

The logo features a large white letter 'B' followed by the word 'better' in a lowercase, sans-serif font. The logo is centered within a series of white concentric circles of varying radii. Three circular icons are positioned around the logo: a top-left icon with a white plus sign inside a square, a top-right icon with three stacked white circles, and a bottom-left icon with a white silhouette of a person with a stethoscope. The background is a blurred landscape of green fields and trees under a blue sky with light clouds.

**B** better

CASE STUDY

How **Somerset NHS Foundation Trust** digitised diabetes care and reduced hypoglycaemia risks with Better Studio

# From paper-based charts to smart, actionable workflows in 8 weeks

Somerset NHS Foundation Trust needed a way to efficiently manage diabetic patients, replacing paper-based glucose monitoring and hypoglycaemia protocols. Using Better Studio, **they built a digital solution in just 8 weeks**, improving patient safety and reducing manual work.



## About Somerset NHS Foundation Trust

Somerset NHS Foundation Trust is the integrated care system responsible for planning and delivering health and care services for around 580,000 residents across the county of Somerset in South West England.

They work in partnership with local councils, voluntary organisations and Somerset NHS Foundation Trust, which runs acute hospitals (Musgrove Park Hospital in Taunton and Yeovil District Hospital), community hospitals, mental health services, and some GP practices. The trust became England's first provider to combine primary, acute, community, and mental health care following recent mergers.

# Care for diabetes patients in Somerset

Somerset has a significant diabetes population: **over 38,000 people are living with diabetes**, of which about 92% have type 2 diabetes and 8% have type 1 diabetes.

Public health estimates suggest there may be an **additional 10,000 undiagnosed cases**, and projections indicate that the total could rise to 54,000 by 2035 if current trends continue. Each year, between 2,000 and 2,500 people are newly diagnosed.

Diabetes care in Somerset is delivered through a network of services coordinated by the Somerset NHS Foundation Trust. The leading specialist service is **the diabetes intermediate care team**, which serves as a link between GP practices and hospital-based diabetes clinics.

This team includes a nurse consultant, several diabetes specialist nurses, diabetes specialist dietitians, and administrative support staff. They provide education, tailored care plans, and clinical advice for people with type 1 and type 2 diabetes, as well as structured education programmes such as DESMOND for newly diagnosed patients.

Hospital-based diabetes and endocrinology teams operate at Musgrove Park Hospital and Yeovil District Hospital, supported by clinics in community hospitals across the county.

These multidisciplinary teams include consultant diabetologists, specialist nurses, podiatrists and dietitians, and they manage complex cases such as diabetes in pregnancy, insulin pump therapy, and diabetic foot care.

# The challenge

The Somerset NHS Foundation Trust faced three main challenges when managing diabetic patients in hospital:

- 1 Paper-based monitoring and fragmented data**

Blood glucose readings and ketone checks were recorded on paper charts, making it hard to track trends or share information across teams. Critical data like ketone results often ended up buried in patient notes rather than in a structured system.
- 2 Lack of actionable alerts for high-risk situations**

Paper forms could not prompt clinicians when urgent action was needed, such as checking ketones for high glucose levels or following hypoglycaemia protocols. This increased the risk of delayed interventions and inconsistent care.
- 3 Difficulty providing consistent, timely care**

With manual processes and multiple systems, staff could not always respond swiftly or in the same way for every patient. This created stress for clinicians and uncertainty for patients, especially in urgent situations like severe hypoglycaemia.



# The solution

When the team at Somerset NHS Foundation Trust addressed these challenges, **Better Studio** gave them the means to act quickly, confidently, and on their own terms, **without the need for external contractors or lengthy IT projects.**

Better Studio was **designed with the end user in mind** from the beginning. That principle shaped every aspect of the Somerset solution. The drag-and-drop Form builder, the Better Design System, and pre-built visualisation components meant that **a single developer** could design interfaces that were immediately intuitive for nurses at the bedside and consultants reviewing trends on ward screens.

Critically, because Better Studio is **built on open standards**, every data point captured was structured, reusable, and accessible across teams and care settings from day one.

That combination of clinical usability and data integrity is what gave the NHS Somerset team genuine ownership of their solution, and the confidence to keep improving it. It is also what made Better Studio **a natural fit** for a trust whose priorities, as Adrian describes, were rooted in patient safety and sustainable innovation.



*Somerset NHS Foundation Trust were looking for a way to modernise care safely and sustainably. Our shared commitment to patient safety made Better Studio a natural fit for their goals and values. By building on an open, data-centric approach, they gained the flexibility to innovate quickly while ensuring that every decision is supported by accurate, accessible information. It's been inspiring to support a team so dedicated to improving clinical practice through smart, practical digital design.*

**Adrian Aggett**

*Client director at Better UK&I*

# The plan

In the first phase, they **mapped out the current patient care process** and figured out where to take advantage of Studio's low-code technology. That research resulted with the identification of **two key forms and a data visualisation dashboard**:

## Hypoglycaemia management forms

These forms provide clear treatment guidance at the bedside. Staff **document the treatment given**, including emergency medicines that nurses are authorised to administer without a prior prescription (with retrospective entry on the drug chart). Once completed, the form is stored in the assessments archive and summary screens, so clinicians can quickly review what was done and when.

The screenshot shows a clinical software interface for a 'Hypoglycaemia Management Plan'. At the top, there are buttons for 'Validate', 'Restore data', and 'Save composition'. The main header is 'Hypoglycaemia Management Plan' with a sub-header 'Last 5 Entries in 24h'. Below this is a section for 'Capillary Blood Glucose Reading (Last 24 Hours)' with a table for 'Value' and 'Reading Taken'. The 'Assessment Date' is set to 'dd/MM/yyyy HH:MM' and a 'Now' button is present. The 'Hypoglycaemia Treatment' section is expanded, showing a list of actions: 'START ASSESSMENT', 'INPATIENT CARE AND RISK DOCUMENT', 'About me', 'Allergies and Adverse Reaction list', 'Diabetes Specialist Nurse Referral', 'Internal Alerts', 'NEWS 2 (National Early Warning Score)', 'RA diagnostic criteria', 'Vital Signs', 'POINT OF CARE', 'Capillary Blood Glucose Entry Form', 'Hypoglycaemia Management Plan' (with a 'Start' button), and 'TEST', 'Glucose Chart'. The right-hand side shows a patient summary for 'EVANS, Harry' (27 Apr 1985 - 40y 9m) and a detailed view of the 'Hypoglycaemia Management Plan' form, including instructions for oral and intravenous treatment and recheck times.

Preview: Hypoglycaemia Management Plan Validate Restore data Save composition

### Hypoglycaemia Management Plan

› Last 5 Entries in 24h

#### Capillary Blood Glucose Reading (Last 24 Hours)

Value	Reading Taken
-------	---------------

Assessment Date   Now

#### Hypoglycaemia Treatment

- My Dashboard
- PATIENT
  - EVANS, Harry (Mr.)  
27 Apr 1985 - 40y 9m  
MRN No: 833 565 4451
- VIEWS
  - Patient Summary
  - Assessment archive
  - Care plans and registries
- ACTIONS
  - Start assessment
  - Start care plan or registry
- SHORTCUTS
  - Mark as my patient

START ASSESSMENT

INPATIENT CARE AND RISK DOCUMENT

About me

Allergies and Adverse Reaction list

Diabetes Specialist Nurse Referral

Internal Alerts

NEWS 2 (National Early Warning Score)

RA diagnostic criteria

Vital Signs

POINT OF CARE

Capillary Blood Glucose Entry Form

Hypoglycaemia Management Plan Start

TEST

Glucose Chart

HYPOLYCAEMIA MANAGEMENT PLAN

EVANS, Harry 27 Apr 1985 - 40y 9m | MRN No: 833 565 4451

### Hypoglycaemia Management Plan

› Last 5 Entries in 24h

#### Capillary Blood Glucose Reading (Last 24 Hours)

Value	Reading Taken
-------	---------------

Assessment Date

#### Hypoglycaemia Treatment

15-20g fast acting carbohydrates orally (e.g. 6x Glucose Tablets, 1x 60ml tube Glucojuice, 150-200ml Orange Juice)

OR

Infuse 100ml 20% Glucose intravenously over 5 minutes

OR

Glucagon 1mg IM if no IV access

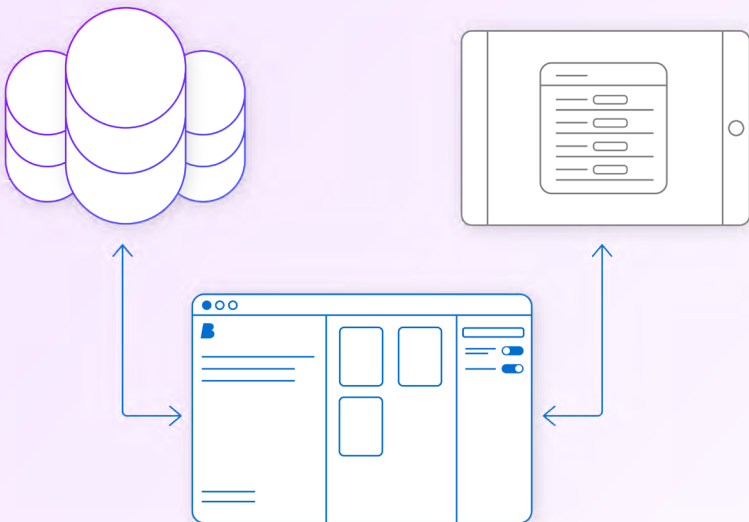
Recheck CBG in 10 and 30 minutes

## Glucose chart and patient data visualisation

To make trends easy to interpret, the team built a glucose chart and a custom HTML table view. Because glucose meters cap values, they implemented a workaround to plot slightly beyond the device maximum or minimum (for example, storing 33.997 to indicate an over-range reading), ensuring charts remain continuous rather than showing gaps.

## Integration with existing data sources and systems

The Better Studio solution integrates with hospital systems so that lab results pull through automatically (except point-of-care readings and weight, which are entered manually). Nurses access the forms on iPads at the bedside, and summary dashboards are displayed on large screens in wards, replacing manual whiteboard updates.

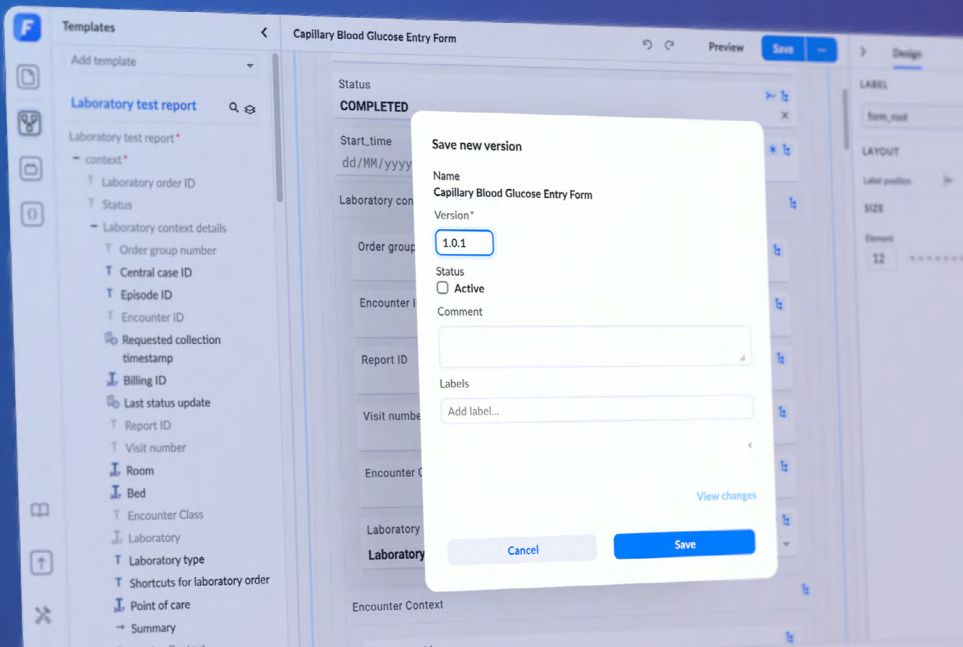


## Blood glucose entry form

The NHS Somerset team created a smart form to record **capillary blood glucose (CBG)** readings and tag them to meal times (for example, before breakfast or after lunch). This enables trend analysis and helps clinicians spot patterns quickly. The form includes automated safety prompts:

- **Ketone check** when glucose is 15 mmol/L or higher,
- **Hypoglycaemia treatment guidance** when glucose is below 4 mmol/L.

The form also prevents future-dated entries, enforces device reading limits (point-of-care meters display “low” below 0.6 mmol/L and “high” above 33.3 mmol/L), and allows staff to record patient consent if ketone testing is declined. All results are displayed in a chart, both chronologically and grouped by time of day.



# The execution

The team used Better Studio's low-code capabilities to **build most of the logic with dependency rules for prompts, validations, and alerts**. Custom scripts were added for complex scenarios such as enforcing device limits and rendering HTML tables.



## Timeline

The first versions of these assessments were **live in about 2 months**, with improvements delivered within weeks. Compared to traditional development cycles, which can be between 2 and 3 years long, this was significantly faster thanks to Studio's low-code approach.



## Resources

Development was led by **one developer**, supported by **a designer** and **clinical feedback from two diabetes teams**. No external contractors or large IT projects were required, reducing cost and complexity.



## Adaptability

Updates are straightforward and can be added quickly. When new clinical requirements or feedback arise, the team can adjust forms and logic in no time and without major redevelopment. This flexibility allows them to respond to emerging needs, such as adding ketone prompts or refining time-of-day groupings, without disrupting existing workflows.



*Better Studio allows us to create simple, intuitive forms driven by users' needs, and a dashboard to collate several days' worth of data in tabular or chart-form to create something very familiar to how a paper-based point of care charts might be used. Better Studio has always offered many different solutions to the same problem, but their support staff are always keen to help answer questions, or escalate to the developers directly.*

### **Haydn Williams**

*Solutions Developer Specialist,  
Somerset NHS Foundation Trust*

# The impact

Nurses now use the forms on iPads at the bedside, replacing paper charts and manual whiteboards. Automated prompts within the new digitised assessments, like the safety alerts for ketone checks and other notifications, **substantially reduce the cognitive load and ensure consistent responses to critical values**. The integrated lab results and glucose charts provide a **clear view of trends, improving decision-making, promoting proactive monitoring**, and **standardising care across wards**.

The Somerset NHS Foundation Trust team achieved measurable improvements in speed, resource efficiency, and clinical safety after implementing their diabetes management solution with Better Studio.

Metric	Result
Implementation time	~8 weeks
Team size	1 developer + 1 designer + clinical input
Paper forms replaced	3 + 1 digital dashboard
Critical alerts added	4 ( <i>ketones, hypoglycaemia, DKA risk, consent</i> )
Devices supported	iPads for bedside use



*Better Studio was intuitive to use. With the support from Better, Haydn Williams, and the clinical input from our Diabetes team, we were able to develop and iterate upon three digital clinical tools for the safer management of diabetes in the Trust. The Better EHR data archetypes make it possible to present the captured data in multiple formats, and so supports the different clinical needs our diabetes patients and specialist staff have.*

**Leo Martin-Scott**

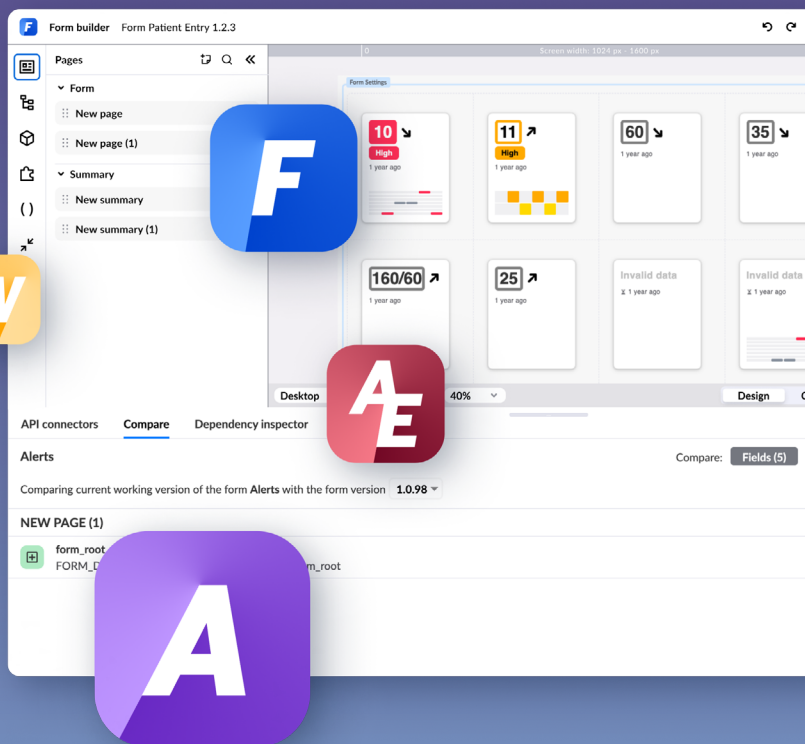
*Digital Lead Pharmacist, Somerset NHS Foundation Trust*

# Ready to transform your clinical workflows?

Discover how Better Studio can help you digitise care processes quickly and safely.

Get started

Book a meeting



**Better** data,  
better care.

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