

Cardio Connect Live Chat Service Evaluation

Background

Cardiomyopathy UK is the leading national charity for people affected by the heart muscle disease cardiomyopathy. The charity is also the leading provider of support services to people affected† by the condition across the UK. Historically the organisation has provided support to people via a national Freephone helpline, email, online and face to face. Support services are delivered by experienced specialist cardiac nurses, cardiologists and volunteers with lived experience of the condition.

Cardiomyopathy UK wanted to ensure that hard to reach groups, including those people who identify as socially excluded and the rurally isolated, had access to support services

Cardio Connect – An Overview of the Live Chat Service

Cardiomyopathy UK used the Awards for All grant to create a vital front line service which offers free, confidential and impartial clinical advice alongside specialist benefit, welfare and rights advice to all people throughout England affected by cardiomyopathy. The creation of Cardio Connect was shaped by what people told us via stakeholder events and over the helpline. We developed a separate, easy to locate page on our website with instructions as to how Live Chat works <http://www.cardiomyopathy.org/how-we-can-help/our-cardiomyopathy-helpline>. We also introduced the two pop up boxes to alert users when the nurse was available to chat and when the virtual adviser (benefits, welfare and rights) was available. Figure 2 alerts a user that a nurse is available and figure 3, when a virtual adviser is available.



Figure 2



Figure 3

Evening virtual adviser sessions were piloted and advertised via all of the Cardiomyopathy UK media outlets. Figure 4 shows an example of such an advertisement.



Figure 4

Accompanying the aforementioned was the opportunity for people to pre-book time slots of ten minutes each with the virtual adviser.

Advertising and promotion

As discussed above, Cardiomyopathy UK was keenly aware that the three most popular mediums for people contacting us were via the internet. Cardiomyopathy UK's Twitter account has 2770 followers and our Facebook page is liked and followed by 4850 people. Our closed Facebook group established to provide peer support and monitored by our nursing staff has 3883 members, all of whom are people affected by cardiomyopathy or have a clinical interest in the condition. Our campaign to promote the Cardio Connect Live Chat service was simple yet far reaching. The charity wanted to promote the service not only to people who might access our website (Cardiomyopathy UK is the top result when the word *cardiomyopathy* is inserted in to the Google search engine – this is not due to advertising or paid promotion) but to those people who may elect to access support for their health condition/s via their GP or other clinical care provider. Therefore, posters and simple contact cards were designed and printed promoting the Cardio Connect Live Chat service which would then be disseminated by our volunteers to GP surgeries, hospital cardiac departments, and local

community organisations and via our national network of support groups. An example of the contact card can be found at figure 5.



Figure 5

As part of our online promotional campaign we opted to run three different paid advertisements via Facebook solely raising awareness of and promoting our Cardio Connect Live Chat service during a three week period. An analysis of the three week online campaign confirmed that 43,926 people had been reached with a further 1,599 people clicking on the actual advertisements. There had been a 76% increase in the number of people contacting Cardiomyopathy UK via the Cardio Connect Live Chat service following the online campaign. Copies of the adverts can be found at figure 6.

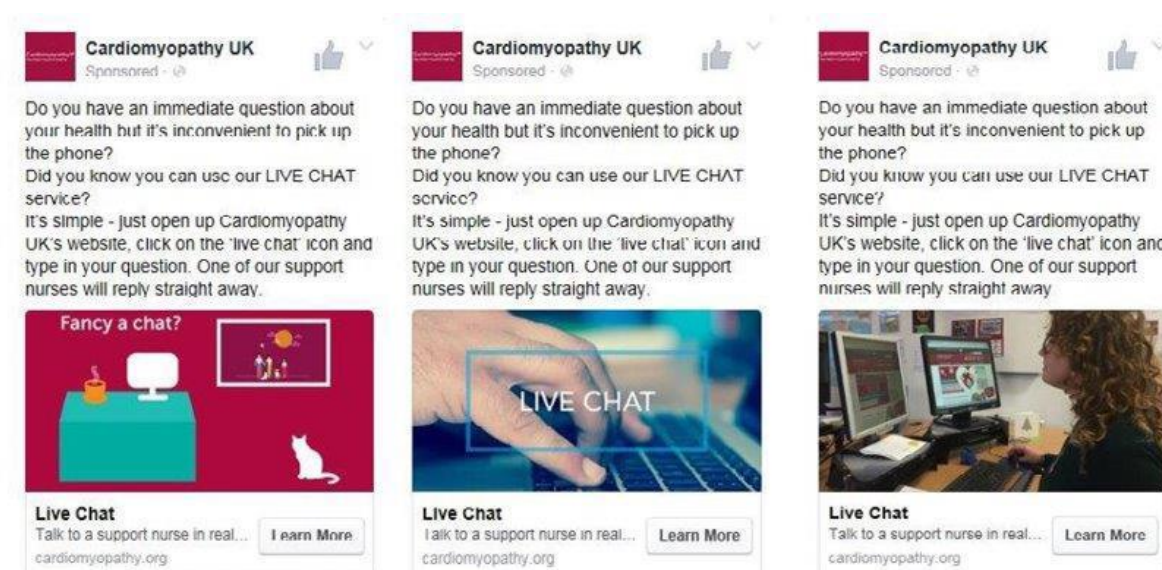


Figure 6

Critical Findings

As part of the evaluation of this project the charity analysed feedback from people who had used the live chat service, reviewed recorded live chat interactions and conducted a survey to ascertain the following:

- By what medium people preferred to contact us
- How would people want a live chat service to work
- What would encourage them to use the Cardio Connect Live Chat service
- The frequency with which they used our services

- Gender, ethnicity, age and condition status of respondents

The survey was available for completion via all the charity's media outputs for a period of six weeks. 87 people responded in total.

Feedback from Users

Based on analysed feedback from people who had used the live chat service and reviewed recorded live chat interactions we can see that the most common clinical enquiries via Live Chat are as follows:

- Symptoms
- Treatment and investigations
- Uncertain diagnosis
- Recent diagnosis
- Screening
- General support
- Children diagnosed
- Exercise
- Travel
- Transplant
- ICDs
- Pregnancy

Those people who booked slots with an adviser wanted to talk about the following in descending order of frequency:

- PIP eligibility, claim process, mandatory reconsiderations and tribunals
- ESA eligibility, claim process and the difference between the ESA support group and the work related activities group
- Disclosing cardiomyopathy to an employer
- Reasonable adjustments to ask an employer for at work
- If cardiomyopathy was defined as a disability under the Equality Act 2010
- Loss of employment due to ill health
- Housing benefit for people on a low income

Nearly all of those who contacted us for non-clinical advice rather than contacting the DWP or Citizens Advice stated that they did so because they believed we would understand better the impact cardiomyopathy can have on a person's daily living and how this could be articulated to the DWP when applying for certain benefits or speaking with their employer. One respondent contacted us because she felt, *"The DWP don't have a clue what it's like to try and live with this disease. I scratched my foot and the assessor (DWP assessor assessing the person's suitability for PIP) said, "You're alright you can bend over." I mean, how stupid can you get? I can barely walk two yards!"* Some respondents had chosen to contact us via Live Chat because they were physically unable to present at their local Citizen's Advice Bureau, by virtue of their compromised health.

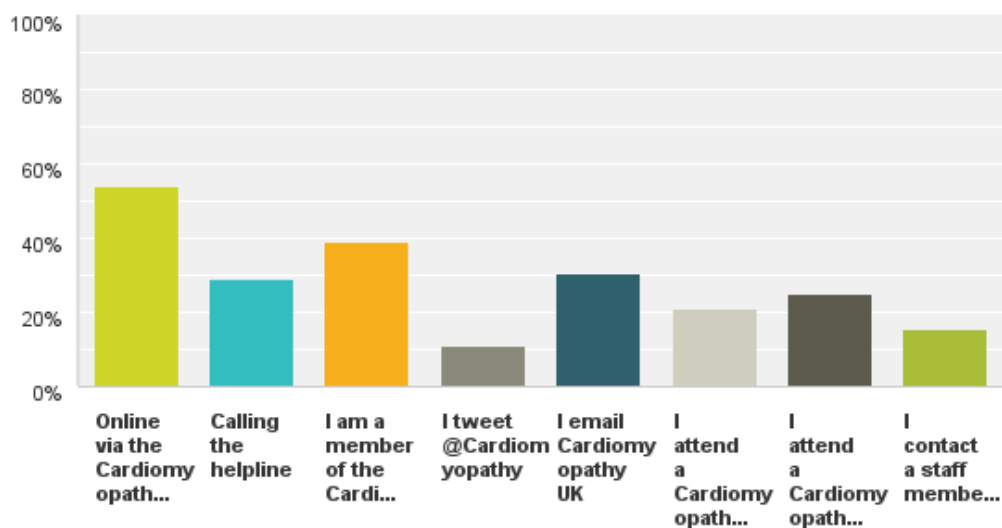
Analysing the responses from those who confirmed they used Live Chat on a regular basis*, the primary reason for doing so was because they were in a position where they were unable to talk (50%), the joint secondary reasons were because respondents were unable to secure an appointment with a clinician (25%) and they wanted an immediate response (25%).

The results of our survey

We asked respondents (n=87) what options they would benefit from when using the Live Chat facility, the majority (multiple choice answer was available to participants hence the percentage overs) responded that longer opening hours would improve the service (62.5%). A pre-booking system with users being able to book a time with a responder (37.5%), non-clinical responders available to offer information and support (25%) and increased visibility of the Cardio Connect pop up box (12.5%) were the remaining options.

We were interested to find out the most popular methods of contacting Cardiomyopathy UK so we gave respondents a multiple choice question asking how they communicate with the charity. The findings suggested that the preferred methods of contacting the charity for support and information were all via e-mediums; 54.7% contact us via our website, 38.8% contact us via our closed Facebook group and 30.5% contact us via email.

Q7 How else do you communicate with Cardiomyopathy UK? Select all that apply.



| Answer Choices | Responses |
|--|-----------|
| ▼ Online via the Cardiomyopathy UK website | 54.17% |
| ▼ Calling the helpline | 29.17% |
| ▼ I am a member of the Cardiomyopathy UK closed Facebook group | 38.89% |
| ▼ I tweet @Cardiomyopathy | 11.11% |
| ▼ I email Cardiomyopathy UK | 30.56% |
| ▼ I attend a Cardiomyopathy UK support group | 20.83% |
| ▼ I attend a Cardiomyopathy UK Information Day or conference | 25.00% |
| ▼ I contact a staff member directly | 15.28% |

Figure 1

It was apparent from the responses as evidenced at figure 1 that an e-service would more likely be preferred. The overall findings of the survey enabled Cardiomyopathy UK to develop and deliver a sound online support service that would achieve the following outcomes:

- **Feel more informed.**

Enable people affected by cardiomyopathy to consult with a nurse in real time without having to wait for an appointment with their GP or cardiologist thus lowering levels of anxiety; *"Sometime I have a question about my HOCM and the doctors is full and my appointment to see my heart specialist is three months away. Being able to talk to a nurse on Live Chat is perfect and I feel much less worried and stressed afterwards."* (Female respondent, age category: 35-44years). Another respondent commented that, *"...having access to a nurse is essential for me. I panic and need to know someone is there if I need advice between medical appointments."* (Female, age category: 35-44years). A significant reduction in self-reported anxiety was recorded by 97% of people contacting us for clinical support.

- **Feel better able to cope.**

Enabling people to feel better able to cope with non-clinical difficulties they might be experiencing by providing contact with a welfare and benefits specialist adviser in real time. Both our national helpline caller comments and the Cardio Connect Live Chat survey evidenced a real need for people affected by the condition to have access to a trained adviser specialising in benefits, welfare and rights; *"I can't work anymore due to my condition and I have never been out of work before. Its invaluable having someone I can connect with who knows about the condition, about what I might be entitled to and how I can get the Government help I need."* (Male respondent, age category: 45-54years). By the charity offering benefits, welfare and rights advice, people affected by cardiomyopathy are supported more holistically. One female respondent told us that being able to receive support for her physical health and her emotional and socio economic well-being had been of considerable benefit to her; *"I have always contacted you (Cardiomyopathy UK) about my condition but when I lost my job due to my bad health I didn't know where to turn. Being able to speak to you and get advice about housing benefit, council tax reduction and all them (sic)*

things has made me feel a lot better and I don't lie awake worrying all the time. (Age category: 25-34 years).

- Extending Live Chat availability hours to foster a more inclusive and personal service ensuring that those people who are unable to contact us within the hours of 08:30am – 16:30pm are able to do so. *"I'm not allowed to use the computer at work for personal reasons and I don't finish work until 4 o'clock so being able to ask a question through Live Chat is good for me."* (Male respondent, age category: 45-54 years).
- **Feel less scared.**
Ensuring that people who contact us via Live Chat feel listened to, understood and valued. Cardiomyopathy UK recognises that people might feel embarrassed or uncomfortable asking questions regarding their health for example in cases of sexual dysfunction arising from their condition. The Cardio Connect Live Chat service affords a person anonymity, but unlike email, ensures that their question/s will be answered instantly. *"...there are times when I wouldn't feel comfortable calling someone as it feels like what I need to ask may not be important. Somehow dropping a quick question on livechat (sic) would be less embarrassing."* (Male respondent, age category: 35-44 years).
- **Take the first step.**
"When I was diagnosed with dilated cm my world fell apart I thought I was going to die soon. Having had a few live chats with the nurse I realised my life wasn't over it was just different. I was down but now I'm doing pretty much what I did before." (Male respondent, age category: 25-34 years).

The future

The Cardio Connect Live Chat service has proven to be an essential service for people throughout England affected by cardiomyopathy. The availability of a nurse and virtual adviser to answer people's questions, assuage their fears, reduce their anxiety and empower them to take the next step is a unique service for a condition specific charity. The increase in users since the promotional campaign was launched and the 100% positive feedback Cardiomyopathy UK has received from users of our Cardio Connect Live Chat service has demonstrated a proven need for the service. Cardiomyopathy UK's future objectives for expansion of provision are as follows:

1. Increasing our operating hours to ensure that Cardio Connect Live Chat is available during weekends and bank holidays.
2. Developing the service to enable children and young people affected by cardiomyopathy to access specialist support and advice.
3. Creating a facility via Cardio Connect Live Chat which is exclusively for peer support. Training a number of our national network of Peer Support Volunteers to respond to non-clinical, non-specialist questions via the service.

4. Increasing and diversifying our cache of support providers to include legal and psychological specialist responders.

Footnotes:

† includes individuals diagnosed with cardiomyopathy and the members of their personal support networks. (Page 1).

≠ denotes five separate occasions or more

Summary of Terms

Dilated CM or DCM - the pumping chambers of the heart becomes enlarged (dilated). When this happens, the heart muscle becomes weak, thin, and is unable to pump blood around the body efficiently. This can lead to fluid building up in the lungs, ankles, abdomen and other organs of the body resulting in a feeling of being breathless. This is part of a collection of symptoms is known as 'heart failure'.

DWP – Department for Work and Pensions

ESA – Employment and Support Allowance

HOCM – Hypertrophic cardiomyopathy whereby the heart muscle thickens and its cells lie in disorganised layers rather than smooth, straight lines. The thickness and how much of the muscle is affected can vary from person to person. There is often also scarring of the heart muscle.

ICD - a device used to monitor the heart rhythm and give an electric shock to the heart if it detects a dangerous rhythm. An ICD is implanted under the skin on the left upper chest wall, and connected to the heart via wires fed into the ventricles.

Mandatory reconsideration – a request made to the DWP by a claimant to have the decision not to award them a particular benefit looked at again.

PIP – Personal Independence Payment

Tribunal - if the DWP upholds their original decision after a mandatory reconsideration, the claimant can ask for the decision to be looked at once more by a non-governmental, independent panel known as a tribunal.