

Focus Group 1

Int1: Okay, so we started the recording, just to say as well, I mean we don't think that you should feel distressed in any way by taking part in this focus group but this is something that we say to all participants, if you need some additional support or feel distressed for any reason you can contact your nurse coordinator, or we can contact them on your behalf and we can sort out some additional support for you, but as I've mentioned we shouldn't think that with this focus group in particular there'll be probably any need for that. And yeah, that's it, just to introduce the goal of the focus group then, I mean at that point is there any questions from anybody, just before I move on with the goal.

[No verbal response].

Int1: No, everybody's okay, brilliant. We're timetabled for an hour and a half, so to finish by about half 12, is there anybody has to go on the stroke of half 12?

[No verbal response].

Int1: Yeah, okay, we've got one person, okay, so we'll do our best to finish then, it's good to know that you need to leave right on half 12, so those who commission and managers want to understand what can be learnt from the changes that were made in response to Covid, so especially in relation to the change from face-to-face to remote delivery, what can we learn about that in terms of what could be taken from that and influence the future direction of NERS and the way that it's delivered in the future. They're interested in continuing to offer aspects of remote delivery in the future, but obviously that's going to be influenced by how well it's worked, and what there is that's beneficial in that and what works better face-to-face and those sorts of things. They're also very keen to understand your experiences of delivering NERS remotely as well, how's that been for you, and how can you best be supported to do that in the future, and towards the end of the focus group, the sort of last sort of 15 or 20 minutes that's when we start to discuss more about you and your experience, we start off at the beginning talking a lot about actually what's been delivered and how it worked and those sorts of things. So throughout the discussion as well we'd be using the term remote, and what we mean by this is anything that you've been doing over the past 12 months or so in order to continue to support participants that avoided face-to-face contact, so it might be live sessions, it might be live sessions that are done via Zoom or Facebook, or YouTube or something else, and it might be recorded sessions, it might be things like walking challenges or things that you set or things that you've done remotely, but things that essentially are not face-to-face in the way that you would have traditionally done that, okay, does that sound alright, does that make sense in terms of what we mean by remote. Okay, great stuff, so what we're hoping is that this will be pretty much an open discussion, more sort of open and free flowing, more like just a chat and a discussion, and the first thing that we want to focus on is really update of the NERS, we're interested in people's involvement and how they get involved and whether they do get involved, and we want to understand the affect that offering a new style of programme where some parts of it are remote, rather than face-to-face might have had on whether or not people take up the NERS, yeah? So you

might have had conversations about this, or you might just have picked things up from people, you know, during the course of your work around that as well. So thinking about when the NERS programme is first discussed, so that first sort of discussion about NERS, and I'm thinking that'll be at referral, probably, by all means correct me if I'm wrong. Are there certain people who might be drawn, that you think might be more drawn to having NERS delivered remotely than others, have you found there were certain types of people, okay, I can see [name F1]'s nodding, [name F2]'s given a bit of a nod as well, I might go to [name F1] first if that's alright and you maybe say a little bit about that, but all jump in as we go.

F1: Yeah, there's a lady that I have in one of my classes, and she does have, you know, oxygen, she wears oxygen, so she kind of said to me that she normally comes to just one class a week face-to-face, and she said to me, she said that, you know, the Zoom classes have actually been a lifeline for her, because during the winter months, because the weather was so bad and so windy, that she wouldn't have even have got out to that one class, and whereas she actually did three classes, where she would not normally do that number of classes, so it was kind of a lifeline for her to kind of have that sort of Zoom and just be in your own house and not have to drive your car, where she'd struggled to breathe and everything, so I know that's only one person, and there are other people as well, but that was kind of the big one that kind of just struck me straightaway, that she actually doubled the amount of classes that she could do and she just generally felt a lot better than she, you know, she normally would so...

Int1: Okay, thanks [name F1], so is that about her, is that vulnerability is it, or what would you say it is?

F1: Yeah, because she has sort of a lung condition and she has to wear oxygen constantly, so for her to kind of move about, to actually get to a car is really difficult, and then to drive in a car down to the leisure centre again is pretty difficult, and particularly when the weather's very windy or very cold it does affect, you know, her lungs and stuff, so having that sort of Zoom and not face-to-face was basically yeah kind of a lifesaver for her, and she just said, you know, "I would not have done three classes normally, I wouldn't have even done one class normally," you know, so that was something that she made a point of saying, you know?

Int1: Okay, thank you [name F1], no that's great. And [name F2] you were sort of nodding along as well, I don't know if you want to come in, I don't really want to pick on people but, you know, you look like you want to come in there.

F2: No, that's fine, I second what [name F1] said, this virtual has been an absolutely godsend for so many people, like what [name F1] was saying, there's, you know, not just the vulnerable, it's, you know, it's a mixture of everybody as well, you know, where they've been attending and keeping up their fitness to stop them regress back, obviously confidence as well, it's enhanced their confidence, and I've just done a class this morning now, nine on there this morning, we're only allowed to have nine, nine screens, so but a lot of the husbands or partners join in as well, so it's not just in, benefiting them it's helping maybe to see what we do, and but I think by offering this virtual in future assessment, I think it's going to help us develop a lot more, you know, just to give them that option, because it's worked well, I mean in the beginning I was

like, ooh, health and safety, you know, falls, what are we going to do, you know, but they've got all their contacts, they've signed the forms, and to be honest with you it's just they're not moving, and they're not jumping around, they're just sort of, what we do in a circuit but sort of 20, 30 minutes just keeping them active, and to meet with other people as well, old friends as well, yeah. I'm waffling now, I'm going.

Int1: No, not at all, thanks a lot for that [name F2], we've just noticed we've got somebody else who's come into the waiting room, what we might do [interviewer 2 name], and this is a bit technical now, we will get them in, I'm going to try and put them and you in a breakout room, is that okay, can you hear me [interviewer 2 name], is that alright? You're on mute.

Int2: Yeah, they seem to have disappeared now.

Int1: Oh they have, okay *[laughs]*, alright, we've waited a bit.

Int2: Am I off mute, okay.

Int1: Yeah, you're off mute now, yeah, that's okay.

Int2: If they come back in...

Int1: Yeah, they're back in, yeah, I'll try and put you in a breakout room so you can go through the information at the beginning, is that alright and then we can get them to join in the session, is that okay?

Int2: Uh-huh.

Int1: So yeah I'll admit them. *[Pause]* Sorry, just bear with us for one second, sorry about this everybody. I've never done this breakout room thing before either so we'll see how that works, alright, hi [name M1]. You're on mute at the moment, I don't know if you can hear us?

[No verbal response].

Int1: [name M1], can you hear us?

M1: Yeah, hi there, can you hear me now, yeah?

Int1: I can, yeah, yeah, thanks a lot for joining us, just to say and we've just started the discussion but there's a bit of background information we'd like to give you before we sort of get to you to join in, is that alright?

M1: Okay.

Int1: So I wanted to put you into breakout room with my colleague [interviewer 2 name].

M1: Yeah.

Int1: Is that alright and she can go through the information with you and then we can have you back into the session, so I'm going to attempt to do this.

M1: No worries.

Int1: Assign manually, let's see what happens here, okay. *[Pause]* A-ha [interviewer 2 name], going to have to take you off as a...

Int2: I'll make you the host.

Int1: Yeah, sorry, do that.

Int2: There you go.

Int1: Okay, thank you. *[Pause]*

Int2: I think we might have another participant trying to come in as well but is having difficulties getting in through the Zoom link so they might be able to join later, [name] is just trying to sort that out.

Int1: Okay, no problem, so I'm going to open that room and you should hopefully go into it.

M1: Okay, yeah.

Int1: Is that alright, so hopefully you'll be off in a minute I think. Okay, there we go. *[Pause]* I know [name M1]'s still there. What's happened there, oh no [name M1]'s gone, okay brilliant *[laughs]*, alright, sorry about that, so that's interesting then, so I mean anybody else got any perspectives on the sorts of, whether there are any what we might call types of participants who are more likely to be drawn to remote delivery type of sessions, or more likely to say yes to the referral, of you know, onto remote programme?

M2: Yeah, I think it's probably a lot of people like the two girls said, [name F2] and [name F1], the extremely vulnerable people that find it difficult to get out of the house, or people perhaps that during the pandemic they're not confident in coming out of the house, so therefore it just makes it a little bit more accessible for them, from our point of view we found it difficult to get people to get the Zoom links, to understand how Zoom works and to get how the, understand how Teams works, that's where the barriers sort of come in for us, that we can get a lot of people to access it via that, it was almost sort of needing education on that, but the only way again to do that is to get them in a room, to show them how to do it, but obviously we couldn't do that so it's sort of a Catch-22, but yeah it's probably the most vulnerable people that would normally attend, or wheelchair, or house, I don't want to say housebound, but only access in the house.

Int1: Yeah, okay, brilliant, thank you. I mean anybody else got any thoughts on that before, I just wanted to pick up on something that you mentioned there [name M2], but just wanted to get anybody else's thoughts on any other groups. Yeah, [name F1]?

F1: Sorry, no, I was just going to say that, yeah, that definitely is probably the more, you know, referred ones, but and also as well yeah we did have a large group of people who didn't want to go out and do anything face-to-face, because they were frightened of Covid and things like that, but I think it's quite varied, you know, we've got one set of people who like Zoom, and one set of people who like face-to-face, so there is that kind of divide, and yeah, it's right what you say about using Zoom the first time because a lot of people don't use it, but we actually talked a lot of people through Zoom on the phone, so we'd actually ring them and say, you know, can you click on this, and we'd literally, or we'd send them emails with an explanation of how to use it, so once they've used it that first time they are fine, but I think it's like, yeah, there's two sets of groups, there's the group that like the Zoom and there's the group that like face-to-face, and we still get a lot of people saying, "Oh actually I'm not going back face-to-face yet, I want to stay on Zoom," so I think it's just that choice of the person, you know, but yes you do get a lot more of people who are a bit more infirm, but you've kind of got those two groups. And still we're running walks now to try to get people out of the house, but we haven't had a great deal of uptake on that, people have still liked to stay on Zoom, but that's growing *[laughs]*, so a lot of people have just stayed on Zoom and not come back.

Int1: Okay, why do you think that is?

F1: I think a lot of it might be as well, not to do with not wanting to be in a group of face-to-face, I think a lot of people are just generally getting out now because they've been in for so long, so I do think they're kind of getting out, and not perhaps doing exercise, just going out places and out for the day and things like that, that they couldn't do before sort of thing, so yeah.

Int1: Okay, thank you. I mean that's great, there's so much stuff I want to get into there, I mean I want to talk in a minute because you've both mentioned sort of barriers as well, you know, around sort of using Zoom and how you've got around that, so I want to talk about that in a minute, but also before that though wanted to have a chat about, so you've mentioned sort of people who might be drawn towards Zoom, or drawn towards remote delivery, what about people who won't, you know, those who you've mentioned there *[name F1]* that there were these sort of maybe two groups of people, I'm thinking particularly at the beginning maybe, you know, have you seen, what are the sorts of people who seem to be turned off by remote delivery, is that the sort of flipside of maybe why people don't want to use it, I don't know. Any particular groups who you think well they definitely don't like Zoom at all?

F1: Sorry, I feel like I'm talking all the time, I'm so sorry.

Int1: That's okay, go on *[name F1]*, go on.

F1: I'm so sorry, I don't normally even talk this much, honestly *[all laugh]*.

Int1: It's okay.

F1: I promise. No, I don't think there's a particular group of people, I don't think it's like a particular group of people that sort of won't do Zoom, I think it's just like a sort of a

particular choice, you know, because they don't feel confident to do anything outside because of Covid, but there's a very tiny little group of people who won't use Zoom at all because they don't have a laptop or a computer, but it is a very tiny group, most people once you talk them through it, or send them the email they're absolutely fine and once they've used it the first time, but there is a very small group who you know, just won't use it because they don't like anything online, or they don't have, you know, computers and things like that.

Int1: Sure, okay, thanks [name F1], I mean just... no please come in as much as you want [name F1], you know, anybody else got anything to add to what [name F1], I mean would you agree with that, that in your experience, I'm just aware that it might be different in different areas?

M2: Yeah, I think so, I think it's a confidence thing as well with people, that they haven't done it before, and again they're afraid and they don't know what's out there, they don't know how it's going to be, so they don't know if it's just them, obviously they had access to IT and things like that, they're just really not confident on, but the whole idea for me with Zoom is to try and combine the both, I've done it with an external class where you deliver the main class there, and then you have a camera then upon site so you can deliver both virtually and face-to-face both at the same time, and that makes it a whole lot different experience, so they hopefully would feel included within that class as well, so if they can't get out they also have that option then to link in, particularly if you have the equipment to do that, it just becomes a whole difference experience for people and it just gets them more involved as well.

Int1: Okay, so they're there remotely, watching you do the live class?

M2: Uh-huh.

Int1: Yeah, yeah, and that works well?

M2: Yeah, because then so obviously if there's two of you it makes it a little bit easier because one can be a little bit in front of the camera, or you'd say right I'm going to go out in front of the camera, and the people, so that you're both in the same direction, you'd say this is what we're going to do and then perhaps we'd go back and forth to make them feel included within that class, even if it's just getting a touch, getting a high five or whatever, just to kind of make them feel a little bit more included and into what we're doing really.

Int1: Okay, great, thanks [name M2]. Hi [name M1], good to have you back, chip in as much as you want, as we go through.

M1: Okay.

Int1: Just yeah, anybody got anything, has everybody else done that kind of mix of sort of live sessions with people coming in via Zoom or something, or is that something [name M2]'s done but other people haven't.

F3: I'm interested in that because we've had a request, we've actually had a request for that, because we're stopping some Zoom sessions now to go back face-to-face and we've actually been asked if we could do that, so we were actually going to experiment a bit, so yeah, interesting.

Int1: Okay, yeah, yeah, okay, thank you. So yeah we've got quite a lot there then about sort of what's worked and what hasn't, I'm thinking as well about because what we're focusing on there a little bit, we were talking at the beginning about the referral, you know, people's perceptions may be right at the beginning, you know, will they get onto Zoom, how do you find the difference between what people say at the beginning to once you get people on Zoom how they feel about it later on, I mean do you find that there's a change or that you do, sorry Many do you want to come in, I can see you nodding there.

F3: Oh typical *[phone ringing]*, sorry.

Int1: No problem, we'll come back to you, I don't know does anybody else want to give any thoughts about that, whether people's initial perceptions versus what perhaps changes once you do manage to involve them maybe? If there is any change?

[No verbal response].

Int1: No? [name F1], come in if you like.

F1: I'm sorry, I'm so sorry, yeah, I was just going to say there's, yeah, because once they've kind of used it the first time there they think it's completely horrible, but when they realise it's really easy and you know you give them a link, or you give them the, you know, the ID and the passcode, and then they just realise how easy it is, and they're not worried then, once they've used it for a while, so there is a change, yeah.

Int1: Yeah, okay.

F1: Yeah.

Int1: That's interesting, thank you, [name F2]?

F2: Yeah, my oldest member at the minute is 92, and she's on, we've managed to get the technology up and running, yeah she's got her partner there and you know, her daughter's helped her, but now like this morning she just clicked on the link and she was there before anybody, you know, so nice, as you said it's going from somebody who's like 20 to someone in their 90s, and I think once they've got the use of this technology it gives them a confidence then because that's the way things are going anyway, heading towards, so they've learnt something, even if, you know, building their confidence up in that way is better.

Int1: Sure, yeah, so do you think that person would have got involved face-to-face, what's your thoughts?

F2: She hadn't come for a heck of a long time because she couldn't get out and about, she was shielding as well all the way through lockdown, so when I rang her through, when we had to sort of ring our members I thought, oh I'll give her a ring, and she was one of the first ones and she's been coming with me all the way through, so face-to-face I'm not sure, whether she'd come back to face-to-face, but they've, a couple of them really want to keep the online sessions going, because they've been loyal throughout and they've even said, the feedback is they wouldn't have done anything, they would have gotten depressed, so their fitness levels have sort of, like [name F1] was saying, some have attended about five times a week with other colleagues on my team, they've done Tai-Chi, you know, mixture of everything, so there's a need for it, so where it's going to go we don't know.

Int1: Okay, thank you [name F2].

F2: Over and out *[all laugh]*.

Int1: Thank you. [name F3], do you want to come in with what you were going to say there, yeah.

F3: Sorry about that.

Int1: No problem.

F3: I can't remember what I was going to *[all laugh]*... was it about who was using, when they're coming on with Zoom how difficult they found it?

Int1: Yeah, and maybe then does it change, as well does it change over the...

F3: Yeah, I found a lot of them you needed to send the, if you were going to use a recurring code you still had to send the link every week because they like to click on the link, they liked it to be live to have had a reminder email the day before, but yes at the same as [name F2] and [name F1], they want to stay on there, even those who are coming back to a face-to-face class they still by choice would do the second one on Zoom, and attendance levels over the winter were phenomenal, we've never had attendance levels like that, it was rare for anybody to miss a class, and again the same, they may have done one class a week, they've been doing three or four, as many as we could offer them, they'd do them every day. So yeah.

Int1: Okay, then that's, I mean a lot of you have been working on NERS for a while, is that very different then through, you know, what it typically would have been like?

F3: Yeah.

Int1: Yeah, okay. Yeah, we'll go to, thanks [name F3], thank you, we'll go to [name F2] then we'll...

F2: Sorry I should have put my hand up.

Int1: That's okay.

F2: Here I am again, [name F1] I'm taking over from you now *[all laugh]*, I keep looking at my hair, right, anyway yeah, what I've noticed in saying, you know what it's like, the only thing is with regards to face-to-face as online, yes the social interaction, although they do sort of interact online like us, face-to-face yes, but they do tend to talk more when they're face-to-face, sorry when they're face-to-face, you know, my circuit I would always pair them off usually so they'd get to meet new members, blah, blah, blah. The only difference they said was, "[name F2], we're working harder on Zoom than in face-to-face," because they're not yapping so much, to each other, so they can't, so when it's like a minute or whatever it is they're doing, they're actually doing the exercises and they're not faffing around each other and, you know, they might only get like two reps in, whereas now I can watch what they're doing, and if I see, you know, I'll normally do that anyway, do you know what I mean?

Int1: Yeah, yeah, so they're a bit more focused in a sense on doing the...

F2: That's it, yeah, you've hit the nail on the head there [interviewer 1 name] *[all laugh]*, so they do, they get a lot more, I feel that they are working a lot better in this Zoom environment than when they were at the classes, they're not yapping so much, and they're actually doing it, and they're actually grabbing their tins of beans and not just going one rep and then I go change and they've done about two reps, that's no bloody good is it?

Int1: Yeah, that's [name F2].

F2: You're recording, I'm sorry.

Int1: *[Laughs]* It's alright, it's all anonymous.

F2: Sorry!

Int1: We might use the quote though, we might use that quote. Okay, anybody else in agreement with that, yeah, so we've got [name F1].

M1: I just...

Int1: Sorry, we'll come to [name M1] and then we'll go to [name F1], go on [name M1].

M1: Yeah, I was just going to agree with [name F2], and what I was going to say to back it up is actually since we've come back and gone back from virtual delivery, back into sessional delivery, and they're in their squares, or their little boxes as they say, exactly the same thing as what [name F2] has said, they all come at the end of the session and say, "Oh my goodness that was hard, I've worked so much harder today, this is so much harder than when we did the circuits." So I think, you know, I think you're right, and it's not saying hard is you know, bad, I think it's their interpretation of you know, I'm actually doing the exercise I'm meant to be doing, and they're even concurring and agreeing with it, so you know, I think it's a good thing really.

Int1: Okay, thanks [name M1], thank you. We'll go to [name F1]?

- F3: Can I second that as well, because they've all said concentration wise, they've just focused on the person who's teaching, and yeah, it's they've all got, they've all said they've got more out of the Zoom sessions than they find they get out of a face-to-face class.
- Int1: Yeah, thank you [name F3], thanks. We'll go to [name F1], and then what I might do, [name F4], I might come to you, just for any thoughts, if you've got anything yeah, but I'll just give you fair warning of that, but we'll go to [name F1] first.
- F1: Yeah, it's just to say what the others have said there, it's definitely true, they've all said we are most definitely working harder on Zoom and it's what [name F2] said, they do talk a lot in the classes, they do actually talk a lot, so they do a lot of talking, not saying they don't exercise in the class, they do, but on Zoom they are just focused on you, they can't speak to anybody else and they literally do constantly exercise for that whole, you know, 40, 45 minutes, and they said that a lot of them commented that they do feel fitter because of it, because it's just so concentrated, and they do work harder, definite, yeah. Yeah.
- Int1: Thanks [name F1]. I mean I don't know if you've got anything [name F4] just to input, in terms of what you've heard so far, if you haven't it's fine as well.
- F4: No, it's not that, I don't have much to contribute because as in [place] I'll give you a rundown of what we do.
- Int1: Sure, okay.
- F4: We've not done a virtual delivery so I haven't *[laughs]*...
- Int1: Oh okay.
- F4: We are doing, now that we're back we're doing virtual consultations, like through Teams, not through Zoom, and but then they're doing either gym sessions or Nordic walking, but so do you want me to say what we did, or does that come later or...
- Int1: It's going to come in a minute actually, we were talking...
- F4: Yeah, that's why I've not kind of jumped in there, so yeah.
- Int1: No, that's alright, thank you very much, just wanted to bring you in in case you had...
- F4: Yeah, no, it's okay, thank you.
- Int1: Thanks a lot. Okay, no, that's great, so yeah, I mean we've spoken a bit about barriers as well, you know, I think we might just sort of focus on this a little bit as well, you know, you've mentioned barriers in terms of Zoom and technology and that sort of thing, and the sort of things that you've done around those to sort of solve some of those is[name F1]s, I mean I just wondered if anything's got anything else to sort of add, I mean I think [name M2] you mentioned it definitely, and a couple of other

people about difficulties maybe using Zoom, people not liking it, anything else that you've done to sort of combat that and get around it and help people to engage with the programme?

M2: Well what we've done, we've just done Facebook Live, Facebook Live sessions, give people a time, and we've found people interacted with that, just the only trouble with that is you're just talking, it's just you on a screen just talking and I just found it very difficult to interact, so I love that interaction, that for me is the most important thing. But then again what we did to combat that as well is if people don't want to join live we record or downloaded the sessions and then put that on our YouTube channel so then we just uploaded all of the sessions that we did all onto there, because I think most of the guys, or most of the other regions have done the same as well, and then obviously people can just access it any time they want to, and obviously they're not so strict that there's a certain particular time, they don't have to do it at the time we're live, they can watch it any time or see it whenever they want to then, so it gives them a little bit more freedom, so again it's just basically checking up on them and make sure they're okay, so that was one aspect of how we got around that barrier anyway.

Int1: Yeah, okay, thank you. And I know [name F1] you mentioned emails as well, sort of emailing, I was thinking about people actually being a bit afraid of Zoom, or not knowing how to access it or use it, or never using Zoom or computers before, did you get a lot of that generally everybody, or was that... you did, [name F3] I can see you nodding there, I don't know if you want to add anything?

F3: I work in mainly falls prevention, so a lot of my clients are in the older age range, so some, if they didn't join us it was because they had, some of them didn't even have email addresses, they had no internet setup at the house, so that there were a couple who as lockdown sort of eased, we had a couple who went to family members and joined a class, and then their family were doing it for them, but they were the really keen ones, but otherwise if they didn't have any internet they were the sort of group that we missed if you know what I mean?

Int1: Okay, yeah, yeah.

F3: But generally if they had internet, talking them through it on the phone like I think [name F1] and [name F2] said they did, and sending out guides, especially if they had a family member, or a neighbour who was a bit sort of computer literate, to help them get on that first few times, though to be honest we've still got a couple whose neighbour pops around every morning and logs them in, so she just does that every Friday morning, she pops around and logs them on. So it's, I think a lot depends on who they've got around them to support them as well.

Int1: Okay, that's interesting, yeah, would other people agree with that?

[No verbal response].

Int1: Yeah, okay, thank you, I just wanted to just focus, [interviewer 2 name]'s going to come in with the sort of next section, she's sort of going to lead that in a minute, but I just wanted to ask, obviously there was in the first wave of Covid there was that bit

where the programme was temporarily suspended is our understanding and people had the choice of whether they wanted to postpone until face-to-face came back, or continue, sort of remotely. And I just wondered did you see certain types of people or people with certain characteristics who postponed at all, or and people who continued or was there nothing that clear in that for you?

M2: For me it didn't feel like anything was clear at all, for anything, it seemed really delayed, there was no guidance, I mean we had support from our coordinator, but there was nothing at all, we wasn't told we was allowed to do live sessions until March, which was nearly a year on.

Int1: Really, okay.

M2: We were still contacting our clients and still saying, look, we postponed those that were during that 16 weeks, and those who were just about to start we rang them then and said, "We're postponing, we're just waiting now on guidance from above," and make sure, and you know, it just seemed very, very late in coming in, I understand they had more pressing things to do with Covid and everything, but to be waiting a year for some of these clients, they all pick up different routines within that time, they could regress a lot of them, and they then don't want to do it again, even further again. So for me it was a bit too delayed, they could have perhaps introduced the virtual, even though we'd started doing the Facebook classes, again that was just under our own guidance, more than anything else, from our coordinator, but in terms of a national there was nothing there put in until, I didn't feel anyway until about March, I don't know if the others found was that the same as I did, but it seems really quite delayed.

Int1: Thanks [name M2], yeah, yeah. What was that like for other people's perspectives on that, maybe [name M1], you've got your hand up there.

M1: Yeah, I agree completely with [name M2], I mean we did the same as [name M2] in that we actually started our live sessions, you know, pretty much straight after we went into lockdown, I think from about April time those sessions started, but yeah the actual complete guidance of, you know, what we could and couldn't be doing was not until a year later, and I think this, it's not a criticism in a sense, but it just shows how uncertain the time was and how difficult it was really for all of us and for the clients, because we actually didn't have anybody that we contacted at all, that was with us at the time of going into lockdown, who wanted to continue virtually, we literally postponed everybody, everyone said they wanted to postpone, because I think at the time people were thinking, as the government was telling us we might be having this three week, four week lockdown, no-one ever thought it was going to drag on as long as it did, but even though we kept calling those people and asking and saying, well you know, you know, "There's no sign of us going back to the centre, do you want to join in, do you want to come onto a live provision?" we were offering that live provision via Facebook as [name M2] and his guys were doing, and I think we sort of quite quickly realised that even though there were people participating on Facebook with us and joining our sessions, they weren't, most of them weren't anybody that was on the scheme, it was random people, people that were off-scheme, you know, people that just picked up our Facebook page by pure coincidence. So we were doing some

good, but it wasn't necessarily aimed at the clients that you know, we should have been aiming for. But I think it was just because everyone, and I'm sure the other areas would agree, that everyone just did their own thing and did something different, and as [name M2] was saying I think we needed really a joined up guidance of what we should have been doing and how to approach it with people right at the very start if we wanted to make it useful, for the clients that it mattered for. But you know, it's all in hindsight isn't it, you know, it's not a criticism of anyone at all, it was just the difficult situation as it was, like I said who thought that we would have been in lockdown and schemes suspended for the amount of time that it was, but yeah, all very, very strange. But none of ours, yeah, none of ours wanted to come onto a formal online programme, you know, we just offered the Facebook page, told them about the live sessions and said you dip in and out and contact us then as you want extra programmes or, you know, you want to do something else. So it's quite interesting really hearing about the other areas, and how they feel about it too.

Int1: Yeah, okay, thanks so much [name M1], yeah, anybody else got anything to input around that [name F1]?

F1: Yeah, I agree with the other two, definitely there. I think we were quite lucky, you know, with our clients, because I'd say about 80% of them are, or who are actually on the scheme we got them onto the virtual programmes, and there was only that small 20%, maybe even less than that, who didn't come virtually with us, and they were the ones who generally just wanted to wait for face-to-face, or it was kind of no I don't use virtual stuff, so I think we were sort of quite lucky in that respect really, and we literally only took people who were on the scheme, we didn't sort of, we did take some people who had finished the scheme as well actually, so we did take a little portion of those, but yeah but I think we were quite lucky in the uptake, and we did start our virtual classes May, not this year, May last year, May 2020 so we have been doing them for over a year, yeah, so I think we were quite lucky and got a good uptake really. But I do agree that one of the other guys was saying that, yeah, we didn't sort of a clear direction of what to actually do or how to do it, and you were kind of left to your own devices and as we're like a big group aren't we, we kind of probably did go off and do our own thing, rather than kind of have something there and get it fed out, but yes it was so difficult wasn't it with everything that was going on, so yeah, understandable.

Int1: Okay, okay, thanks, that's great, thanks a lot everybody, and we're going to move on a little bit now, and [interviewer 2 name]'s going to come in, I think she's got some sort of IT, Zoom is[name F1]'s and tech is[name F1]'s, so I might take over if she drops out or something. But yeah, just going to ask, I think she's going to ask a little bit around engagement and initial assessments and those sorts of things, so I'll hand over to [interviewer 2 name].

Int2: Thanks [interviewer 1 name], yeah, please do bear with me if my internet breaks up or if I'm unclear, [interviewer name 1] might have to take over, but my internet seems to be playing up today. But we just want to sort of move on now to, we'd like to ask a little bit about the initial consultation and assessment, and the 18, and 16 week assessments, so we want to know like what were your thoughts about conducting, I

mean if you have done so, the first consultation or assessment remotely, and then the 16 week assessment remotely.

M2: I didn't, well none of my clients wanted to take any sort of virtual consultation up, they wanted to wait until clinic, it's only been, is it, am I right in saying about two months, or is it about six weeks, something like that, because it moved very quickly, I think we went into, coming towards the end and they give us the guidance on live classes and virtual delivery, what we had to look out for in consultations then, then within about two weeks we was allowed to see, we was in alert level 2 and we was allowed to see then generic and vulnerable people, and now we're in alert level 1 which is only just this, well yesterday, we're allowed to see extremely vulnerable first face-to-face, so yeah it's moved very rapidly then, and even with the people I contact, I rang them and then within a week, or week and a half later we was allowed to see them face-to-face, so the virtual never really took off from our point of view because there was no need because it went so quick through the alert levels.

Int2: Mm, thanks [name].

Int1: Great, thank you, I thought you'd frozen [interviewer 2 name], I wasn't sure [*all laugh*], sorry. Okay, anybody else got any perspectives on that at all? Right, [name F4], yeah.

F4: Yeah, same as both [name M2] and [name M1] really, that when we offered virtual it wasn't taken up, they wanted to wait until they would be able to come back into the leisure centres, but we're doing our initial consultation via Teams, so that's been taken up really well, but then they're coming in, into the gym or we're doing Nordic walking with them, and we've not got to the stage yet, because like [name M2] said I think was it about two months ago we started, so delivering to people that were on the scheme at the time of lockdown, and now we're going through our waiting list now, but so we've not got to our 16 week reviews yet, but we're going to do those, we're planning on doing those virtually as well, but we'll be doing... they'll say they're in the gym or Nordic walking for the sessions, but we're doing Teams for consultations and reviews, or maybe a phone call review if we can't get them on, but most of them have been fine getting onto Teams, sorry I'm waffling [*laughs*].

Int2: No, that's great. So has anyone else got any sort of thoughts around first... yeah, [name F3].

F3: We're doing a mix at the moment, because not all our venues are suitable, we've got small offices that aren't really suitable for doing an assessment in at the moment, so we've got one venue that we can use the squash courts so we can do face-to-face assessments in there, and then we've been offering virtual assessments as well, and I think the take-up's been pretty much half and half. Especially evening assessments, for people who are working, are keen to be offered an evening assessment, because they're not having to rush somewhere after work to come in, to have a chat, they're finding they can go home, get themselves sorted, so if we're offering an evening assessment the take-up's been pretty good for them.

Int2: Thank you, [name F1], did you have your hand up as well?

F1: Yeah, I was just going to say that, yeah, we were just offering the virtual consultations, but we do give them the option that they can do it by phone as well, so I'd say really only about 20% have gone for virtual, and then about 80% it's by phone, yeah. So it's quite low really, and 16 weeks we've done those all by phone, yeah, we've just done those by phone, so yeah. I think a lot of people don't use Zoom, the people I've called, so they've answered, "Oh I don't use Zoom," so that's probably why it's been quite low, but the ones who use Zoom they have gone for the Zoom then, yeah, consultation, so yeah.

Int1: Thanks [name F1], I just wanted to ask actually prior to Covid then, the initial and the 16 week, what would have been all face-to-face, would you have done any telephone or not really or...?

M2: Only for the four week generally, tends to be, well you can do the telephone call for any of the consultations really, I'd prefer to do it face-to-face probably, same as the others, because then you do get that interaction, you do get to see where they've been on their journey, on that pathway for 16 weeks, but yeah so that's where again when it's virtual you're not getting all the data that you could possibly get, so for example their weight or their BMI or their blood pressure, you're not collating that data so you kind of think, well I'm just here to give you sort of health advice as opposed to trying to get a clear indication of what you've done. Don't get me wrong there's other ways of doing it, in terms of mobility wise, can they sit to stand a lot easier now than what they could have done, can they step up on a step easier now than they could have done, so that aspect's there, but for Public Health Wales I think they want the data, they want that blood pressure, the BMI, so it felt to me a bit, oh right, well I can't do really, I can only give you half of the scheme, I can't really capture everything that you really wanted from it, but yeah it's strange times isn't it, it really is.

Int1: But you're doing a lot more telephone now then than you were doing before Covid I'm thinking then, in terms of assessments, is that right generally, or where you have done?

M2: Yeah, where we have done, if we had to, then yes, so people can come in, and that's where I think the virtual comes into its own, obviously if they can't do it, particularly like [name F3] said in terms of people working that's accessible because obviously they have a little bit more know-how how to use a laptop, or how to use an iPad, so therefore it's a lot easier, they can do it when they're in work, or do it after, but in terms of take up for us they want, most of our clients wanted to do it face-to-face, so we've been quite lucky in that respect, but and the times when the others have been doing virtual ones we were sort of stuck then because they didn't want to do that. Yeah.

Int1: Thanks [name M2]. Sorry, I'll hand back over to [interviewer 2 name].

Int2: Thanks, sorry, I think I'm a little bit behind, so I'm, there's a little bit of delay. So [name M2], you mentioned a little bit about there some of the drawbacks of doing the consultations as remotely, I just wanted to ask sort of the group, so doing some of the sessions remotely I know, not sessions, the consultations remotely, I know [name F4]

you mentioned that you were doing them on Teams, and similarly [name F3] and [name F1] you were saying you were doing those remotely as well, did you think that it works doing the sessions, those consultations and assessments remotely, and if there are any sort of key advantages or disadvantages to that? Can everyone hear me, sorry, I need to double-check.

Int1: Yeah, we can hear you okay.

Int2: Okay, good *[laughs]*. You're on mute [interviewer 1 name].

Int1: Yeah, I was just going to say unmute yourself please if you want to say, or just raise a hand if you'd like to come in on that one, just about sort of advantages or disadvantages of maybe doing things, doing the assessments on Teams or something like that, [name F3]?

F3: I think the advantages are time saved for the clients not having to come in, you can still get a good idea of somebody from a virtual assessment, we've had guidance on sort of more what sort of in-depth questions to ask people, to get more, whereas you get a lot from your first impression of seeing somebody face-to-face to give you more of an idea. And I must admit all my stroke assessments I've seen face-to-face, I haven't seen anybody who's got a complicated referral form, or more complex sort of mobility needs that I would like to see, I haven't done any of them virtually, I've done more of the more generic, or sort of weight based, that sort of thing, referral online.

Int1: Okay, is there a reason for that [name F3]?

F3: Yes, because if they've got mobility is [name F1]s I need to put them in the right class, not be guessing, so I'd rather see them face-to-face, even if they've had to wait a few more weeks, and then they can go straight into the class that we know is suitable for them, so that's just, it's my personal preference, so that's what we've been doing, and they've been quite happy to wait and come to face-to-face, so...

Int1: Okay, thank you.

Int2: Does anyone else have any other thoughts around that, or their experiences with doing the first consultation or assessments, actually *[call breaks up and goes silent]* ...

Int1: Sorry I think you're breaking up a bit there, I think [interviewer 2 name], for me anyway, I don't know.

Int2: Do you want to, would you like to take over [interviewer 1 name]?

Int1: Yeah, I will do, sorry.

Int2: That probably might be best, okay.

Int1: Okay, no problem. I mean what we might do is actually move on a little bit and, oh [name M1], do you want to come in there and then we'll move on. You've got your hand up there [name M1], I think it's a new hand is it, yeah?

M1: Yeah, all I was going to say was that, you know, obviously we haven't done any virtual assessments, but what I would query is, you know, we're looking at the strength of this virtual platform now, is there any real benefit, and perhaps this is a question to the others, any real benefit from doing a phone call, you know, because that doing face-to-face assessments, obviously we can gather things as [name M2] said, like you know, gather BMI, you know, blood pressure, stuff like that, if we're doing a virtual we can't access those things, we can't get them, so isn't the phone call just as sufficient, just to pose a question really to the others, I don't think that I would, automatically think about doing a Zoom consultation, you know, it would either be phone or in person, just interested in other people's thoughts.

Int1: Thanks a lot [name M1], yeah, what do other people think? Any...

M2: I think the only thing that the Zoom kind of gives you is you can see a little bit of that person, so you can perhaps gather a little bit of information like [name F3] said, with the more complex ones, perhaps you could get them to put their camera a bit further away so you could assess them, of how well they can get in and out of a chair, but again it's people having the confidence to do that, so you know, I agree with [name M1] really, there's no difference really in terms of phone call but if they do do it, and they are doing via Teams you may be able to get a little bit more, you can perhaps see their expression, or if they're in any pain in doing a particular move like a sit to stand, or anything like that, it will kind of give you a little bit of indication of where they are or how their mobility is really, that's what I would kind of get from it anyway.

Int1: Thank you, anybody else just before we move on a little bit? No? Okay, nice thumbs up from [name M1], great, thank you. Just wanted to ask, so thinking about the actual 16 week programme of exercise, could you tell me, are there any new things that you've been doing in terms of remote delivery, you know, just trying to think about how what you might have done more traditionally and what you're doing remotely in terms of actually the 16 weeks and the exercise classes and the sessions and what you actually are doing, has changed. And are there new things that you're doing now, or that you were doing remotely then that you really weren't doing, or are you doing the same things but they're just remote?

F1: We've, we have been doing the normal stuff [interviewer 1 name], so we've been doing like the exercise classes, and obviously we do back care and Tai-Chi, so we've done all of those things. But we've done a couple of new things as well, so we've actually done something that's called an indoor walking session, so for those that didn't want to go outside, we've actually done like an indoor walking session and that's worked well, and then what we've also done, and we've never done this before, so we actually bought some steps, brand new steps, we had some money, so we were able to buy steps, we loaned the steps out, so we just got people to come and pick them up from a designated leisure centre and we've been doing a step and tone class, and it's not like you would imagine, I don't say the word normal, sorry, the word, what would it be, mainstream step, it's not like that, it's just a few of the types of steps that we would do in the exercise class and then doing some toning, a few more steps on the step, a little bit of toning, and that's been pretty well received, and people were really so excited to start it, I think because it was something different, you know, so

we've never done the walking session before, and we've never done the step and tone before, so they were two new sort of sessions that we, yeah, that we started, that worked well.

Int1: Okay, thanks a lot, yeah. I mean I'm interested as well in what was the idea for getting the steps, was it that you thought people hadn't got them, did people ask for them, or did you sort of come up with the idea initially?

F1: I just thought that we needed to kind of give them as much different type of exercise, not the same thing all the time, and I just mentioned it to my manager, my coordinator, and she said, "Oh yeah, we have got some, you know, some money and so we would be able to get steps," yes, it was just to offer them something different really, yeah.

Int1: Sure, thank you, anybody else any new stuff that you've been doing maybe?

[No verbal response].

Int1: No, or has it been the same, or similar things, but just remotely, is that right?

M2: Yeah, it's been sort of similar things, I mean we had funding as well, I don't know if it's in every region, for the over 60s project, so we managed to get funding for that, so we applied for that, we give our members at the moment, since we've come out of lockdown, over 60s can get free membership for three months, so that's worked quite well, so we can hit a lot of people, and also we've applied for grants then in terms of a camera and so we can develop the software then, so what we wanted to go is go around and film walks around the area, so obviously if people don't know where to walk in [place] then they've got that option to go on our YouTube channel and go alright, well okay, I know where that is, just to give them the opportunity for that, and try and link up with cardiac rehab, because they've been doing walks about, started two months ago, so it's little things like that, that's what we've done, and try and build on. It certainly gets you thinking out of the box, or where the opportunities are, because of that virtual platform that you can do so much with, so yeah it's been pretty good.

Int1: Thank you, yeah, yeah, really interesting that, so you've sort of filmed locations and filmed walks, [name F1] you know, you've got, you know, steps, you've done some sort of kind of innovative stuff to make sort of partly I guess to help people get involved, maybe, but also to make use of the new way of working as well, I guess in a way, I'm just wondering any other things that people have done in that way that might be a little bit different, or a little bit innovative? No?

F3: We've not done anything different, we did the same, put walk, put maps up with photos, we've, we did think of filming it, but we've put map walks up with photos, and like you say we've got the Active 60 Plus scheme and we've guided people who've completed who are over 60 to them, and they've got a mix with, we've got virtual sessions on for that, and gym and outdoor sessions, so there's quite a lot of people who've completed on the scheme with us over the winter, been able to carry on and go into those classes, and stay on Zoom because there's some on Zoom for them, you know?

Int1: Okay, thanks [name F3]. Yeah, I just wanted to talk as well about supporting people during the 16 weeks, you know, we've sort of spoken a few times already about keeping asking about different groups, are there particular groups who need support with this, in terms of supporting people during the 16 weeks, is there anybody maybe that we haven't mentioned already in terms of, we've mentioned a bit about vulnerability, maybe people who aren't au fait with using IT, and you know, is there anything else who you've kind of had to support to engage virtually, or engage remotely, particularly when they're in the 16 weeks?

[No verbal response].

Int1: No, so the same sorts of groups, that maybe we've mentioned already, is that right?

[No verbal response].

Int1: Yeah, okay, thank you. Alright, wanted to go on a little bit actually and talk a bit more about your experiences of it, because we haven't really spoken about that very much so far. Yeah, how have you found remote delivery? A very broad question but how has it been for you, you know, we've touched already, you know, I think sort of [name M2] and some other people have talked a bit about information and, you know, maybe some of the challenges of knowing what to do and having information fed down, you know, around guidance and things like that, but how has it been for all of you, you know, I don't know who wants to jump in on this, just how the experience has been?

[No verbal response].

Int1: [name F2], no [name M2]?

M2: Yeah, I found that, yeah, so generally I found it pretty good, it's been, yeah, it certainly you get, as I said it gets you thinking a lot more, particularly with the virtual one, yeah, it was quite fun, I do prefer a Zoom platform, or a Teams platform compared to a Facebook Live, because you do have that interaction and you can see people, and you can see how their work rate, if they're working too hard, whereas if it's on a YouTube channel or a Facebook Live you don't get none of that, you try to encourage them to type or have a chat with you but obviously they're trying to work out at the same time, so it's, that's very, very difficult. But although the experience has been pretty good, yeah, just apart from a couple of barriers we try and work a way around it, but the other guys seem to have a lot more success via the Zoom and that's what I want, I've done an external class which is apart from the referral scheme, and that seemed to work well as well and I do enjoy that interaction, for me the social interaction outweighs the benefits of anything really, I mean that face-to-face, and seeing people, and seeing people's reactions, the impressions on their faces as they're building up, they've accomplished something, that's far, that's so powerful for me.

Int1: Sure, great, thank you [name M2], and [name M1] wanted to come in there.

M1: I think it's back to my earlier point really, that I think we all felt a bit disconnected perhaps, you know, as individual teams in different areas to start, everyone was doing

differently, in hindsight I think [name M2] touched on this, we started and stuck with Facebook Live, I think that was the wrong, well we made the decision thinking that would be the easiest platform for people to be able to access, because literally all they would have to do was just you know, go onto our Facebook page, there's the video, follow along, you know, there's our live feed, follow along, but it bit us in the bum in a way as well because as [name M2] said the Zoom, or Teams platform is much better in terms of having that interaction, and being able to monitor people, but it is more difficult then to get in, just my own experience this morning trying to get in, you know, it's problematic if your computer's trying to do updates and things like that, Facebook was more immediate, we stuck with it in the end, just because you know, as I said earlier we didn't have anyone that didn't want to be postponed, you know, that they were all waiting to come back into the centre. So I think what we've learnt a lot from what we have done, what we've got wrong, and you know, perhaps in hindsight we would have done things in a different way, I think myself and I speak on behalf of our team here as well within [place], because we've all had a chat about it prior to me coming, you know, I think, I don't think we are keen to really do a lot of virtual going forward if we don't have to, I think it's a means to an end, we still all feel personally that you know, the personal touch, people coming into the centre, you know, interacting with people, you know, in a face-to-face way is by far the better way of doing things, but you know, we do totally understand and appreciate that, you know, this has met a need at a very difficult thing. So I think that kind of just encapsulates it really from our point of view.

Int1: Okay, thank you [name M1], and we'll come back to those, maybe that general sense as well of whether you think virtual's the way forward, or should be integrated, or whether you think sort of face-to-face is the preference, we'll come back to that in a few minutes as well, but just before that I wanted to ask people you know, your general experiences as well, or your general views on how it's been for you, how it's worked, I don't know, [name F2], [name F4], if you... [name F1], [name F3]?

F2: Yeah, sorry, here I am again. No, it's worked, obviously like saying what [name M1] is saying, what [name M2] is basically saying, basically what everybody's been saying, there's been pros and cons with it, people accessing the computer when they've got it, it's fab, but again I would personally not Facebook, I did try a Facebook Live and it's awful, I much prefer like seeing faces, seeing interactions with people and just, you know, as you said monitor them much better as when you can see people. Microsoft Teams we use, but again it's worked well, now we're getting into it, now we're going back *[laughs]*.

Int1: Thanks [name F2], so just take me through, so Facebook Live you're not looking at people, you can see them, you can't?

M1: You can't see them.

F2: I can see them coming in but I can't, you know, I could have like 30 people logging on to sort of, you know, I say I'm going to do a Facebook Live and I might have 100 people and don't know who the hell they are, half of them.

M2: You've got a list of names rather than being able to see the tiles as we've got now.

Int1: Okay, so that's all you've got is the names and people can type things in.

F2: They could be lying there just watching you *[all laugh]*.

M2: Sometimes not even that, you've just got an eye in the corner which tells you an indication of how many people are watching, so unless they interact with you, yeah, you kind of are just talking to a camera on your own.

Int1: Sure.

F2: Oh it was awful.

Int1: Okay, thanks for clarifying, now I know what you mean, I've seen a few people playing music or something, I've clicked on it and it'll be that format won't it, it's a Facebook Live, they're doing it and you've gone in and it's just that list of people who are in there, but yeah you don't see them, yeah, you don't see the individuals.

M2: And that was the other thing as well you're not able to play music during a Facebook Live as well because of the license fees of everything, so again however we're doing it, I'm just talking constantly all the time about what was going on, so yeah it really was weird, unless you go into Zoom which you're allowed then because it's a private locked off room, yeah, it becomes a little bit easier, but Facebook you've just got to do it silent.

M1: You need to get some PPL free music [name M2].

M2: Yeah, that's what I needed, I should have thought of that.

Int1: Okay, [name F2] please.

F2: Yeah, when I first started I thought oh I'll try a Live, I can see everybody else with Facebook Live, I thought let's go on the bandwagon, let me do it, and I spent the whole good couple of minutes just staring at the screen like this *[makes nonverbal gesture]*, and I thought what am I waiting for, and I could see things flashing up and I thought, I don't know what's going on here, so I think for about 15 minutes you had me like this, it was awful, and then it dubbed me, oh, and then it delays, so it looks like you've got no musical coordination, so it's like as if you're off-beat, oh it was awful, never ever again *[laughs]*, it was awful, don't believe.

Int1: Thanks [name F2]. I wondered actually, how do you feel, on the platforms that have worked, Zoom and Teams, obviously you're running a class or a session, but you're not there with the person, and I'm just wondering how you feel about that, partly in terms of you've got somebody who for instance might have a health condition, but you're not there with them, I'm just wondering how that is for you, you know, is that a challenge, is it a concern, is it something that you need to consider or think about? [name F1], yeah.

F1: Just we didn't use Facebook or anything like that, or Teams, we just used Zoom, and to be fair it has worked really well for us and you know, we have done it for 12 months and stuff, and it has been, you know, well received, so kind of what we've said going forward was to, we would use Zoom and in-person, so we have a mixture, because some people don't want to go back to the centres, so we're going to do a mixture going forward. But what you said about the people with the health conditions, yes it is pretty scary at first, I have to admit, when we first started doing those classes and it is frightening, because you've got all these people, maybe even 30, 40 people who've all got some sort of condition and you think something's going to happen, but I think as the time goes on and you realise they just look after themselves when they're exercising, then you get more confident in yourself, and you feel, you know, you feel okay. But we do read out a disclaimer before we do every class, so we read that out before we do every single class, any case, but you do get used to it, and your confidence builds up, but at first it's scary, yeah, you think just something might go wrong, so it is pretty scary at first, yeah.

Int1: Okay, anyone...

F1: But 12 months obviously it's kind of fine.

Int1: Thank you [name F1], anybody else got any thoughts on that? [name F3]?

M1: I just want to make the point because I don't know if you're aware, that we have been issued with guidance, you know, in terms of safety protocols for online classes, we have received that from Public Health Wales, but yeah, I don't think it makes it any less scary as [name F1] said *[laughs]*.

Int1: Thanks [name M1], okay, and [name F3] you were going to say something there.

F3: We had a note on ours with our emergency contacts of who we could contact while they were doing the class if we were concerned, if they lived alone, and whether they had a key box and all that sort of information, who had a key, but basically a keyholder's emergency contact, we tried to get everyone to give us one of those, and that they knew that they were doing the class at that time, so I mean that and like the others said once people had got into it and knew what they were doing, a lot of them have said they felt safer at home because they've got good solid tables to stand by to use for support, you know, once they're all set with their setup, a lot have said they just feel a lot safer and they were more worried coming out and getting the bus and things to come to a class than doing the class at home on their own.

Int1: Okay, great, thank you. We've got about ten minutes left so we've got a few things we wanted to discuss, but I know we were aiming to sort of finish off pretty much on time, but anybody want to add anything to that, about your perspectives on doing things remotely, not in the same room but with people who might have health conditions at all?

[No verbal response].

Int1: Okay.

M2: It certainly is a little bit more dangerous I think, I feel anyway, because if anything happens then you're not there and I think one of the guidance was to stay online with them and try and take everybody else off, I thought that seemed a bit weird, staying online and if they're having a fall you're just talking to somebody who's on the floor and you may not even be able to see them, and that seems a little bit strange, not as in to do that, but it's the right thing to do but you just think why is that in the guidance in the first place, firstly it would be no if they're that vulnerable then they wouldn't be doing it anyway, but yeah being at home a lot of people do seem to be a little bit safer, again they've got a lot more, they know their surroundings and everything as well as opposed to coming out to a class, it can be that different environment and that's when falls do tend to happen more in places they're unfamiliar with. So again it feels a little bit pressure on you because if anything does happen, if you're face-to-face there, you're straight on scene, you can call a first aider, everything's at your... everything's on hand, whereas when it's virtual no you've got to put it in place before you do anything as well, like [name F3] said make sure the setup is right first before you do that, whereas you would tend not to think about that in a class, you have a little look around, and make sure the sitting environment is safe, but there's a lot of aspects to it. There's definitely a little bit more to think about, and a bit more complicated.

Int1: Thanks [name M2]. And on that note actually I wanted to talk about the additional, maybe additional work or things that you've had to do, the preparation you've had to do in terms of online or remote delivery, have there been, you know, I don't know if you could sort of summarise some of the additional things that you might have had to do, and also a sense of what that's been like for your workload, you know, is it easier or more difficult, does it take more work, or less doing things remotely would you say, [name F2] please.

F2: The forms and the filling in the forms have been an absolute nightmare, from they've more or less been sort of, and no disrespect to whoever's been doing the forms, but it's like they're doubling up the forms, they just want to, they're asking the same questions on a different form which is more or less interpreting the forms in another format, but the same, you know, does anyone else feel like that or is it just me?

Int1: Is that for remote delivery particularly or just general?

F2: Just for everything, it's just in general, people who aren't doing remote, people who aren't sort of doing any virtual, obviously we've been paid so they want to see what we're doing, but we've got one form and then you've got to change it, the wording's been changed, you've got to put it there, so it's just doubling up.

Int1: On work, yeah, yeah, thanks [name F2].

F2: Yeah.

Int1: Anybody else there, any thoughts on, you know, remote delivery and what that's meant for you in terms of workload or preparation or...

F1: No different [interviewer 1 name] from my perspective, I wouldn't say, because I think you have to prepare the classes that you normally would in centre, so I don't think it's been different work wise, other people might think a bit different, but I think it's been about the same. I mean obviously the walking and the step and tone thing, I had to do a bit of research on those and kind of practice it a bit to make sure it was okay, but generally I think it's about that same workload. But I know what [name F2]'s saying about the forms, they have changed the forms quite a lot haven't they and the different sort of figures and stuff that we've had to put in, yeah, and it is quite hard to, yeah, count everything up at the end of the month.

Int1: Thanks [name F1], and [name F3] were you going to say something there, I think you might have been but...

F3: At the beginning, so this is back this time last year when we were starting Zoom classes it would have just been we spent, I'd never used Zoom, I'd never even heard of it, I think it was we spent a lot of time doing one-to-one's with people getting them onto Zoom, somebody else said, on the phone that we'd send them a guide, we made the guides, we sent them the guides, we then spent the time on the phone talking them onto Zoom, but it was worth it in the end because those who were prepared to do it got on and have had a year of classes, and thoroughly enjoyed it, but I think that's what kept us busiest the first couple of months was putting the time into all those sessions, and getting people onboard. So but that was what we did, we needed to do it, so...

Int1: Okay, thanks [name F3], and then now, if it stays with remote, I mean are you still going to have to, you'd still have to do some of that work is remote continues? Or is it being done now?

F3: That's, the level of getting people on? Yeah, I think now we're, whereas before we were talking a whole, it was a whole class, you were talking, we were doing two to three classes a day, so you were talking a lot of people onto sessions to get them started, and I would say we only really had people come on between July and September, after that everyone who decided to wait chose to carry on waiting, because I think everyone thought we were going to open just around the corner, so those who'd chosen to be respond chose to stay postponed. Especially if they had children at home because they said the children were using the devices for school, so it was difficult for them to do a class because their children were on all the devices in the house. But now if we have anyone new it's you can almost cover it in the assessment, and like a lot of people have said if they'd been working, they've been on Zoom themselves, they know what they're doing now, so yeah.

Int1: Yeah, so people are a lot more used to using those formats anyway, thank you.

F3: Yeah.

Int1: I'm just aware we're very pushed for time, and we've probably gone about five minutes over, so apologies for that but I just wanted to wrap up, I just wanted to go around one-by-one and just get a sense of you know what your reflections are maybe on remote delivery, and what you, where you think the programme should be going in the future in terms of whether you feel it should be remote, whether it should be

face-to-face as other people have said primarily, whether you think a mix of both is the best. So I just wanted to go around and do that, who was it again who had to go right on half past, so maybe we'll start with [name F3], just because I know that you need to go. And we'll thank you all in advance as well for taking part in this as well, just in case you need to go before we've able to finish, but yeah [name F3] please.

F3: I've really enjoyed the Zoom, I definitely think there's a place for it in the future, especially in the winter months for like some of our falls clients, if they can, if we can educate them to get onto Zoom before it comes to that point, or if there's another lockdown it's worth people having the knowledge of how to use it and that they may need to switch to it in the future, but for when, if for bad weather and stuff even if we were in the venue and we could deliver Zoom out to them, I think it's definitely got to be part of the future, and like a lot of people have said there's a lot of people really keen to continue doing it. I wouldn't rule it out at all, and I've enjoyed it, so yeah.

Int1: Okay, thank you very much [name F3], and thanks for taking part as well.

F3: Thank you, thanks a lot, bye everybody, thank you.

Int1: I know you've got to shoot off, thank you, bye, bye.

Int2: Thanks [name F3], bye.

Int1: We might go with [name F4] next if that's alright.

F4: Hiya, yeah, again because we generally contacted them by phone and like I said they didn't want to take it up virtual, but it was good to keep the contact, we sent home programmes out to them, signposted them to things if it was suitable, when we got to August if there was any kind of generic referrals who it was suitable for them to join the mainstream, like the reduced membership that we offer, we did that when the centres had opened again and stuff, so again we kept contact and everything, but we didn't deliver any virtual sessions, we got it in place so that we're ready to do it if we need to. But again we're back with the face-to-face delivery now, so but again like I said we have got it in place, and we've got it there ready to offer if anybody during the consultations wants it, we have got it ready to do if we want to, we're just not having the take up.

Int1: Sure, okay, thanks a lot, and just I mean you've had more experience with the assessments I guess then, the remote versus...

F4: Yeah, that's just in the last, like you say month or so with doing the Teams consultations, and things, but again that's been fine, we've had a couple that have had problems with it, so those ones we've tried to get them on and then if we've not got on by, you know, after ten minutes or something we've just done it over the phone with them, just to get them to get it done, and then they're coming, like they'll meet us when they come to the first sessions.

Int1: Okay, sure, thank you, and would you say that face-to-face is better or the same, or there's no loss?

F4: Definitely prefer face-to-face but I understand it's got a place, virtual delivery has got its place, and that we need it here for if we need it in the future, but it is just that, yeah, we definitely prefer face-to-face, but if it's needed we've got it ready to go if we have to.

Int1: Brilliant, okay, that's great, thank you. And then we'll go to [name F1].

F1: Yeah, I think yeah, Zoom's worked really well, and I think that it was really well received and I think people would have been completely lost if, you know, if we didn't have it, and the feedback that we've had has been, you know, really good. And I think, yeah, going forward we are hoping to do a mixture of Zoom and a mixture of face-to-face, but we're going to try and do a little bit more outside as well, so it will be a mixture. And I think yeah once people get over that first kind of use of Zoom then it becomes extremely easy for them, and something that [name F3] was saying about the bad weather, and we have talked about that, you know, when we're unable to do the classes because of snow then we would actually just put the class on Zoom and we're going to find a way to kind of contact everyone, you know, all in one go sort of thing. So from our point it is, yeah, it's, it has worked really well, and we've done it as I say since May 2020, so we've done it for over a year, and you know, people have really got a lot out of it, and basically said to us, "Well you know, we wouldn't have got through this had it not been for your classes and keeping in touch with us," so I do think it's been really beneficial, and yeah, be a bit of a shame if we kind of lost it going forward, you know, because that way we can kind of cater for all people, we can do the people that like face-to-face and the ones who like being at home and possibly the more vulnerable ones who it's a bit more of a struggle to get out, so yeah. I think it's been really good, really positive, and I've absolutely loved it, I've loved it, yeah.

Int1: Okay, fantastic, thank you [name F1]. And [name M2]?

M2: I think I'd probably do a combined, I think from, just from experience of just doing it with another class, I think sort of taking a session and having that camera on you so people can do both, so if they want to attend the class they can attend it face-to-face, or if they want to do a live session they can do the live session virtually, but there's still part of that group as well. In terms of what's best, you can't beat face-to-face in my view, because we're social beings, that's what we are, we like to interact, so it's far better for us mentally I think to be together as opposed to be via a screen, but you know, it does massively have its place for those who can't get out and again during that bad weather, and all those sort of barriers, if the bus doesn't go past the right place, then having that Zoom factor, having that as a backup is just invaluable tool really, you know, because it gives people a lot more options to do certain things. But for me it is face-to-face, but again having that camera there, so people can access it via Zoom, that's probably... the way I would like to go forward anyway.

Int1: Thank you [name M2], thanks. And [name F2]?

F2: Oh, hi guys, yeah, I agree with everybody, yeah, it has its place, and I think it's up to the member who actually wants that option, whether they want to do it virtual or, you know, in a leisure centre, but I don't think anybody should be stopping exercise, it

should be giving that option, like when we first had the lockdown, you never know we might go back again, fingers crossed we won't, but at least they've got this option to go forwards with then. But I agree with everything, you know, it's got its place hasn't it, I'd like to keep it going.

Int1: Thank you [name F2], that's great. And then [name M1] please.

M1: So yeah, just really reiterating what the guys have already said, you know, I just feel that it has its place, and we will use it as necessary, we've all rightly started doing consultations, bringing people back in, we've done a brand new timetable for moving forward now, you know, with schemes being reopened, there is a virtual class on there, we've started with one, we're only putting one on at the moment to see how it goes, but yeah, you know, our coordinator has said that if the demand is there then obviously we can add more, so we use it as a platform if people want it. Interestingly though, and I don't know if it, there is any sort of necessary talk of it here, but what [name M2] said in terms of the blended approach, we've actually been doing that with our mainstream classes, at the leisure centre, so we've been actually live streaming, live classes, to virtual audiences as well, but the take-up has been, you know, extremely poor, so I think it's still showing that the preference is there for people if they can attend, and attend centre, that is what the majority would prefer to do for our area, you know, obviously everyone's going to be completely different, but yeah, we're still cracking on with it, like I said there's a class on the timetable that we're going to take forward and that we're going to try and move, we are moving over to Teams now, we're not using Facebook Live, we learnt from the mistakes, but yeah I suppose the proof is in the pudding, we'll see how it goes.

Int1: Lovely, thank you so much, I mean we'll end there, gone a little bit over time, so apologies for that, but just want to, on behalf of all of us just thank you so much for taking part, hope it's been enjoyable, hope it's been a useful opportunity as well to give your perspectives, just to run you through what happens now, we've got another couple of these focus groups planned, and actually we've been training some coordinators to facilitate those focus groups with us as well, and they're happening in a few weeks' time, so the other two focus groups we'll be doing with exercise professionals, will be cofacilitated by some coordinators as well, because we wanted to make sure they've got the skills then to do this sort of evaluation maybe in the future. So we're going to do those, we're also talking to some service users as well, there's some interviews that will be happening from this week actually for a few weeks, with service users as well, or clients, or participants, depending on the wording that you use. And there's going to some data as well that'll be analysed, the sort of outcomes data that you capture at the assessments as well to look at some of the differences between sort of pre-Covid traditional delivery and remote delivery, and look at whether that's made a difference to people's outcomes as well. So the evaluation will be going on for a few months yet, it's due to finish and end early in the new year. But thank you all for taking part, as I said the information you've given here will be transcribed, and your information will be anonymised as well in any reports, or in any reporting that we do, and I'm hoping as well that you'll be able to be kept abreast of what comes out of this as well and certainly see the final report, and also as we go through we're very keen for people to have an unawareness of what comes out of this, you know, if you participate in something it's good for you to, you know, get a

sense of actually well what's come out of that in the end. So I mean we've got your information, I mean I don't know whether or not we'll be able to, maybe if you're interested in finding out more, perhaps I think you've got, have you got [interviewer 2 name]'s email address, yeah, I think you might have had, you've maybe been contacted.

Int2: They've got the PHIRST email address as well.

Int1: Okay.

Int2: We sent everything through, yeah.

Int1: Yeah, you've got the PHIRST email address. I mean by all means send us an email and say please keep me informed, or please let us know, and then we'll just be able to then keep you up-to-date or maybe when the final report comes out or something like that, just to make sure that you're definitely able to see what comes out of the evaluation if that's something that you want, is that okay, alright. But thank you so much again, enjoy the rest of the day and your week in the sunshine, and thanks again for taking part, okay, all the best, bye, bye.

[Thank yous and goodbyes].