

Focus Group 2

Int1: So obviously we're hoping as we go through this discussion that you won't feel distressed or anything at any point, but this is something that we say to everybody that takes part in an interview or a focus group, is that if you do feel distressed for some reason and you do require some additional support after this focus group you can contact your nurse coordinator or we can do that on your behalf as well, okay, also if you want to stop you can for instance direct message one of us as well, and potentially maybe if you direct message me we can potentially put you in a breakout room as well if you feel that that's better for you for a while, or by all means turn your screen off or whatever you feel like doing at a particular point. So that's all of that background information, that's not to suggest that we're going to be getting into anything that's going to be very, very sensitive or distressing, it's just something that we tell everybody who takes part in an interview or a focus group, okay. Okay, is that okay for everybody?

[No verbal response]

Int1: Okay, and I think we're waiting for that, the other person that we're waiting for has had some issues with their IT so isn't able to join us so we'll hopefully get them onto the next focus group that we're doing later this week. Okay, so just to introduce the goal of the group discussion, we're interested in finding out what can be learnt from the changes that were made to NERS in response to Covid, particularly in relation to the change from face-to-face to remote delivery, okay. And those who commission and manage the NERS programme, they're interested in understanding a couple of main things, and one of them is who remote delivery of NERS would and wouldn't suit, yeah, so who's it suitable for, who's maybe it not suitable for, if there are any aspects of the programme that should always be face-to-face as well, and also they're very interested in your experiences of delivering the NERS remotely, and how you can best be supported to do that in the future. And we'll get more into your own experiences of doing it and sort of later on towards the sort of end of the discussion as well, okay. So just to be saying we'll be using the term remote throughout, by this we mean anything that you've been doing over the past 12 months or so in order to continue to support Participants, that's avoided face-to-face contact. So that might be live sessions, it might be recorded sessions, it might be remote walking challenges, or whatever, but anything that you've done remotely to avoid that face-to-face contact, does that sound okay. So just before we move on, any questions on any of that, before we sort of get going with the discussion sort of proper?

[No verbal response]

Int1: No, okay. Okay, so the first bit of the discussion really we wanted to talk about the uptake of NERS, so people's involvement in NERS initially, and we wanted to understand the affect that offering a new style of programme, one where some aspects are delivered remotely rather than face-to-face, the impact that that might have on whether or not people take up the programme in the first place. So might be that you've had conversations with people about this, or you've just drawn on general experience and feelings around this which is absolutely fine. So just thinking about when the NERS programme is first discussed with potential Participants, maybe at

referral or something like that, are there certain people who you think might be more drawn to having the NERS delivered remotely than others? So certain people who might sort of gravitate towards a remote delivery than other sorts of people?

M3: I think here in [place] there is a certain distinction between the elder clients who are not used to internet usage, but we felt that was overcome with they had younger children or grandchildren to show them the way, and we found they were quite keen to learn that way, and of course obviously it's much more difficult now for those who don't have any internet access, which we found to be more prevalent than we first imagined it would be.

Int1: Okay, yeah, okay, thanks [name M3]. Okay, anyone else want to come in on that, just before maybe we pick up on some of those things that [name M3]'s raised there?

[No verbal response]

Int1: So anybody else got any groups that they've perhaps noticed or feel may or may not be more, or less suited to sort of remote delivery, particularly you know, when it's first introduced, [name F5]?

F5: We're finding that a lot of people who are isolated actually prefer to be face-to-face just for the social side of things instead, so it's not so much that one group would prefer to be doing virtual delivery, but they would prefer to be in face-to-face, so even sometimes with the support they may have the technical support as you say if they've got younger family members that can help, but even if they've got it sometimes they don't want to, because they want to come in.

Int1: Yeah, okay, that's interesting, so have you found at all that people, it's a bit of a barrier to getting people involved because they're kind of getting involved for the social support, is that what you're...

F5: Yes.

Int1: Yeah, okay.

M3: Yeah.

F6: Yeah.

Int1: Okay, yeah, you've found that as well [name M3]?

M3: Yeah, so definitely agree with that, we've got involved with the ELP scheme down here which is specific to knee health, it's a clinic run where we provide the exercise part, apart from having like injections and the medical support, and a lot of the clients there, or the patients there have stressed they would rather wait for face-to-face classes, than would remotely.

Int1: Okay, sure, okay. Thank you.

M4: And relatively, just to [name M3]'s closing sort of statement there really, where we offered or put it out there that we could do virtual classes and that, I think that was the general consensus really was oh just let us know when you're back up and running, only a few people were really interested, but more so I think it was, initially in the first lockdown, but then no-one knew we were going to be locked down for as long as we were I think, so I think it was a bit of a surprise to everyone, but yeah I think yeah, I think there was more of a want to sort of get back face-to-face rather than immediately take up the virtual offer so to speak.

Int1: Okay, thanks for that [name M4]. I've just noticed, sorry go on [name M5].

M5: I was going to say, yeah, in my experience it's the same as what other people have said basically that generally everybody prefers face-to-face except if we're in a lockdown where that's not an option, however there was one lady and this may apply to other people in a position, I don't know, but she actually basically said that she preferred the online remote service because she actually lives with only one other person who she is a carer for, so the other woman is obviously dependent on my client, so she got to the stage, she said, "I won't be coming back because the person who I'm looking after is sort of deteriorating further, and actually I love the Zoom stuff," because we've got a, off the back of the lockdown, the Leisure Centre that I work in has developed an on-demand, like an app thing on the phone, you know, which they're continuing to facilitate, so I'm still going over on a Sunday to film one mainstream class, but this lady was basically saying I'll be going back, I'll be using your app for your mainstream classes because there's some gentle options, because for her it was actually better because she could do it and her dependent would be sat in the corner, or in the room next door and obviously she felt safer doing that than leaving her in the house for an hour or so.

Int1: Yeah, okay, that's interesting, so yeah, actually people being able to stay at home and exercise remotely, rather than needing to leave as well for, yeah. Okay, I've just noticed actually we've got somebody in the waiting room so I'm just going to admit them, Imogen, are you still with us, hopefully *[laughs]*, okay, I'm going to admit them and then I'll put them in a breakout room with you Imogen if that's alright, and then we'll carry on with the discussion, so please just bear with me for one second. *[Pause whilst sorting breakout room]* And I'm hoping that this is [name F6]. Hi [name F6], is that you?

[No verbal response]

Int1: You're on mute at the moment, if you've just joined us. *[Pause]* Hi there, hi, is that [name F6], hiya.

F6: Yes, sorry *[laughs]*.

Int1: Hi [name F6], that's alright, no problem at all, I know you've had some problems getting, logging on I think so good to see you.

F6: Yeah.

Int1: Thanks for joining us, no problem at all, we've just got going actually and what I'm going to do is, and there's a bit of background information that we need to provide you with, so I'm going to put you into a breakout room with Imogen if that's okay?

F6: Yeah, fine.

Int1: Yeah, and then after that you can sort of, obviously re-join us all, and when you come back in we'll be recording as well, so just want to let you know that.

F6: Fine, thank you.

Int1: Yeah, okay, alright, no problem, let me just put you in the breakout room. *[Pause whilst sorting breakout room]* Okay, that should happen now, hopefully.

F6: Hi [name M6]! *[All laugh]*.

M6: Hi [name F6]. How are you doing?

F6: Good.

Int1: Okay, you should get an invite there to join the breakout room, I think.

F6: Will do, yep.

Int1: Okay, there we go, brilliant, okay. I had visions of that not working at all *[all laugh]*. Alright, but I think what I wanted to talk about there actually, I think you mentioned that maybe there was sort of some resistance initially to people actually getting involved in remote sessions, particularly maybe because people thought, well only been locked down for a little bit, so you know, we'll do the face-to-face stuff, I'm just wondering for everybody how was the take-up initially of that, was it quite good, was it quite poor, did people want the remote or did people generally... we'll talk about it again later as well, but did people generally say no, you know, we'd rather wait?

M3: I think with us down here I think the uptake overall was far less than it would have been obviously if it was face-to-face, I think people were dipping their toes in the water kind of thing, it was new to a lot of people, but those then who did wade in waist high so to speak *[laughs]* they absolutely loved it, and another advantage that I found was clients from other areas were able to access the public forum like Facebook if I was running a tai chi session for example, and they now have tended to stay even though they're from a different area. So that session might suit their timetable better than their other area for example.

Int1: Yeah, okay, so there's flexibility to sort of go to some other stuff, yeah.

M3: For sure.

Int1: Yeah, yeah, yeah, okay, okay. Sorry, just making a note of that. Okay.

M3: Sorry, it's led to then a blended delivery, so my tai chi session now which will take place in our community centre, I'll have the clients in front of me, but also I'll be filming myself without them being identified obviously for the remote feed.

Int1: Okay, sure, great, okay, thank you. I just wondered as well, I mean any other thoughts on people who are maybe drawn to remote as opposed to not, or put off from remote, just before we move onto sort of the other topic we were going to discuss next.

M6: Can I just say, in my area in [?? 12.51] I had about 60 clients on the scheme before lockdown, but when we went to the virtual only about ten took up the option.

Int1: Okay.

M6: Because a lot of them were preferring to just have contact via the telephone, because they were a little bit reluctant to use computers because a lot of them obviously being elderly, either didn't have access to it, or were very not used to using technology. So a lot of them just preferred to stay with the telephone contact.

Int1: Sure, okay, thanks [name M6]. Yeah, and do you think, any ideas about what sort of support might be offered to people who are least likely to take up referral, you know, you've mentioned sort of people perhaps who haven't got access to IT, maybe some of whom might be older people who maybe haven't got, or maybe aren't that used to using IT, perhaps people who are maybe isolated, I don't know if there's anything you could do to support them if they're really looking for the social aspect anyway, but is there anything you think that could be done to sort of support people into using or accessing remote delivery, or anything that you've tried that's actually worked do you think?

M7: Accessible technology.

Int1: Sorry, go on [name M7], yeah.

M7: Accessible technology for themselves, so if we can get ourselves, I don't know say for example we get 35 referrals a month, if we get that on hand 12 got laptops or iPads or anything technology wise that you can just hand out, problem is getting them back, I don't know exactly how that's going to be...

Int1: Sure [laughs].

M7: One of the hardest bits, but if something could be put in place to show them how to use it, because at the moment it's just like one of the biggest issues was technology, haven't got access to it, technology's too old which they access, which they've got, so they can't do anything with it to get online, but then obviously then knowing how to use it, it's a big learning curve for some people when they haven't grown up with it, adapting to that. So again it's just making it simple, press of a button, something simple like that, I don't know, certain application, Zoom is pretty much press of a button these days but even that can be confusing to some people.

Int1: Yeah.

M7: So it's just really getting ourselves into a position where we can just hand out devices in a relatively inexpensive, and then if it does go not to, it's not going to be a massive budget cost, it's more the fact that people can access it, have a comfortable environment, a lot of people don't have that environment to work at home, so that's another issue we have to work around, is finding the space for people to actually work at home.

Int1: Okay, great, thanks a lot [name M7], yeah, so that's access to sort of IT, some actual devices maybe that people could use as well as maybe some support with actually using them and some guidance maybe around that, anything from you [name M3], I think you were going to say something there as well.

M3: Well we initially found out that the lockdown was going to be extended somewhat we delivered via snail mail some home programmes, some general advice on healthy existence or living, but also attached was some basic instructions of how to access internet based delivery should they have the opportunity to do so, and good old snail mail it went out and we had a few in from that.

Int1: Okay, great, yeah, so you sort of tried a bit of that and it seems to have worked, okay, brilliant.

F5: We've been able to keep going with that now as well so we're actually one of the vaccination centres, so we've had to reduce our service down just while this is still going in our centre, so the videos that we created over lockdown have also got a home programme, written package that can go with it as well and it follows sort of how we would run the classes as they're running at the moment, so it does follow, whether they're in the centre, whether they're at home, and because they're on like a Zoom link, a YouTube link instead, then they can do it when it suits them rather than it being at a set time on a set day in groups, so we've been able to do that and then phone calls to follow as well while we were in lockdown, we were doing them as well.

Int1: Okay, thanks [name F5], thank you. Just so good to have you here [name F6], I don't know, do you want to just very quickly say what area you're from as well just to introduce yourself if that's okay, thank you. You're on mute at the moment.

F6: Right, okay?

Int1: Yeah, I can hear you, yeah, all good, thank you.

F6: Fine, so I work for the [place], I'm actually based in [place] and [place], so two and a half days in each, so we've been back, we're back to almost normal since the 24th of May, we're back in with not our very vulnerable referrals, but we've got some normality back, we've done quite a few one-to-one's, but we're still doing virtual once a week, so we're working from home each one of us, working from home.

Int1: Okay, great, thanks a lot [name F6], that's great, thank you. So we'll just, yeah, obviously just chip in as we go yeah, okay, thanks a lot. Okay, brilliant, actually I was

thinking as well about the referral letter and I mean I don't know how much detail you, I mean our understanding is that the referral letter gets sent out to people perhaps, to tell them they've been referred onto the programme, but we're interested in what's in that and how standard that is and what detail's in there, and whether there's anything else that could be in that, that might encourage people to take up a virtual offer, I don't know if you've got any thoughts on that, or what your knowledge is of what's in the referral?

M4: It's actually a bit of a running sort of project of ours really, we're... a few years ago we reviewed what we put in it, just well one of the simplest facts that we found that people wouldn't necessarily read it to be honest with you, you know, we'd put a lot of information in there, you know, and when people would get in touch to express their desire on, you know, enrolling onto the scheme, they would, they wouldn't know much about it, even though that, you know, we had put quite an extensive amount of information in there, so we've reworded it and changed it so then that seemed to work a little bit where we'd just give a general sort of gist, and then, you know, we would have show arounds, so we would have a certain day and time in each centre that people would then turn up at certain day and time with their letter to sort of express their desire to get onto the scheme and we would show them around each site as we're sort of discussing what, you know, the scheme's about. Again we're sort of looking at, obviously with Covid restrictions we're not able to have sort of groups come in and what have you, but I did find that again even though that was an improvement onto sending the letter out, I did still feel that it could be, wasn't as effective as that it could be, because sometimes if you, because it was a drop-in session you could have two people which is great turning up, and that way you could give each person a lot of time, and then other times you'd turn up and it'd be 15 people at reception, I think oh god, you know, and then so you're trying to, you know, get all that information across to everyone and again it wouldn't be as effective I feel, but now we're doing virtual sessions so we do that over Microsoft Teams, which so far obviously we've only been going up since mid-June, but that seems to have quite a high retention, so far, with that approach, and I think because we've been in lockdown for so long and I think the people who initially weren't so keen with taking up any kind of virtual offer, of any kind, I think through again what [name M3] was saying with family members and what have you, that they may have been coached through and they've actually invested in some devices, obviously not everyone, you know, there's still sort of things that we're trying to work through there to make sure everyone's offered a service, but yeah there's been quite a sort of high uptake in the demographic where you wouldn't necessarily, you'd think oh they're not going to have email addresses and what have you, and they have so far, so there's been only a small amount of people that we haven't been able to do virtual sessions, but yeah, so a longwinded way of saying that *[all laugh]* an ongoing process of... we're actually going to be involved in a physical literacy programme as well, to have a bit of a holistic approach to, we're going to, you know, basically look at the whole thing over again and see if we can sort of improve any retention, but yeah, so I'll leave it at that and let somebody else speak up *[all laugh]*.

Int1: Thanks [name M4], thank you, right, anyone else got any thoughts on that letter, anything about like sort of the initial information or initial approach to get people involved and what might be done better there?

M6: I've got them in front of me, that might summarise it.

Int1: Okay.

M6: It's basically the date and the time bolded on top, basically says now what's going to happen during the appointment, bring reading glasses, current medication, you know, pen, the charge of what it's going to be, the setup and also then the guidelines towards Covid as well, and then there's contact details and below then.

Int1: Okay, sure, and it works, the feeling is it works okay, and there's nothing...

M6: Yes, absolutely, following that, so previous to that the referral comes in, we then send a letter out to the client, and they phone us to confirm that they're interested, what happened in the past was send the letters out without any previous contact, just wouldn't turn up, yeah, so then they phoned to confirm, you know, then that they intended to turn up.

Int1: Yeah, okay, okay, great, thank you. Just we've touched on this a little bit already, so you know the people who postponed, you know, when that point at which people were able to either wait for a face-to-face, or to maybe go onto some additional support and be supported some more, which might have been virtual, it might have been too early for it to be really virtual. But did you notice a difference between the sort of people who were supported, sorry, the sort of people who decided to postpone, and the sort of people who said, no, no, I would like to actually maybe have a virtual offer or some continued support, was there a sort of difference in the categories of people, the sorts of people, maybe their ages or why they've been referred or anything like that?

F5: We would have a lot of the schemes here, so the weight management, so cancer rehabs, falls prevention, and out of everybody I had on the programme none of them asked to be postponed, they all wanted support.

Int1: Okay, that's interesting.

F5: So I didn't have a single person that didn't want to be there.

Int1: Yeah, have you got a sense of why that was or...

F5: I think because they trusted what we were doing, they understood what was in the classes before we had to shut down, and they felt confident to be able to continue that at home with the phone calls, the home programmes, and if there was any concern they knew that I could, you know, talk them through it all as well, because we didn't actually have live sessions that we were doing throughout lockdown, so everything that we were doing was through the video links, the home programmes that we'd sort of set up instead.

Int1: Okay, sure, yeah.

M5: So with down in my area, we weren't... it was a little bit up in the air to be honest with you, like the guidelines, or what we were being told was sort of changing a bit, so it was a bit postpone everybody and then it was like, right, no try and keep, get everybody back on programme if they're capable of monitoring their own intensity and if they are exercising regularly basically. But we didn't, we basically, or I basically, I didn't stop contacting people or providing support to them at any stage until towards the end when we were told like if they're postponed stop contacting them, so they were basically still receiving weekly phone calls if they wanted, they were still receiving their video links because we were going into the centres after a bit and filming classes and putting the YouTube links up as well, but like I think it was like if we were saying to them, oh be clear about this now, if we postpone you you won't be receiving any support until lockdown ends, then they probably would, do you know what I mean, so we weren't saying that, I was saying look we'll keep giving you support and when we are reinstated or when we're back in the centres then you're going to get the remainder of your referral or a new referral, depending on what we can do for you, but it wasn't, you know, the only people I didn't contact and said like, you know, I'm just going to stop supporting you, were people who basically were okay and they were like stop calling me every week, do you know what I mean *[all laugh]*, that's about the size of it.

Int1: So how long...

M5: Sorry, go on.

Int1: So, I was going to say [name M5] how long did that support go on for then, just offering it to kind of everybody, was that for quite a few months or...?

M5: It's from March the 25th or whatever until, I can't remember actually, it was well it wasn't long, but when they were reopened in June so it was probably about, I think late, I think, I can't say exactly, I think it was sort of mid maybe April, or maybe the start of April when it started.

Int1: So over a year then, yeah, yeah.

M5: Yeah, over a year and they said now that people are postponed, stop contacting them, yeah, it wasn't until, it was so over a year that we were doing that, but with some of the guys, because the guidelines sort of changed it was like we were sort of, I was saying to someone, this is what I thought, I was saying, yeah, we'll keep, we'll reinstate you, we'll keep you on programme, we'll, and they saw their referral through so to speak, because we had people who like started like two or three weeks before we went into lockdown, so then they had the remainder of the 16 week referral, so they had three weeks before lockdown, then they had 13 weeks so they sort of saw out their referral during lockdown, and then it was like right we'll do your 16 week review over the phone during lockdown and then you know, we'll get you a new referral, we'll be able to offer you a new referral come reopening, but that never happened, do you know what I mean, because things changed and we didn't know how long we were going to be in it for. So there was one guy in particular who like, yeah, he continued to see, receive a remote service on the understanding he was going to get a fresh referral

when the time came, but unfortunately he hasn't been able to have that yet so he'll have to go back through the system if you like to get re-referred.

Int1: Sure, so he's just been supported all the way along anyway in some ways, yeah.

M5: Yeah, he was supported all the way along anyway and he was, yeah, I would see him out walking near down by the beach and stuff where I live, so he was exceeding the recommendations by the National Health Service and the World Health Organisation with regard to sort of, you know, 15 minutes of sort of moderate intensity aerobic exercise on sort of five or six days a week anyway so...

Int1: Yeah, okay, brilliant, thank you [name M5]. Just before we move on any other thoughts on that then, just on the, you know, we've got sort of, I guess we've got [name M5] and [name F5] both of whom continued then to support people, but I think some other people have suggested that maybe there wasn't that for them, you know, it was there were fewer people who continued, I think that's right.

F6: Mine was similar to [name M5]'s, we kept in weekly contact, and you just got into the routine of seeing how well they're doing, and quite a few of the ones I was ringing weekly weren't, didn't have any facilities to watch Facebook Live or to do anything, so we were just, it was just a catch-up really, and some of these people were, had no family around them, or things, so we were keeping in touch just as you know, just to, for the being kind to them really and seeing how they're doing and things, so and they're the ones who needed it most really, they're the ones who were isolating, weren't allowed out and things. But we were the same, we just continued, and we had some as well who had only just started the scheme, we did a 16 weeks with them, so via Facebook and seeing what exercises they were doing outside as well as our support. But then once we started most of the ones have all been inundating their doctors and local things, and have all been really keen to come back because it's not just the exercise is it, it's the friendships they've started, and some, you know, before lockdown became really good friends and helping each other out, walking dogs for the ones who were really isolated and things, so yeah, but yeah *[laughs]*.

Int1: Okay, thank you [name F6], and we'll come back to the stuff there really around sort of friendships, because really interested in that and the extent to which that was important, you know, for people as well so we'll come back and discuss that a little bit in a moment. Okay, anything else on that before we move on a little bit, just on that, whether or not people were continually supported after lockdown or whether or not you found that most people declined and said that they wanted to postpone, and there was a sort of gap in support.

M4: We didn't offer any live classes, but we did call the clients, but we also offered, we offered sort of recorded classes, we created like a YouTube channel, but there was also offered for mainstream users as well, we had like chair aerobics and things on there like that, but yeah, so and we're looking at setting up a, the virtual capabilities if we ever, touch wood, go into another lockdown, so yeah that'll be offered either way, and it'll be up and running, but yeah throughout the past lockdown yeah we just had sort of recorded sessions on YouTube.

Int1: Thanks [name M4].

M4: And they seemed to be quite popular to be fair.

Int1: Okay, cheers, thanks.

M3: I'm starting to question [overspeaking 31.51].

Int1: Sorry, go on [name M3], sorry I missed you there.

M3: I'm starting to question my telephone manner now because *[laughs]* about 90% of my clients were happy to do their own thing, obviously we offered multiple times for support, they were accessing our YouTube channel, some were on the live Facebook stuff, but they were happy to carry on.

Int1: Okay, yeah, yeah, so they didn't really require any one-to-one support as such, they were sort of just getting on maybe accessing some of that, yeah.

M3: Yeah, yeah, for sure.

Int1: Okay, that's interesting, yeah, okay, thanks [name M3]. So a bit of variation really in terms of what, you know, what people, what clients might have wanted, or what they might have wanted to access as well, yeah, okay, thank you. Okay, that's great, I'm going to hand over I think to [name Int3] now, who's going to, we'll sort of move onto sort of another little topic area so I'll hand over to you there [name Int3], I'll go quiet for a few minutes now.

Int3: Okay *[laughs]*, we just want to really now have a little look at the initial consultation assessment, but also the 16 week assessments, and to facilitate those in a remote delivery, and I just wondered what your thoughts are about conducting the first consultation assessment, and also the 16 week assessment remotely, you know, have you done either or both, I mean and does it work, and you know, what was the experience like for your Participants and any drawbacks that you found, or gained or lost, I don't know, how did you feel?

M5: I did two consultations, right towards the end when we were reinstating we did two, I did two consultations in May, over Zoom, but my, yeah, I prefer, much prefer doing them face-to-face, yeah, I didn't do the functional ability tests or the fitness tests, I was advised that, you know, that it wouldn't have been a good idea obviously, you know, not having physical contact with the person, so yeah, it was just a questions, the self-reported quality of life questionnaires and the activity questionnaires and everything that we do, but we didn't do those functional ability tests over Zoom.

Int3: Do you feel anything was lost by not doing those functional assessments?

M5: Well yeah, obviously the essence of assessing somebody's functional ability wasn't done, so yeah I prefer to do them face-to-face, but obviously then if you're going to do it over Zoom then you've got the health and safety issues I guess of, you know, asking

somebody to do a sit to stand test or whatever it is, yeah. So I would say that it works better in person.

Int3: Anybody else got any...

M3: Yeah, from a personal point of view as an instructor I don't think I'd feel comfortable conducting something like that over the internet, I haven't done any consultations remotely, I don't know if it's my age, but you know, when I'm in class I've got one eye on my defib, one of my first aid kit *[laughs]*, and without that ability to assist if needed I'd feel very uncomfortable.

Int3: What else is it that makes you feel uncomfortable, can you expand on that a little bit?

M3: It's the impersonal nature of it, it's great now to have this kind of ability and this opportunity which we wouldn't have otherwise, for things like this it's wonderful, I can reach out on all of the positives of internet based communication it's all there, but working with some vulnerable clients who are desperate for that contact, even if it's just verbal from two metres away, it's, I don't know, it's the impersonal nature of it, it's not you know, there, we're not in contact if you like, does that make any sense?

Int3: Yes, feeling like you're just not getting that close contact regarding, and feeling the communication through that way, yeah.

M3: Yeah, yeah, and of course body language is vitally important isn't it, I mean they can tell you verbally yet the twitch or the difference in movement or the posture can tell you a lot more as well you get that.

Int3: So visually you get a lot more...

M3: Oh yes.

Int3: ...is what you're saying with face-to-face, okay, that's fine.

M3: Masses, yeah.

Int3: Has anybody else got any experiences regarding...

M6: In RCT we've recently restarted the referrals, also we've been doing online consultations, I've done two over the last, previous week, and I've found them not too bad to be honest, difficulty was getting them set up with Teams, so once we got past that stage and started the consultation all we did for the functional assessment was to do a sit to stand test, and luckily with the blood pressure monitoring both the clients who were referred to me had their own blood pressure monitors, so they measured them there and there, and out of the details of that, but for extra functional assessment I invited them along to the following week, and so I could gauge then how far they could walk or have further in-depth from that conversation with them, to do this that and the other, so that sort of worked quite well. And like the others said it's not the same online as it is face-to-face, you do get that more rapport building than with face-to-face with people, rather than just on a lower, although it worked quite well,

and they seemed to enjoy it as well, so whether that's because I've got another five now that I've got to contact and do the online consultations. So yeah go on.

Int3: I was going to say so you had a little bit of a blended opportunity, so whereas maybe you did the consultation or 16 week, actually over a virtual platform, however from the functional you'd be able to bring that in and from that point be able to come together and we felt that was quite a successful way of forward moving, and it worked well.

M6: Yeah, and then meeting some of the other clients regularly, the tool that started that, I've invited them to a virtual class now on Thursday, tomorrow, and the strength and balance class, so we could have a choice of [?? 38.25] as well, just to give them a taste, obviously see how did they get on with it.

Int3: Great, thank you. Anybody else got any experiences we've come across, I know we're saying remotely, but remotely is anything other than face-to-face, so however you conducted your 16 week assessment, or your initial consultation, you know, is there any experience you've had there to reflect on that?

M4: Well in Conwy, our team, we've been doing virtual consultations from say mid to end of June, so probably done maybe about between sort of 15 or 20 since then, generally they're okay, it's either they're relatively comfortable with the sort of technology being used, or you know, they've been sort of coached through it by their family members or what have you, and because of redoing, you know, the sort of welcome letter and obviously we don't do show rounds, but that show round is a personal call, so we send them a letter and they contact us to say that they'd like to enrol, so then we give them a call and have a chat. So then by the time we have that initial consultation on Teams, that'll be the second time really we would have had contact with them and sometimes, you know, that first call might be half an hour, so by the time you've come onto that Teams you may have worked up quite a good rapport with that person and so it's, it can be a little bit more sort of personal than initially sort of I thought it would be, I was a little bit like, along the lines of [name M3] really, thinking that it'd, you know, it can be amazing but you know, that personal touch isn't there, but yeah, yeah, it's been quite a positive experience so far, and then we aren't doing any group sessions at the moment, obviously due to sort of risk assessments and what have you, but we are sort of trialling out different sessions with mainstream members and then we're going to move it onto referral. But what we are offering at the moment are gym based sessions, so then when we have the induction in the gym that's a one-to-one, face-to-face, so by the time you have the gym, that'd be the third time when you actually see them face-to-face, that would have been the third time that you will have been in contact with them, so it's been quite good really, and we might keep the consultations as an option for in future, for people who live rurally so who might find it difficult to get to a Leisure Centre, just for that initial consultation, so we might offer a face-to-face and the virtual and then it can be up to them then to see if they're there, rather than go to the trouble to make their way down for that face-to-face, yeah. But so far it's been really good and if they haven't been able to do a virtual then we'll do the consultation over the phone, as a last, last resort, but in either case we don't ask them to do any sort of physical tests for, you know, for the health and safety side of

things, that'll just come from a bit of an honest conversation really of what they feel that they're capable of doing and, you know, going through it in the gym with them.

Int3: That's interesting to say like you have a pre-contact if you like, and then you follow through with the consultation, and also I noticed you touched on rapport and I think that's something that we're going to come to anyway in a little while. So yeah, thank you for that. Shall we move onto the next thing, okay. So just running at your first assessment remotely, had an impact on your ability to build that trust and rapport, so I know that [name M4] you've actually mentioned that, so does anybody else feel that, you know, if it was some Participants or is that with everybody, do you feel that it has any hindrance regarding that, that relationship, if it's remotely done? Does it feel the same or do you feel that when you get them in face-to-face that is really where they want to be?

M6: Yeah, with regards to myself, in RCT, I found there's online, I still built up a bit of a rapport, quite confident with that side as well, but so because I said to the wife, I said, "I didn't know how the rapport would work outside after I'd done it" but I felt quite confident that actually captured the imagination of what they were going to continue on in the scheme, and at least so far they have and they've come along to the health walk group which built the rapport a little bit more, so I've had the best of both worlds doing it virtually and then within the health walks so I think yeah, so that I've cemented that rapport then when I see them face-to-face, so when you can't be face-to-face building rapport, like [name M3] said earlier, you can see their body language, a lot better on screen all you can see is really the top half of them, so what I usually do, I use a little bit of a [?? 43.58] and if they do the same you know that you've got that rapport [?? 44.04] potential then, and then going from there.

Int3: Have you noticed with some people, particularly, of... or different, you know, any particular groups, that was more...

: No, I find it across all groups really, and I think there's the area where I work out of as well, [place], I sort of tried to bring myself across like I know about them and because I [?? 44.32] [place] it is quite the same sort of cultures, where I grew up as in what they grew up as well, and I've always been one to be a bit informal with consultations, so treat them like they're, you know, like you've known them for a little while, and so it gives them confidence, shows a little bit of trust between you both then.

Int3: Thank you for that, has anybody else found that, I know it's quite early days when it comes to initial consultations, and regards that rapport, it does take time, but it's still interesting to know what your experience of that, you get a general feeling very early what's happening. Okay.

M5: Sorry, could you repeat the last thing you said please [name Int3]?

Int3: Regarding whether you feel that delivering remotely initial consultation does that have any impact on the ability to build up a rapport, or that relationship with your clients?

M5: Yeah, I think... I agree...

Int3: It affects that, you know, does it affect, does it hinder being able to make that relationship with your clients, and build that rapport?

M5: Obviously I've got limited experience but I would say that just from, yeah, from my opinion definitely, it's you're going to get that interpersonal sort of human connection in a face-to-face consultation that you're never going to get, you know, obviously as we said, it's good, in my opinion it's a good second best, but it's never going to be the same as actually sitting across a table from someone, or across a two metre gap from someone and, you know, you just don't get that, in my opinion, you know, and you can say how you're doing, you know, have you come far today, do you know what I mean, are you from [place], are you from the local area, I just like to get a bit of a conversation going, you know, which isn't like just right straight down to business on the form, like let's get this information. So and I think that on a, you know, when you've got the sort of limitations of the audio and the visual communication that you've got using Zoom, that it's never going to, in my opinion it's always going to be second to actually getting them in, you know, into there, and you could take... as people have said you can put them at ease, you know, in the same way as a 'normal gym user' might be for example intimidated at say a spin class, if you can actually get them down to the spin room and sort of have talks about the bikes to them, do you know what I mean, it's the same as if you've got a referral person obviously going to a gym is an intimidating thing isn't it for many of our clients, at least most of them probably. So if you've got them in the building and you do the, you know, chit-chat, the small talk, and bit of start of building the rapport, and then you can take them upstairs, going to measure your height and your weight, you're in the gym already then so we'll have a little look around you know and these are classes we're going to be coming to, and only going to be eight people, and these machines aren't going to be here, and it puts them at ease, just having that, you know, first initial physical meeting in that environment before they actually come in for their first session, I think you've got a higher chance of retention.

Int3: So what you're saying is really that it's difficult to pick up on those little key storytellers to allow you to make that connection, such as oh are you local, or you know, even what they're supporting, or something that you may find you have in common suddenly to be able to talk about, to make that connection, we can't get that over remotely, is that what you feel?

M5: Yeah, basically, I, yeah.

Int3: Okay, no, that's fine, that's great.

M3: Another thing [name Int3], sorry, another thing that impacts on that relationship, since I've been delivering for the ERP that's done remotely, is the frustration for the IT user, so like audio might be down, or they might have difficulty connecting, so that's going to impact on the relationship as well and if it's the first time then we're going to get off to a rocky start I feel, whereas coming in physically to a building you haven't got that issue, just an idea there.

Int3: Okay, no, that's a very interesting point actually, yeah, thank you for that. Okay, anybody else who wants to add to that?

[No verbal response]

Int3: No, alright, are there any groups of participants that remote delivery of the session is more or less suitable for, do you feel? You know, are there groups that maybe should always have face-to-face where possible, you know, where possible, and who are they, you know, do you feel there are people who should always have face-to-face?

Int1: Yeah, and just to say, I was thinking, you know, here we're really thinking about the assessment aspect as well, you know, so really about is there anybody who should always have a face-to-face assessment who maybe it just doesn't work to have a remote one do you think?

M4: I think the falls people, sorry [name M5], they're the higher risk, I think should always, I think have a face-to-face, I can't see any assessment safely being able to be done with the falls clients and things, at the very least, yeah.

M5: I'd second that with in general, and there's always exceptions, but generally speaking the people who are sort of in their, you know, sort of 75 plus age brackets you know, I know it's a generation, there are some people who love computers who are older, but generally speaking the older people tend to be obviously be not as confident or tech savvy and you do get the issues, I did have, out of one of the two virtual consultations I did, we did eventually get it going, but it was a nightmare, like it just, you know, it was like you know, really just unlucky that there was a problem, but we couldn't hear what I was saying, I had to phone them up, we had to log out and log back in, eventually it got working again, but you can imagine, I knew I'd been in contact with this guy sort of most weeks throughout lockdown, we'd built up a good rapport, you know, but you can imagine if that person was just somebody who didn't know me and I didn't know him, that might have, you know, it might have stopped it, you know, it might have been over before it really begun, you know what I mean?

Int3: That's like technical challenges, really IT, etc, for them. But also concerns, was it [name M6] that said about falls and balance, people, and that's obviously a concern regarding managing their safety, okay.

M7: Yes.

M6: Sorry, go on [name M3].

M3: Yeah, just to expand on that, extraction of information from the client as well is far more beneficial when you're face-to-face, so they will always, well majority of people want to impress you, to tell you that they're able to do more things than they are, their capabilities are higher than actual reality. And then for example now I can't see anything below your neckline now [name Int3], so I don't know if you have a walking stick, I don't know if you have an impairment for any physical impairment at all really, but when you see them walking to you and sit down and stand up, then you can see and appreciate a lot more.

- Int3: Basically what you're saying, you haven't got the facility to actually visually assess them, whether they're walking towards you, what they've got, how they're managing, okay.
- M3: That's right.
- M6: I was going to say the same as [name M3] there, is when you're face-to-face you can see their ability, their movements, whereas you can't see that at all.
- M4: I think, yeah, I agree completely, and I think it was [name M5] that said, I think, you know, it's the brilliant best, you know, it's an amazing second best thing, it's a great way of making the best out of a bad situation with Covid I guess, but yeah face-to-face is definitely the...
- Int3: Yeah, a lot of risk assessments I should say is visual and being able to see what you're doing, how they approach, how they communicate with you, can tell you an awful lot. [name F5], got any...
- F5: I was just going to say that when they are face-to-face we can see things that they're doing, to be able to manage, that may not be helping them in the long run, but we wouldn't see that over a virtual assessment.
- M5: With the older age brackets as well you've got the, you know, for example, you know, when we get over the age of 50 our hearing starts to deteriorate, you know, so then obviously some people it's more so than others, and so you know, everything starts to go doesn't it, do you know what I mean, most of us know this, our sight, our hearing, our proprioception, do you know what I mean, so if, all our senses unfortunately start to deteriorate, so the older people. Like I've got one gentleman who you know, seeing him face-to-face now, like I'm just thinking of him now when we're talking about it, it just wouldn't work for him I don't know, I don't know, he's got some sort of impairment, to communicate with him, to get him to sign a form, to get him to write in his emergency contact, even that is quite a, you know, it's quite a, it's not an easy thing to do, you have to keep repeating things to him, and you know, explaining things to him and then keep monitoring him, so yeah, I don't... there's certain people I think you probably lost about 10%, if we started doing virtual consultations as the norm, or some, you know, or along those lines I think we'd probably lost about 10 or 15% of our people automatically.
- Int3: So it seems to be quite a common theme that, you know, whether it's IT challenges, or even with some of their own physical and health challenges regarding hearing or various impairments there, but also the safety issue that comes along with that, is that right?
- M3: As an example I had a client many years ago now, who had a prosthesis, and from the knee down, and he came into assessment, I didn't notice because he had trousers on, went through it and he was telling me, "Yeah, I'm able to do this, I can walk, I can do," and to him he was a fully capable functioning individual, and to me he was too. But when his trouser leg rolls up halfway through the assessment, whatever it was, I could see that he had a prosthesis, now granted he'd be able to do everything that I

asked everybody else to do and I can't, what's the word I'm looking for, discriminate against him, obviously I get that, but that's something I would need to know. If something did happen in class that's something vital to me as an instructor and I wouldn't know that just looking at his head over a Zoom, well *[laughs]*...

Int3: Okay, okay, that's great.

Int1: Yeah, I've just got my one sort of eye on time actually, yeah, and the discussions, you know, really, really interesting. And we'll sort of, we'll double back and maybe talk about some of these issues in-between some of the other issues we're going to talk about as well so I think that that's all good, but maybe we'll move onto maybe the next topic, and touch on this one again I'm sure, I think it's [name Int4] who's going to come, thanks [name Int3], I think [name Int4]'s going to come in now with a couple of questions.

Int4: Yeah, okay, so we're going to move away from talking about the assessments, I'm going to focus now on the [?? 55.59] programme of exercise sessions the support you give your Participants. So can you please tell me what new things in terms of remote delivery you've been able to do over the last 12 months, so that's exercise related, or whether it's supporting them socially, so any new things you've done over the last 12 to 18 months.

M3: For us in [place] it was certainly the setting up of the Facebook page and online delivery there, so I was doing the tai chi session once a week, and the YouTube channel, so all us instructors we picked our strength if you like, so I did tai chi routine, one of the other boys did a class and so forth, and they were always available, so then links were sent out then to people who could access them, that's something we've never done before.

Int4: Okay, that's good, anyone else? Any, tried anything new over the last 12 to 18 months?

F5: We did a...

M7: We... oh sorry [name F5] no you go.

F5: Sorry [name M7], I was going to say we delivered this as well which I've now been able to use as homework, so where we've only got the one session they can have the homework video as well as their second session, but also the challenges, they were really, really keen to be able to take part in them, and we had everybody from people walking with frames up to those that could go for many mile walks, so it didn't dis... yeah, everyone was included in it, which was just really, really good, and even now we're back in and people are still giving me their steps, even though I don't want them *[all laugh]*. But they're just now saying what they're doing, it's a good thing, yeah.

Int4: Yeah, so that helped them as well socially I suppose as well as making sure they've done their steps.

F5: This is it.

Int4: Communicating together in a competition.

F5: Yeah, and it was this is what we've done as a county, this is what you've done as an individual, this is what you did compared to last month, so we were able to sort of give them feedback as well and they were just really pleased to see what they'd done, yeah.

Int4: Yeah, that's good, any other areas done anything different or...?

Int1: We'll go to [name M6] I think, or [name M7] I don't know if you wanted to come in there as well, yeah, anybody basically, but I think [name M6] was going to come in.

M6: Yeah, I've got a couple of clients, I started my own Facebook group back in January when we were in the last lockdown, mainly for [?? 58.19] on my Facebook, so I invited them along, and I was doing sort of either virtual or classes for them and stuff, or giving them advice, giving them challenges to do, like set challenges, and this that and the other, and I had a couple of clients then who [?? 58.34] transfer over into my Facebook group, which has worked quite well.

Int4: So is that away from NERS or including NERS?

M6: No, including NERS, it was including both, they will continue on into the Facebook group as well and so...

Int4: Okay, [name M7], did you want to say something earlier, you were going to come in.

M7: Ah, they've pretty much covered it all, because I was just going to mention we did YouTube, we did My Wellness, we had classes on there as well so people could sign up and do challenges, it's relatively just like more technology based activities, so just getting them online with activities throughout the week, so they're not just socialised... single-ised [*sic*] into once a week or twice a week with us, they can do other things.

Int4: Great, so how did you all feel, you know when you first started doing these new things, how did you all feel about doing you know, trying something new and how did you feel at the start of it all? Any teething problems?

F6: Absolutely, we did, well I did, technology is not my thing, but I quite enjoy them now, and but when the people... and it's not just NERS that can benefit from them, my husband's part of a church and the whole church congregation were joining in on classes, which is great because they're all going to now come within the system and things, so yeah. The practice didn't make perfect, but it makes it a bit better. But we also did the same as everyone else, we did Facebook Live, we did the YouTube videos, and anybody with any technical, you know, phobia things, we could email some of the classes so they could watch via email, so made it more easier for them and things.

Int4: So you found other ways of helping other people?

F6: Yes, absolutely, yes.

Int4: And you feel more confident taking them now than when you did at the start?

F6: Oh absolutely, I was sideways the first couple *[all laugh]*, and yeah. And on the wrong page, but you know, I didn't, nobody died *[all laugh]*, nobody fell over, so yeah, it's been interesting, I've been watching some of the others, I've been watching your *[name M3]*, *[name M6]* I'm part of your Facebook things which are really good, you know, so it was nice to see others and learn from others and pass that onto our groups really, it was good.

Int4: Yeah, yeah, it's a good way of sharing what's going on in other areas as well isn't it, to see other people's...

F6: Absolutely, yeah.

Int1: I'm just thinking actually, it might be a good time to, you know, thinking about how people felt at the beginning, and their experiences of it, but also thinking about some of the technological issues that some of you I think have discussed, maybe this is a good time to maybe touch on some of those if there have been sort of teething problems with the tech, I don't know what your experiences have been at all?

F5: Yeah, we had quite a few issues in *[place]* because we all had to use all our own equipment, because there was nothing, we didn't have anything because we'd never needed it before, and then obviously Wi-Fi and sound issues, recording issues, being able to get things to be put together to make a video, we had all of that to try and contend with sort of the tech support from our company as well. Over the time we got there *[laughs]*, we've done quite well, I'm quite proud of what we've been able to produce with all of that, but yeah it did take quite a bit to get us all onboard and get the stuff that we needed.

M3: Just to further that, I think the only really technical issue I had is every week I would do a virtual walk where I'd be out in the countryside or the woods or whatever we were, in my area, live on Facebook, I would walk and every five minutes I'd stop to do some exercises for those people at home who couldn't actually get out and walk and I think I ran out of data or something once, but other than that *[all laugh]* it was fine, absolutely fine.

Int4: And so was that your personal phone or works phone, you were out of data with?

M3: I was, yeah, I was using my personal phone then, yeah, work wouldn't go as far as my iPhone for me *[all laugh]*.

Int4: Okay, anyone else any IT issues or...?

M4: No, just a couple of sort of teething ones you know when we were all sort of, we're all new to it so then when we're submitting our videos and some people would just make the, just a small mistake, where you don't really realise of having, you know, a

window behind and the camera's at you, so then the focus isn't right, and things like that, so yeah just little teething issues, and then as we all get together as a group and just basically come up with very, very basic procedures I guess, yeah, and then just try and stick to that as a standard, but no generally it was okay I think.

Int4: What about sort of live, you know, like Teams classes, anybody done them and have any teething problems, that sort of way?

M6: Yeah, what I find quite frustrating to be honest, mainly for the client more than myself is if they've got a bad connection, you get on and once you start they freeze, and like could be frozen for about five minutes and, you know, that's not good for health and safety aspects. But it's frustrating for me, but also more for them, and it's usually particularly one or two, I think it must be the area where they live in, I have suggested maybe getting sort of new stuff for their Wi-Fi, one of my clients has got a booster and she never gets any problems at all, so she's on first and she never has freezes and nothing like that, so they're looking into that themselves now, so I think that's it, so it's a good step forward for them.

Int4: Okay. And so how does the preparation work that you do for remote delivery of sessions, differ for the preparation you have to do for face-to-face sessions? Any key differences?

M5: With regard to the virtual sessions it's the health and safety is different isn't it, so you've got to get the, normally obviously you'd have this stuff on the computer, the database, but you had to have it, obviously have a notepad with every Participant's address, telephone number, emergency contact number, so god forbid one of them had a heart attack or something like that you could phone 999 straightaway without you need... you have the address there immediately, so to be honest with you that wasn't something that I did for the first, you know, only after a few weeks and then it becomes apparent then it's like, yeah actually this is you know, something that must be done with every client, so you have, everyone has to be pre-booked and everyone has to have given permission for you to store their address and emergency contact number, on a notepad basically because you haven't got time to be getting into the database to retrieve this information, you know, when something like that happens.

M3: Yeah, good point, from our end as an instructor maybe I think was keeping my eight year old son out of camera shot, when you're doing it at home, but rearranging chairs, making sure that it's a blandish environment behind me, not to be distracting obviously, and there's no obstacle, for example with the online ERP delivery I have now maintenance people in the house, so looking to go into the garden, the forecast is wet so I'll have to put two gazebos up and do that, but it's just little things like that which, I don't know, it strengths your skillset as an instructor if to have that ability to adapt I think, yeah.

Int4: Yeah. So people say it's generally easier for preparation for face-to-face or remote?

M3: Oh yes, definitely, definitely.

M6: Face-to-face, yeah.

Int1: Yeah, so was that definitely easier for remote?

M6: Face-to-face, yeah.

Int1: Definitely easier for face...

Int4: Face-to-face.

M3: Face-to-face, yeah.

M5: Yeah, not remote. It's like moving house, if somebody comes to the door, somebody knocks the door, post.

F5: I'm going to move my dining room table.

[Aside chit-chat]

M5: Yeah, so you've got loads of like barriers come up and difficulties coming up, so yeah it's remote's always a, there's always something in the works. One person I was talking to, one actual colleague her dog decided to do a number two straightaway as she was teaching the class *[all laugh]*, so you don't know what's going to happen online.

M3: I think I'm quite happy with remote, but virtual etiquette is being maintained throughout, you know, the guy with boxer shorts or any underwear turning up, so it's alright, it's all been good *[laughs]*.

M6: It's a bit more difficult virtual as well when schools are off and you've got your children at home as well.

M3: Yeah.

Int4: Yeah.

F5: And variety to make it diff... you know, to keep people motivated all the time, and to do, I did quite a few different themes, like last Friday's been a bit of an Olympic theme and, you know, that. Something in, so it's not the same, there's only so much you can do with a set of tins aren't there, you know?

Int4: Exactly. I was going to move onto that, yeah, sort of with equipment wise, so obviously is it easier face-to-face or remote, because you're limited with maybe...

F5: With what you can do, yeah.

M6: Some clients have been like sort of going out and buying their own equipment, on Amazon, spending £50 for steps and dumbbells, I did deliver a set of, a couple of sets of wrist weights around *[?? 01.08.40]* strength and balance class, so *[?? 01.08.44]* so they use them every time we do the classes, and that's helped.

Int4: So in general how well would you say your Participants responded to remote delivery when you've...?

M6: Pretty well.

M3: Yeah, I agree with that, taking out all the teething problems, they're certainly determined, those who wanted it and were able to, were certainly determined to make it work, yeah.

Int4: Is that general across all areas, you all feel like your Participants responded well?

M4: Yeah, especially with what [name M3]'s just said there at the end, those who want to do it were definitely determined and really made the most of it.

M6: I've had a few comments in my clients saying they've found it a lot easier because it saved them time, they haven't got to travel to the Leisure Centre and back, so classes generally they can get changed and then go and do what they do, so it's saving time for them.

Int4: Yeah, it's a good point, yeah, travelling time.

F6: And with working for the different departments, the different areas, you see everybody else's, so the people from [place] could see [place] and things, so I think it's a good variety that they could choose, whatever sessions were convenient for them, you know, they have more choice really didn't they, so they could go to somebody on a Monday, [name], [name], you know, and yeah more opportunities for different things.

Int4: So more flexibility and opportunities for the clients because they can access things easier?

F6: Yeah, absolutely, yeah.

Int4: Yeah, good point, yeah.

F5: And the other side of that though we've got, because the way that we work in [place] is one instructor is in one site and if they don't travel, we're in a team but we're so far apart, so they get used to one instructor and they said they like that because then we can see the differences, we can see if things aren't quite right for that one person, where if we're sharing the different instructors you don't always get that. So they do like that they see me as the instructor, I've done their assessment, I do everything, they know me by the end of it as well so there is a positive on that side as well.

Int4: Yeah.

M6: That's the with us in RCT as well.

Int4: So they see the same instructor all the time so they get used to that same instructor?

M6: They do, yeah.

F5: Yeah.

Int4: Okay, so it's two different points of view going. What are your views on who remote delivery would be best suited for, are there certain groups of people that they're more likely to suit?

M6: I would say that's down to the individual, because you're going to get from all different sort of areas, people that are for or against, or I think that's more individual clients responses there.

Int4: So you think individual rather than groups?

M6: Yeah, yeah.

M5: The only one person who I think as I said earlier would prefer that would be that person who had, one person who I was providing the remote service to was living with somebody who was dependent upon her, and for her to leave the house is, you know, more, it's she basically doesn't feel comfortable leaving this person on her own, so the virtual service worked for her, but that was out of all the clients I was dealing with, about 30 clients and she was the only one who says, you know, this is the way forward for me.

Int4: Okay.

M3: Stating the obvious, there's a stark difference between the elder age group and those who are confident using IT, they would not like virtual obviously, against the younger generation who've been brought up with it if you like, but in all groups I have found that they would rather have a face-to-face session.

Int4: Okay.

M5: Yeah, again on that point it's dependent on if it's reasonable for that person to say oh look they are really busy, I've got a virtual access, I'll do that, so it's quite flexible, so again it depends on the person, because I think it suits a lot of people as long as they've got access to it they'll happily use it, limiting factors is obviously if they can't get somewhere quick enough, or they're too far to travel then it's great for virtual, but yeah people can... but I think that it's the way it's going to go, it's going to be a balanced version of nurse going down the future route, where you can offer virtual, offer some face-to-face, and at least that way your clientele is more varied rather than being pigeonholed to one place.

M4: Yeah, I agree with that really, so even with the consultation I think even when we start going back face-to-face I think there'll still be an option if they wish, if it would be more convenient again going on the travel time and what have you, and then if you know, if they don't then great we'll see them face-to-face, but yeah I think [name] is right, they will probably take a balanced approach and offer it as an additional service to what we were running before.

- Int4: Okay, so do you think it could be run, or you could do a certain, like start off face-to-face and then move to remote, at a certain stage you might want to use face-to-face rather than remote, that so people start off face-to-face to get that rapport and then might want to go to virtual because it suits their timings or flexibility because they're more confident?
- M6: I think so, I think that could be offered in the invite letter, so you're giving them the choice of either doing the virtual or going to a live face-to-face session, and we might find as well, like we've found is the highest non-take up and the highest drop-off is the mental health category, so if they've got the option of being online with you rather than going to a Leisure Centre and to be confident going to a crowded area, they've got that option of doing it online then.
- Int4: So like either or, it could be like a blended thing, so it's started off...
- M6: Yeah, like what I'm doing at the moment actually with the referrals, yeah.
- Int4: Mental health, yeah.
- Int1: So just wanted to pick up on that actually [name M6], I mean and for other people as well, do you think that... you mentioned people on the mental health sort of pathway, I mean do you think that virtual is more suited in general to them, have you found, have you found anything around that at all?
- M6: I think it could be, because you know, not everybody's got access to a bit of access to technology like mobile phones, tablets, or that, or laptop, they've got access to wi-fi so I think going on like past experience or over the years, 14 years, is for mental health is getting them to the Leisure Centre, it's the biggest hurdle, so if they get a letter to say you can do it online, through Teams and Zoom I think people may probably getting a better turn up.
- Int1: Thanks [name M6].
- M3: Do you think that would be because they can stay within their own safe place, obviously the safe place as opposed to...
- M6: Yes, yeah, and I have suggested before, you know, is um, you know, team meeting, is you know meeting people with mental health, with severe mental health is maybe, you know in a local place at a coffee shop just as a general chit-chat to start.
- M3: Definitely, yeah.
- M6: And then inviting them down, so that has been mentioned over the years, but yeah, nothing's came out of it as well, but yeah virtual could be sort of the answer there.
- Int1: Thank you. Really interesting. Okay, I think we're going to move on a little bit are we [name Int4], I think, is that alright, to the next sort of section, I think how are people doing for time, we've hit the three o'clock there, we're going to probably be about

another 15 minutes, is that going to be alright for everybody, or does anybody have to go?

M4: I'll have to leave at about half past I think.

Int1: Okay, and [name M5]?

M5: I'm going to make a move shortly.

Int1: Okay, no problem, well thanks, I mean thanks so much for joining us [name M5], we appreciate we've gone a bit over time, just to say you know, those of you who might have to leave before we do finish, as I said we'll be writing a report, sort of earlyish next year, as I said everything will be anonymised from this discussion anyway but we really do hope that you'll get sight of that, you will get sight of that report because it will be published on the NIHR website at some point, yeah, so there will be a published report out of all this, as well as maybe some other outputs that you might be able to see, okay, but thanks a lot [name M5] if you do have to shoot off, [name M4], yeah, we should be done hopefully quarter past, 20 past, something like that, but yeah thanks, if anyone does have to go thanks for joining us, really appreciate it. Okay, so we're going to move on I think to the next section, is that you again [name Int3] or is it me, I can't remember, I don't know where I am now, might be me actually. Oh it's me, it's me, it's me, okay, alright. Yeah, we just want to discuss a few areas related to how people engage in the NERS, and what's important in making it work, and then after that we'll do this quite quickly, and then we really want to get on to talk a bit more about your experiences generally of delivering during the pandemic. So in terms of exercise sessions that are more or less difficult to deliver remotely, and are there any that are more or less difficult to delivery remotely, you know, maybe they're hard to demo or to make sure that Participants are doing them safely, or because people need face-to-face, one-to-one support, are there any particular sorts of exercises or sessions that you think are particularly difficult?

M3: I think for me, yeah, the more complex movements that people find hard, obviously we have to predominantly deliver it verbally, because their view of us might be distorted for whatever reason, so you haven't got that standing a metre or two metres away, showing them kinaesthetically and verbally, so there's a, I think there's a difference there for sure.

Int1: Yeah, okay, so someone where there's more complex movements that are involved?

M3: Yeah.

Int1: Yeah, okay, thanks, I think [name M7], was it [name M6] I think you wanted maybe to say something, go to [name M7] first.

M7: Yeah, picking up what [name M3] just said there, and it was much the same, anything complex, full body movement, trying to diagnose any issues, you're then trying to assess their knee balance and their rotation and stuff like that, but you can't really capture that on camera because half the time they've probably got this much, or the ceiling *[all laugh]*, and again you're trying to ask that person can you adjust your

camera so I can have a better view, but again it depends of what access they've got, so that camera could be, like their distancing could be terrible, it's not their fault, so again it's just difficult with position of their equipment.

Int1: Okay, thanks [name M7].

M6: Going on from what he said there, is what I've done in the past, I do myself as well, is because the position of the camera, might be in a small room and you can only see half the person, I sort of work just the telephoto lens myself, so I pop it over the camera of the laptop and a couple of my clients have done the same, so then that gives you a better view then of the clientele and [?? 01.20.11] so that's been really helpful.

Int1: Okay, sure, okay, thank you.

Int3: Is there a particular session or pathway that you find it really difficult to deliver remotely to, so you've mentioned about the challenges technically, but does that affect reflect some of the specific session types, like you're delivering, and there's quite a few different methods of how you would deliver.

M6: Just the strength and balance class really is with the falls issues, and you have the safety around it, so and I've always said, my wife and I thought in our mind, what this person's in the house on their own, we're doing a class and they fall, you know, we are like, we're not there to help them and this that and the other and it could be detrimental, so you know, that's a big issue on the back of my mind, and I do try and encourage them to at least have some, at least one other person in the home with them when they're exercising.

Int1: Yeah.

Int3: Yeah, a common thing, yeah, no, that...

M3: I think that's a general issue, for example [name M7] touched on camera angles, and [name M6], yourself, but if you're doing a lunge for example, all you see is chest high, you don't see the internal rotation or splayed foot or whatever it is, whereas face-to-face you can see everything and can pinpoint it and put it right straightaway.

F5: Even with the classes, because the subtlety of movement as well with that, and again with the lighting and everything else as well you can't zoom in enough to see them can you?

M3: No.

Int1: Yeah, how do you manage that, do you generally try to avoid certain things, or do you find a work around, what do you generally do?

M7: Yeah, floor exercise is normally a no-no, because again people have problems getting down to the floor anyway, in general clientele anyway, mentioned most of them, but some people can, I offer it out to them, so like just know by judging your clients and knowing their difficulties, can say oh look if you can get down to the floor it'd be

more effective, you're more balanced, but then there's some people who can't even get down to the floor so you just have a chair nearby, I give them access to that and just adapt it as best you can to still be effective, so if you're doing a complex movement like you said earlier about balancing, doing a balance or functional class then you try and make it as simplistic as possible, and verbally direct somebody into that right correct position. Because again they could listen to your voice, take all the commands, but it's only for them it'd be left and right, right and left, they could just go backwards to what you're saying, and then you couldn't see that anyway. So if that's the only functional thing, it's really difficult if you're doing high movement, ability workouts, it's making sure you give the right commands, but then that command could be still taken wrong, yeah, I can't say the word *[laughs]*, interpretation, that's the word.

Int1: Thanks [name M7], yeah, no, that's... go on [name M3].

M3: Sorry, just to expand, I think basic element when you're setting up the virtual classes, to have a full view of them, and if that's possible obviously that's a massive help, and then the audio commands or tips if you like, where there's, for example if you're doing a squat making sure their knee is tracking over their second toe, blah, blah, blah, so they can check themselves then that they're doing it correctly for example.

Int1: Yeah, okay, thank you. Just wanted to move on a little bit as well, to talk about the social aspects, I think [name F6] you mentioned it, and some other people mentioned it as well, you know, sometimes it's about the social contact and the social support that people gain from these classes, and I just wondered how you felt that had been impacted by having to deliver remotely, you know, has that, a lot of that been lost, or have you been able to retain it for instance, or both, yeah.

M3: Sorry, I feel as though I'm talking all the time, sorry, shut me up if you need to *[all laugh]*. The social inclusion is a massive, massive, and rated part of this I think, and that's another thing which you lose with the virtual delivery, I have a group of clients who are all ex, say former COPD clients who've kept with me for eight, nine, some are ten years now, and the main aspect, or the main reason they turn up is to see other people with the same condition, same limitations, same issues as them, and we get them together without adding them into a mainstream class, that is a massive, massive issue, because they've got somebody else with their issues that they can share with and that's huge, it's huge.

Int1: Yeah, yeah, okay.

M6: I think it's a bit of both as well, and I've had clients actually comment on, sometimes they have a chit-chat with us, you know, actually had a group one day who just did chit-chat with the exercise, which was a nice sort of change, and they said it's affecting them, the social aspect is missing, because they've built friends within that class, and although they're online it's not the same, they can't go for a cup of tea after or meet each other and have a good chinwag, so yeah that's been an obstacle.

Int1: Yeah, thanks [name M6], and [name M7] did you want to come in there as well?

M7: Just repeating again what [name M3] said about people finding that comfort in that, I say comfort, but finding that close knit community that value, and somebody else with the same condition could then go give them motivation to keep going, rather than just giving up, so somebody else will struggle with the same difficulties, so giving them a bit of confidence to get in and come to classes, so yeah, definitely that's one of the social aspects. And even now I get text messages off people who are how's such and such, so they always kind of like want that contact base with somebody else which is nice.

Int1: Yeah, and do you get the feeling that, you know, some of that's been lost, can you get it, if it has been lost can you get it back, you know, is it something you can sort of...

M7: It's difficult to say again, obviously I haven't got back in the Leisure Centre yet, I've gone back in for like classes outside of this, but you see familiar faces now and again, but for them there's some people probably go swimming then and keep up-to-date with what's going, but again it's like starting again, it's you know, anything, it will pick back up, but like it's like a lot of connections what people used to have, even if it's like a school friend for example they haven't seen for years, can be made from a class again and be sat next to each other having a good chat or getting on with exercises and motivating each other. So it all works again, but again it's like that dome over with they've had a great connection with somebody, they've lost it a little bit.

Int1: Thanks [name M7].

F6: I am back, as I said, so it's just like they've never been away most of them, they've really build up really good friendships, and also I've not been doing Zoom classes or anything like that, I've just done live Facebook so I can't see, so I haven't arranged groups and things. But a lot of my referrals have become friends from exercising, and go for walks together outside, and they've all kept themselves motivated, and so you know, there's a few have dropped off, there's quite a few, it's quite rural some of the areas I work and a lot are not driving now, so some of my referrals have been visiting those, and it's really, really good, I'm really quite proud of these friendships due to the exercise referral teams sort of thing, you know, so rewarding that way.

Int1: Thank you. Okay, brilliant, I mean we're going to move on a little bit now just to talk a bit about your personal experiences and views of delivering remotely, so a little bit more about what your experience has actually been like, I'll hand over to [name Int3] for this, we've probably got six or seven minutes maybe, unfortunately, we wanted to focus a bit more on this, it's been sort of pushed to the periphery a little bit so apologies for that, but the discussion we've had has been fantastic, but I'll hand over to [name Int3] for that.

Int3: And to be fair we've answered probably quite a few of those questions, they've kind of overlapped as well, so you know, it's all been very good. But from your own personal perspective regarding the remote delivery how have you found it for yourself, you know, it's a bit like how's it been for you and has there been any particular challenges, I know we've discussed some challenges but do you think this is the right

direction for the programme and going into the future, and you know, regarding the connection of colleagues, etc, how have you found it?

- M4: In regards to the connection with the colleagues, given that we work across five sites in a strange way as a team I think we're actually probably closer than we were before, because as a team we've been able to utilise the technology to stay in touch with one another and stay on top of things and talk about clients and make sure everyone's sort of on the same page and, you know, if a client needs further support then, you know, it's been a really good way of being able to make sure that everyone's aware of it, so it's been really good in that respect as a tool for the team to use. I definitely wouldn't say that it should be the way that the sort of scheme goes down, rather than the face-to-face, I think it's really good, again another tool to sort of add to the service, as an option, and a way of delivering and, you know, more of a service, you know, putting additional classes on and what have you, definitely wouldn't be in favour of removing any sort of face-to-face or services to put it online, but yeah I think it's a really good thing to put into the fold. And it's with the lockdown and the sort of virtual sort of introduction into the scheme I think it's enabled us to re-evaluate how we actually deliver the scheme from start to finish, so that's what we're sort of currently doing at the moment, we're really looking at where people sort of dropped off before, is there again with that welcome letter is there something that we could improve on there, could we add more, you know, really make use of that sort of, is it the four week review or the mid, you know, the mid scheme review, make that more useful. Yeah, so it's in certain some ways it's been really good, basically overhauling how we're actually delivering it, but yeah in I think it's really...
- Int3: Really maybe it's brought you together as a team closer, and it's been able to maybe take your own service forward because you can come together, but yeah not necessarily the way forward for Participants regarding taking over additional face-to-face sessions.
- M4: Yeah, definitely, I wouldn't, yeah, remove any part of the service to go online, yeah, it would be in addition to rather than instead of.
- Int1: Thank you.
- Int3: Yeah, anybody else?
- M3: I'd just second that, I feel quite strongly about maintaining the face-to-face delivery sessions, and having the provision for online for those who can't access face-to-face, but you lose so much personality connection, relationship with the online as opposed to the face-to-face, yeah, it has to be face-to-face for me anyway *[laughs]*.
- F5: Totally, it is a good added on bonus, so if somebody's not feeling too good and they can't attend a session they are, they can watch virtually or join in, so at least they haven't missed a week, or yeah, you summed it up nicely then [name Int3] with what you said, perfect, yeah.

- Int3: Okay, no, that's lovely, so basically what you're saying if it's, you know, for some people it'd be a convenient way for them, but not necessarily holistically clear, to move forward, and take on more focused work, yeah, okay.
- F6: From an instructor's point, from my point, I found it quite hard at times, to not have people in front of me, because we didn't do the live sessions, those sorts of things, I think because we spent so many hours watching people, helping people, seeing and all that sort of input's coming in, to not have that I found that really *[laughs]*, really hard, really exhaustingly hard, and it really surprised me that not having people in front of me would affect me that way.
- Int3: Almost alien?
- F6: Yeah.
- Int3: Not to have that, yeah.
- F6: It's so much nicer having people back in front of me again, people watching *[all laugh]*, all the time, even if they're not part of the scheme *[all laugh]*.
- M4: Yeah, sorry I was going to say, even on that, I generally do sort of higher intensity sort of classes, and not having the people and being able to floor coach meant that I had to do the entire class from start to finish and that was a bit of a shock to me as well, the way you can't sort of get up and think I'm a bit tired now *[all laugh]*. I'll do a bit of floor teaching now, I'm getting out of breath, well you can't do that, you've got to do it, yeah.
- M7: Look at somebody's technique a minute, ah *[all laugh]*.
- M4: Absolutely, so yeah that was a bit of a shock.
- Int3: Okay, yeah, no, that's fine. Anybody else regarding the colleague experience, you know?
- F6: Our team have got together stronger and you know, and we feel we know each other more because we don't, well I don't work with anybody else, so it was good for that aspect. And if anything like this ever happens again at least we've got things in place, it is a good standby, you know, we've got everybody's email address now and everybody's mobile number, you know, will be helpful.
- F5: I think as well it's not just our own teams, I mean from being able to see all of you lot on all of your videos, I feel like I know all of you know more as well, which we wouldn't have had that before, just from courses wouldn't we, so yeah.
- M3: Yeah, that's a good point.
- Int3: Exactly, yeah, oh thank you for that. Okay, so does working in this new way have any impact regarding your capacity, and what we mean is does it save you time or does it

actually have a negative affect or you know, is it a neutral affect? How do you find working capacities?

M3: I think I like, I found out recently through lockdown, I like the routine of going to work every day and having my timetable set for, well set my timetable and sticking to that, and I'm more organised. Whereas when I was disrupted, including the logistical issues in the house regarding children and my wife's a teacher so she's been off as well which is nice *[laughs]*, yeah, it was just that, having the routine and going somewhere that's far, far better, for me personally.

F5: And me, yeah.

Int3: Yeah, brilliant.

M4: Team wise it's been yeah I think maybe a bit of a time saver of where you can just create an instant meeting if someone's available, that's sort of on the delivery side of things, I don't know if... there is a bit of a time saver, you know, if I've had to sort of do a class I think I'd much prefer to just, you know, on short notice, I'd much prefer to just be able to walk into a class and deliver the class rather than do all the prep and everything for a virtual or a pre-recorded class, I think I'd much prefer the, yeah, the sort of walking in and doing it.

Int3: Why do you feel that is the case, what makes a difference for you, being able to walk in, got your people in front of you and you deliver your class, or having to now think about delivering remotely?

M4: I think there's me personally anyway, I don't know why I guess, but I think that there's probably be more, I almost feel like there's more pressure on the virtual side of things because you haven't got that human interaction, you can't bounce off each client and you don't get that visual or verbal feedback really, whether it's body language or they're actually talking to you, and so you just are doing the best possible job at delivering a class as you possibly could think, and trying to cover all bases because you don't know what they're looking at, you don't know what they're doing, so in my mind when I'm delivering a class I'm just trying to do every possible thing I can think of, yeah, and but without any feedback, so it's, yeah, it's a bit strange at times.

M7: Yeah, and without the feedback, not having that feedback from the clientele is huge.

M3: Yeah, definitely.

F5: Yeah, and the banter, and yeah, and the fun part of it.

M3: Yeah, yeah.

F6: The setting up is different.

F5: Oh absolutely, the hovering before the class, make sure *[all laugh]* there's nothing under the settee, and oh yeah, hoping the postman doesn't knock, or you know, somebody in the street doesn't have an argument, or yeah. But yeah.

F6: [?? 01.38.06] *[all laugh]*.

F5: Yeah.

M3: That client interaction like [name M4] said it's just, it's massive, I mean direct conversation to one, that led to involving somebody else, that leads to involving three and four and they just start bouncing off each other which is a massive part of coming to class.

F5: Absolutely, hmm.

Int1: Sorry, I've just got my eye on the time actually and I know we've gone, I just wanted, one other thing we wanted to ask actually maybe before we sort of wrap it up and sort of open it up to anybody else that you'd like to say maybe, just wondered about support that you'd had, you know, in delivering remotely and whether you felt you'd been well supported by, you know, your teams, your employer or whoever, or you know, in doing that, or whether there's additional support you might have liked, you might have been well supported and think there was additional support you could have had as well, so yeah, just wondering how you felt about the level of support you'd had and what else you might have needed?

M4: I haven't personally done any sort of live classes and I think there was, you know, I've done some pre-recorded ones, but I think they were, you know, my sort of line managers and other sort of senior fitness instructors were really understanding in the fact that it's new to everyone, so there was a sort of lack of sort of pressure to be, you know, put on people and with the pre-recorded videos there was a really good understanding I feel anyway that it was, look, just do your best, and we'll see what happens, and then send us the video and then we can go through it together and see if you want it to actually be uploaded, and again with those teething problems, the more people that did it then we'd be able to come up with, make sure there's no window behind you, make sure you're not expecting a delivery, but then there's only so many things you can try and cover really, but you know, I think it was good, and again even just the process, there was a few fails there, so I think it, again came around to needing, even better sort of rapport within the team because you're taking the mickey out of each other, some of the mistakes, actually sending in some of the mistakes, this isn't going online but check out what I did here, messed this one up. So yeah I think it was good, I think it was a sort of strange but good experience I think.

Int1: Thanks [name M4], yeah, anybody else, any thoughts on how it was generally and also how supported you felt maybe?

M3: In my area I had all the support that I needed, both technologically, and mentally and emotionally, but the only one thing I think if we was to repeat it again, I think I'd need a brand new iPhone 12 Pro, so that I can deliver a better service *[all laugh]*.

Int1: Alright, we'll put that in the report, we'll see what we can do.

M3: Cheers *[laughs]*.

Int1: Okay, anyone else have any thoughts?

F5: We didn't have very much support, apart from with the coordinator absolutely brilliant, but apart from that no we didn't, we didn't have laptops, we didn't have anything at all, so we've had to sort of, well hope people were coming back into the office to be able to start helping, it's been a real, real trial. But we banded together as a team and we got there, but it definitely wasn't easy, we didn't have any tech support, but we have learnt to use apps *[laughs]*, but yeah.

Int1: [name F5] what could have been better then, you know, if you had to do it again what would you say well if you could have done this for us it would have helped.

F5: Well if it happened again now, now we've got everything, so that would be brilliant, we could do it now, so not that I want it to happen *[laughs]*, but we're kind of ready now, so we have got you know, we're using our own laptops at home to try and access things for the database, we were using our own phones if we had them, not everybody had phones, not everybody had Bluetooth things, you know, stands to put your phones on to be able to record things, we just had nothing at all, but luckily we kind of got there in the end, but we are ready now so we can do it all now *[laughs]*.

Int1: Perfect, got there in the end, so *[all laugh]*...

F5: Yeah.

Int1: Okay, thank you everyone, I mean just to wrap up, I mean any final thoughts from anybody, any, I mean it might be just a final thing that maybe you came to this session burning to say and we haven't covered it, or something you think we really need to know in terms of, you know, NERS delivery in the future, you know, that needs to be fed into the report, or just yeah just some key learning that you think there is there maybe, you know? So just open it up to anybody if you've got anything to add?

F5: I just think that we've adapted well, I think as a whole team all of us have come through, we've learnt new things about what we can deliver and how we can get the service out to people, even if they can't come to us, and we wouldn't have had that if it hadn't have been for lockdowns, so I'm really proud of us *[laughs]*, well done us!

M3: Yeah, definitely, I second that, we've learnt new skills, personally as an instructor, and we've delivered a service which wouldn't have been able to be delivered, or at a reduced volume, but yeah I certainly agree with [name F5], I'm proud of my team, myself and the clients, good.

M4: Yeah, again exactly what [name] and [name F5] said there, I think it's general, just generalised sort of feedback from clients, it's that the scheme, they found it as you know, they were unbelievably grateful for the service that was offered, especially during sort of lockdown and things, that time sort of uncertainty, just getting that phone call at least, some people that's absolutely crucial for their sort of mental health and so yeah they were, even now you know they're just so happy that we've restarted

and yeah they're really, really grateful certainly, you know, being general but yeah, that's the sort of feedback.

Int1: Superb, thank you. Any other final comments from anybody else before we sort of close the session?

M3: Just a general thank you, it's been enlightening, it's just been a real great opportunity to get together and share our thoughts, thank you.

Int1: Okay, really pleased to hear that, I mean we always hope that we do, it's a data collection thing for us and it's information gathering, but we always hope that people have taken part have found it useful, because sometimes it's, I guess you've been delivering as well and with some services you're delivering and you don't have the time sometimes to reflect on actually what has it been like, you've been so busy doing stuff, so sometimes it's quite nice to actually stop for a minute and think about actually what's the experience been like for us and what have we done, and recognise all the good work you've done as well, pat yourselves on the back I think, so yeah, I mean definitely from our point of view it's the second focus group we've done and, you know, yeah it's just apparent to us how sort of adaptable everybody's been and how hard you've all worked in order to make it work, so yeah just want to say thank you from myself, the rest of the team at University of Hertfordshire, obviously [name Int4] and [name Int3] as well, who you've never met before, or you do know or...?

[No verbal response]

Int1: You've maybe seen before.

M3: Yeah, I know [name Int4], yeah.

Int4: Yeah *[all laugh]*.

Int1: Yeah.

M3: And [name Int3] as well and a couple of other researchers.

Int1: Okay, great, yeah, so you do, yeah, some of you do know each other, so just want to say thanks again for coming along, really appreciate the information you've given, we'll feed it all into the evaluation, there will be a final report, also we're looking at other things that might come out of it, so there might be a report, it might be, you know, we're evaluating three projects around the country at the moment and there's going to be more, one of them is as far as a referral scheme, this one, we're doing some other stuff in Scotland, another one in Leeds, we've got different outputs depending on what the projects want, so there might be something that's like, could even be an output that's more focused on exercise professionals for instance, something that helps them to take the learning from the Covid experience, so we're looking at what it's going to be, but there'll definitely be at least one report out of it anyway, okay. And hopefully you'll be able to see that, and maybe even recognise something in there that you've said, who knows *[laughs]*, about the iPhone.

M3: iPhone 12 Pro *[all laugh]*.

Int1: Alright, but thanks again for that, really lovely to meet you all as well, [name Int3] and [name Int4] are you going to stay on for a little bit?

Int3: That's fine.

Int1: If that's alright, yeah, if you've got like five or ten minutes we'll stay on and just have a chat. But yeah, thanks a lot, great to meet you all, and yeah if you've any queries about anything do get in touch with us as well.

[Thank yous and goodbyes].