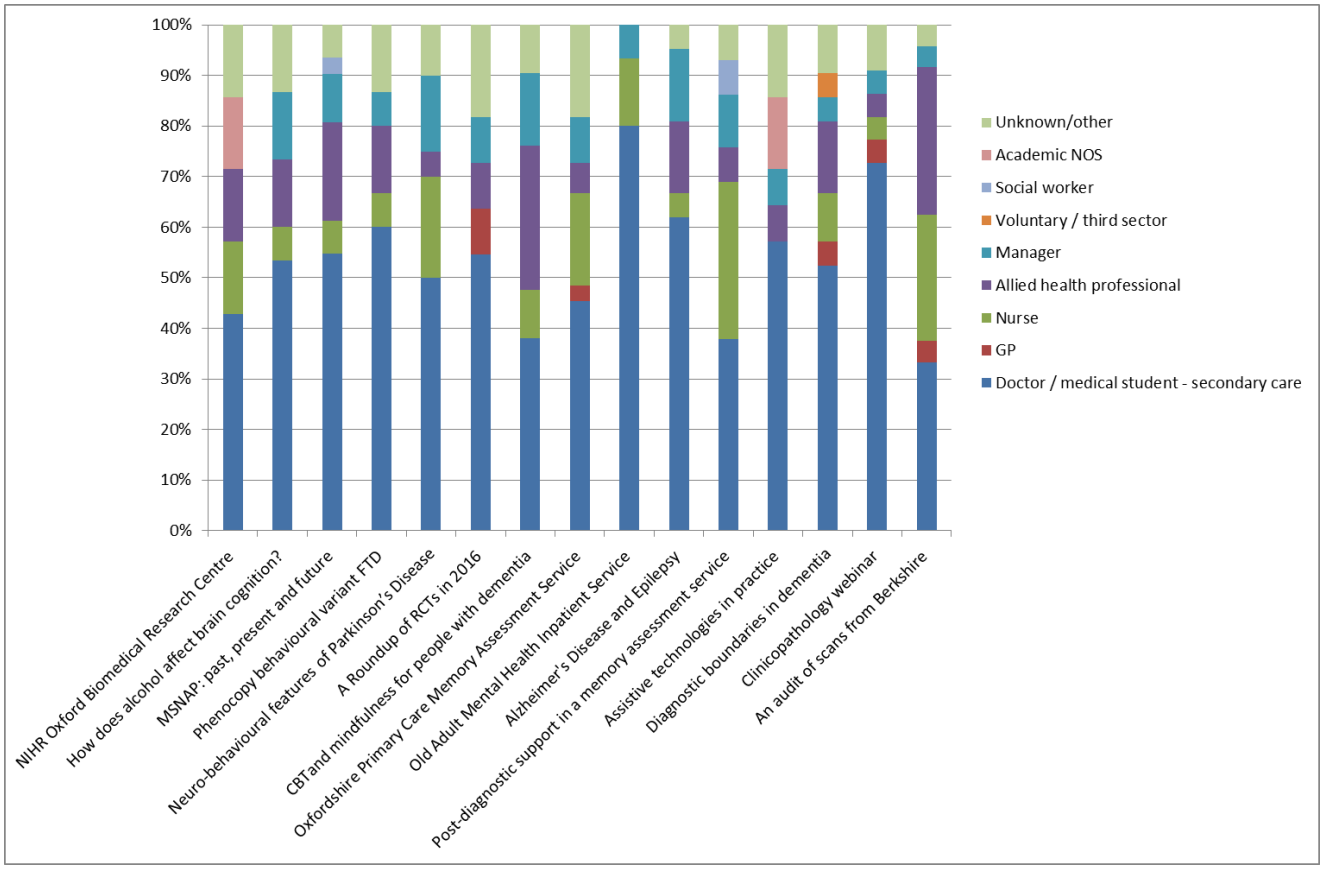
Job Role	Live Attendances
Doctor / medical student - secondary care	158
GP	5
Nurse	39
Allied health professional	39
Manager	27
Voluntary / third sector	1
Social worker	3
Academic NOS	4
Unknown/other	30
Total	**306**



2016-17 webinars – live attendees by job category



2016-17 webinars – live attendees by job title – detailed



2016-17 webinars – live attendance by job category, by webinar

Where are attendees based?

The breakdown of location of live attendees is shown in table below:

County	No. of webinar attendances	% of total attendees 2016-17	% of total attendees 2014-16
Berks	46	15%	16%
Bucks	29	9%	10%
MK	7	2%	2%
Oxon	154	50%	54%
Thames Valley-wide	17	6%	6%
Out of area	45	15%	5%
National	3	1%	1%
Unknown	5	2%	7%
Total	**306**	100%	100%

As found in last year's webinar report, the majority of participants in the webinars are from Oxfordshire, followed by Berkshire. Some of the Buckinghamshire participants could have been wrongly categorised as Oxfordshire because they work for Oxford Health NHS Foundation Trust (OHFT), but usually we do know the location of our participants.

Milton Keynes is a much smaller area (about a third of the size of Berkshire) and so it would be expected that fewer participants would be located there, but the level of participation remains low, representing only 2% of attendees.

Watching as a group

In some areas people are watching in a group setting. Sometimes this is using one of the eight webinar kits which consist of an iPad, projector, microphone and speakers and are situated as follows:

- Wokingham Memory Clinic
- Royal Berkshire Hospital
- Fulbrook Centre (kit held at AHSN)
- Abingdon Mental Health Centre
- Milton Keynes General Hospital
- Buckinghamshire - 2 kits

- SCAS (Ambulance service) – 1 kit

Only a minority of these webinar kits are in regular use for the DCN webinars though where they are in place they seem to attract good group audiences. A team from Newcastle has been joining our webinars using a TV screen and speakers, have found this a very positive experience (though recently a technical problem with Webex has prevented them from attending live webinars). The Newcastle team reported that frequent reminder e-mails to the team, and the attendance of the clinical leads has encouraged a good turnout to the group viewing, and the lunchtime timing has worked well for them. They have found that watching it together is more motivating than individually, and the time for discussion and comparing what is happening in other geographical areas has been very helpful.

3. Results of feedback survey

Gathering views

An online survey was set up to gather feedback on the webinar programme. The survey questions can be found in Appendix A. The survey was sent out to the webinar mailing list (360 people) during August 2017. 24 people responded to the survey. Of these 6 had not attended any of the webinars. We do not know if this was a representative sample but generally this was not important for the feedback we were seeking. A summary of the results of the survey follows here.

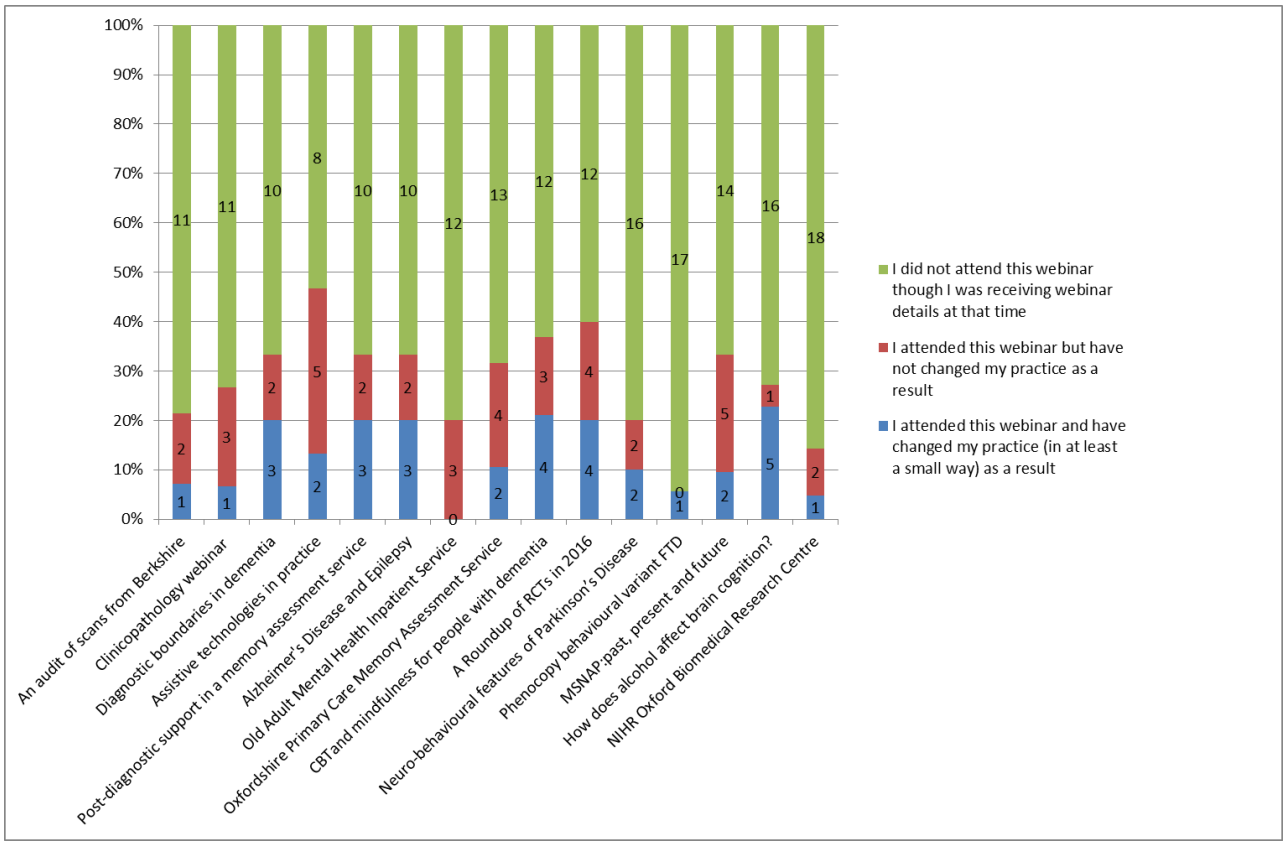
Did webinars change practice?

The graph below shows which of webinars in the 2016-17 webinar programme were attended by survey respondents, and whether or not they felt they had changed their practice as a result of attending the webinar. The results of this question were very encouraging – of the 74 webinar attendances reported, 34 attendances or 46% had resulted in a change in practice. (Some of the webinars were not necessarily aimed at changing practice, for example, the webinar on the Biomedical Research Centre.) Of the 18 respondents who had attended at least one webinar, two-thirds of them reported at least one webinar leading them to change their practice. Ten out of 13 clinician respondents to our survey reported changing practice as a result of attending one or more of the webinars.

For the following webinars, 50% or more of survey respondents who had attended them, reported that they had changed their practice as a result;

- Diagnostic boundaries in dementia
- Post-diagnostic support in a memory assessment service
- Alzheimer's Disease and Epilepsy
- How does alcohol affect brain cognition?
- CBT and mindfulness for people with dementia
- A Roundup of RCTs in 2016
- Neuro-behavioural features of Parkinson's Disease
- How does alcohol affect brain cognition?

Encouragingly, none of the respondents reported attending a webinar which they found not to be useful.



Which webinars were reported as influencing changes in practice?

Usefulness of webinars

Respondents were asked about the usefulness of the webinars to their role, whether this was a clinical role or not.

Some people found it difficult to fit viewing the webinars into their busy diaries due to other commitments. A further respondent identified watching webinars as particularly useful because they were part-time and couldn't always attend events. Recordings of webinars were found to be very helpful in this respect, and very useful for Continuous Professional Development (CPD). One respondent reported that the programme clashes with webinars put on by their CCG - we are not aware of which CCG this is.

A respondent reported that their awareness has increased, and the webinars were praised as being of excellent quality, a great resource. The question sessions at the end of webinars were identified as being very helpful and particularly valued in terms of discussing problematic areas of practice.

Webinars were reported to be a helpful way of learning about current thinking across a broad range of areas – the variety was valued, with support for the selection of topics which were felt to be very relevant to practice as well as useful for general knowledge on the topic of dementia. They were reported as providing helpful information that attendees have used in memory clinic.

One respondent reported listening to two of the webinars twice, whilst another had reported that they were 'enjoyable'.

Technical aspects – running 'Voice over Internet' rather than using telephones

Of the 16 respondents to this question, 13 said this system worked well for them, although some said they only watched recordings (for which the quality was said to be fine). Of the other 3, one said that they found it hard to be at a desk in a quiet area on time.

One mentioned that the Dementia Clinical Network webinars are better run than their CCG webinars, whilst another observed that Voice over Internet, rather than using telephones, was a more straightforward method, appearing more professional and with excellent sound quality.

Asking questions / group discussion at the end

Survey respondents were asked if there was anything that prevented or inhibited asking questions at the end of webinars. Most reported that this was not a problem. Issues that were reported tended to be human factors rather than technical.

Factors which hindered asking questions included feeling inhibited by not knowing who the other attendees were, as well as not wanting to be identified or not wanting to be the first to ask a question. Others who felt less 'expert' in dementia said they would feel self-conscious at asking questions.

Others had not found asking questions in webinars to be a problem, were happy to participate in questions, and one commented they were happier to ask a question in a webinar than in a room. One respondent noted that watching the webinar as a group could generate questions through informal discussion in the room.

Several respondents had ideas for increasing the number of people participating in the questions session. Suggestions included;

- Asking for questions at the beginning of the webinar as well as the end, and also giving attendees the opportunity to submit questions in advance.
- Having some form of 'polling' within the webinar, to encourage all attendees to participate regardless of background and level of dementia 'expertise'.

More than one respondent pointed out that one of the limitations of watching a recording was the inability to ask questions. As a higher proportion of our audience is now watching recordings, this is a significant observation.

Given the above points, it may be worth generating an instructions sheet to be sent out with webinar details, which gives some screen shots of how to ask questions and how to see who the other participants are (on an iPad and on a PC). Inviting questions in advance is felt to be helpful (though when we have sometimes done this in the past, no one has taken us up on this). There is also a polling option on Webex which we could explore further.

Suggestions for future webinar topics

These included:

- Addressing of health inequalities
- Engaging general practice with dementia
- Benefits of community dementia support
- Dementia and Sight or Auditory Impairment
- How can Social prescribing be used for people affected by dementia
- Risk Reduction strategies
- Nutrition in people with or at risk of dementia / appetite and dementia
- Ideas for minimising behaviour problems in communal settings
- Young onset dementias(clinical presentations and diagnosis with case presentation)
- Genetic counselling service for dementias
- Explanation of best practice and local pathways (and responsibilities) from initial concern through to diagnosis and ongoing support
- Therapeutic interventions (i.e. non medical) for people with dementia and their care givers.
- Is dementia a medical or a social need? Whose responsibility is it to care?
- Running maintenance Cognitive Stimulation Therapy in a community setting
- Stress management with carers
- How to develop research integrated into memory clinic (e.g. like Scheltens Amsterdam Memory Clinic)
- More on ways of differentiating MCI vs Dementia
- Some focus from a practical perspective e.g. drug choices for treating a range of conditions, suggestions re modifying Parkinson's Meds
- Vascular dementia and evidence on prevention
- More general reviews of literature/evidence on certain topics
- More non-medical webinars

Any other comments

Respondents to the survey were asked if they had any other comments. The responses were generally very positive.

There was great encouragement to keep the programme running. Clinico-pathological webinars were felt to be particularly enjoyable, and useful for educating trainees. The opportunity for training for all, because of the absence of needing to be in the same place, at the same time, and because the webinars are free, was appreciated. The webinars were described as ‘incredibly interesting and helpful’, ‘very good’, and ‘valuable’.

The opportunity to attend a webinar as a group was appreciated and felt to be very motivating.

Again work time pressures were mentioned and the difficulties of attending live, but the availability of recordings was very much valued and made attendance easier.

One respondent said that if colleagues could not attend a webinar then they would feed back a summary so that others could benefit.

One respondent reported difficulties in accessing webinars from their workplace (we are not sure where this is). There was also a request for the webinars to be at the beginning of the day rather than at lunchtime, and also a request to host on a different platform. Another respondent found that the notification of the webinar is too late for them, and they have already booked in patients – it would be helpful to know when the webinars are at least a month in advance.

Acting on feedback from last year's report

In our webinars report last year we identified a number of actions we could take to improve the webinar programme. Actions taken as a result include:

Arranging more webinars with topics of interest to Allied health professionals and nurses, and of interest to social care and the third sector. Four webinars were particularly aimed at these groups – Post-diagnostic support, CBT and mindfulness, Assistive technologies and a roundup of RCTs.

Encourage more questions. This is discussed above under 'Asking questions / group discussions at the end'. Question sessions do now have more questions asked from a more diverse range of attendees, but a written sheet with screenshots showing how to do this might help.

More presenters from areas other than Oxfordshire. We held webinars with presenters from Oxfordshire, Milton Keynes, Buckinghamshire and Berkshire in the period in question. We also held several webinars with national presenters. Research based webinars have still tended to be from Oxford or out-of-area based presenters – further efforts could be made to redressed this.

4. Discussion and recommendations

Introduction

Suggested actions for the DCN as a result of the information about webinar attendance (including job categories and location of attendees) are outlined in this section.

Increasing participation from less represented groups

The proportion attending live from Milton Keynes and Buckinghamshire has remained steady but could be increased. Promoting the webinar kits for group viewing could help with this. Unfortunately we are unable to determine where those watching recordings are from, and these now represent more than half of total attendees.

In the past year we have held webinars of interest to different professions and sectors. We will continue to do this. Discussions with the Thames Valley Strategic Clinical Network (SCN) suggest that primary care would be interested in more webinars aimed at this sector so we can certainly look into this. The SCN have mailing lists of practices to which they can forward webinar e-mails.

Acting on feedback from participants

Hosting platform There was a request for us to try a different platform though others reported that Webex worked well for them. One respondent reported that they were unable to access Webex in their trust. The other widely used platform is Skype for Business and this is becoming more widespread. We will investigate whether changing platform might be a possibility, but the risks of moving away from a platform that people are familiar with, also needs to be considered.

Timely promotion of webinars It was mentioned that more notice of webinars is needed. The following two webinars are normally promoted in the joining instruction, and recordings, e-mails. It is possible these might not be read by those not interested in the webinar topic. We can send a separate e-mail advertising the forward programme.

Technical aspects eg. asking questions We will develop a sheet with screenshots showing how to ask questions and how to see who the other attendees are.

Extending mailing list

There are several people on our mailing list that do not work within the AHSN's geographical area, and our webinar invitations are distributed throughout Wessex as well as our own area. We have not particularly advertised the webinars outside of our own area, because we wished to keep the programme fairly local and informal, and not intimidating for presenters. Nevertheless, we are happy to add people from outside of our area to our mailing list.

Ad hoc feedback

It is important to note that we often receive feedback e-mailed to us following webinars, which is passed on to the presenters. '*Excellent'*, *'fascinating'* , '*I just wanted to thank you very much for the particularly excellent webinar on Wednesday. The webinars are always of a consistently high standard and I very much appreciate them….. … the webinar really helped me make sense of the research and reading that I have previously done'.*

5. Conclusions

Feedback on our webinars has been very positive, as well as enabling us to identify a few improvements that could be made to the programme. Reports of clinicians changing practice as a result of the webinars are particularly encouraging. It has been helpful to analyse attendance, albeit being unable to do this for webinar recordings except to note the large numbers now viewing in that way. The suggestions for future topics are particularly helpful and we will use this list to plan the next set of webinars.

FB October 2017

Appendix A – survey questions

Webinar Survey questions 2017.pdf

Appendix B

Dementia Clinical Network webinars in previous period July 2014 – June 2016

Webinar	**Nos attending live**	**Nos accessing recording (as at June 2016)**
PCA (16.7.2014) *Dr Jacqui Hussey*	36	Not known
Patient safety (30.7.2014) *Dr Nick Woodthorpe*	21	Not known
Differential diagnosis (13.8.2014) *Dr Allessia Gargiulo*	29	Not known
Legal aspects of dementia (27.8.2014) *Dr Hugh Series*	34	Not known
DAPA and Exercise (1.10.2014) *Dr Bart Sheehan*	16	4
Dementia and delirium CQUIN (5.11.2014) *Dr Sarah Pendlebury*,	49	19
Hospital admissions data and aims of the Out of Hospital Clinical Network (19.11.2014) *Dr Dan Lasserson*	35	6
'Circles of Support' project (3.12.2014) *Paul Cann*, Age UK	22	**8**
Memory clinic variation highlighted in the National Audit of Memory Clinics (17.12.2014) *Dr Alison Stewart*	36	17
Dementia with Lewy bodies (7.1.2015) *Dr Jenny McCleery*	39*	Not known
Variation in service provision for people with young onset dementia (21.1.2015) *Dr Jacqui Hussey*	16*	Not known
Ethics, deception and dementia care (4.2.2015) *Dr Michael Dunn*	14*	Not known
Psychosocial interventions in dementia care – developments from the WHELD Programme (18.3.2015) *Dr Jane Fossey*	19*	Not known
MADE project (15.4.2015) *Dr Rohan Vanderputt,and Dr Nick Woodthorpe*	9*	Not known
How safe are community services for people with dementia? (6.5.2015) *Dr Philip Wilkinson*	8*	Not known
Biomedical research (20.5.2015) *Dr Clare Mackay*	9*	Not known
Fronto-temporal dementias (15.7.2015) *Dr Christopher Butler*	24 (Fulbrook approx. 7 to be added)	Not known
Clinical utility of brain imaging: what is available and when might it be useful (28.10.2015) *Professor John O'Brien*	17	149 (some for admin)
Where are we with Deprivation of Liberty Safeguards? (25.11.2015) *Dr Hugh Series*	26	23 (some for admin)
Caring for people with dementia in their own homes (9.12.2015) *Dan Knowles, and Rick Taylor-Baker*	22	34
Safe and effective prescribing in older adults (20.1.2016) - *Siobhan Gee*	22	36
Case-based illustration of common dementia subtypes with clinico-pathological correlation (10.2.2016) *Dr Monika Hofer, Dr Aneeba Anwar, Dr Ivan Koychev*	24	
Is there a clearer role for telecare in adult social care in England? (9.3.2016) *Dr John Woolham*	26	10
Dementia and depression (13.4.2016) *Prof Klaus Ebmeier*	25	37
Primary Progressive Aphasia and the role of the Speech and Language Therapist in Memory Clinic (27.4.2016) *Marielle Kay*	31	

*(also Wokingham watching as group, nos not known)