

In response to the specific questions asked, please see responses below:

1) How will recruitment delay risks be mitigated?

The project lead is an existing part time member of staff who would take on the additional 0.2wte B7 hours, thus no recruitment requirement.

In relation to the 0.8wte B6 role, Salford Care Organisation's recruitment and retention figures are strong making us optimistic for successful recruitment. We also have internal candidates who would be interested in the opportunity for project secondment which we would support. Due to other new funding opportunities, we have already begun recruitment processes for B6 positions within the gastro dietetics team and if successful in this bid, we could offer suitable candidates this role opportunity and reduce recruitment delays.

2) Has any patient engagement taken place in the planning of this trial?

Initial engagement with a small cohort of service users has already taken place to identify potential areas for service improvement and scope interest in supporting the project. This included willingness to collaborate in resource design, options for virtual or hybrid clinics, providing feedback on their experience of dietetic IBD care and their potential for self-management.

I have also liaised with the local lead for Crohn's & Colitis UK to establish links for patient led focus groups.

3) Query re: budget - £2k allocated for leaflets but project is for online, not clear as to why needed?

To ensure equality of access to self-management options for patients, irrelevant of digital intelligence or digital access (either at home or when out), we would need to provide patients the choice of either digital or paper versions of resources.

4) At the end of the project there will be a set of resources available for patients. Who will 'own' this information, and be responsible for updating and reviewing it as needed?

Salford Care Organisation dietetics department would maintain responsibility for ensuring any resources are kept up to date and appropriate for patient initiated follow up. This would be in conjunction with established user involvement groups and gastro governance links.