

Focus Group 3

Int1: Okay, there we go. And just to say, we say to this everybody who takes part again in a focus group or an interview, if you're feeling distressed at any point or need any additional support during or after this focus group, please let us know, you can direct message us if that helps and what we can do is either put you in touch with your nurse co-ordinator or we might suggest that you speak to them about that, that's not to say that we should be discussing anything that might cause distress for you but obviously we do different types of research and in some cases we might be talking about particularly sensitive issues, so it's something that we say to everybody but you can direct message us or you can get in touch with us and tell us that you'd require some additional support. Okay. Okay, so just a little bit about the role of the focus group. We're interested in finding out what can be learnt from the changes that were made to NERS in response to Covid, so particularly in relation to the change from face-to-face to remote delivery, okay. And just to say, for today, myself and [name redacted] will be co-facilitating. [name redacted] will be there as well, she might have her screen turned off for parts of it, sort of just in the background but she might come in as well with maybe asking a few questions, if there's anything that, for instance, we miss or anything additional that we want to pick up on, so I hope that's okay but for the main part of it it will be myself and [name redacted] as the facilitators. So those who commission and manage NERS are interested in understanding a few different things and broadly put one of them is who remote delivery of NERS would and wouldn't suit, so who it's more or less suited for and we'll be asking about that throughout the discussion. Also, if there are aspects of the programme that should always be face-to-face, quite interested in that, so bits that simply don't work when you do them remotely. And we're also very interested in your experiences of delivering the NERS remotely, so delivering remotely and how that's been for you and we're going to focus on more of those experiences later on in the discussion. Also very interested in how you can best be supported in delivering NERS in the future be that remotely or face-to-face, okay. So I hope that sounds alright and just to say when we use the term 'remote' what we mean is anything you've been doing over the past 12 months or so in order to continue to support participants but that avoided face-to-face contact, so that might be live sessions, it might be recorded sessions, it might be things like walking challenges. We're not just thinking about things that are recorded on video though, we're thinking about anything that's done remotely, it might be that you've had telephone contact with people, for instance and that that's something that perhaps is different as well to what you might traditionally have done, so we're interested in anything that you've done remotely generally to support people's engagement and their progress and the work that you do. Okay. Okay, so just the first thing we really wanted to talk about was just broadly speaking the effect that offering a new style of programme that's delivered remotely, the effect that that might have on whether or not people take up the programme in the first place. So we're thinking really about when the programme's first discussed with people or with potential participants, for instance, at referral or maybe your first contact with people as well and wondering whether there are certain people or certain categories of people who you feel might be more or less drawn towards having a remote delivery experiencing the programme remotely, have you picked up on those through your experience or through discussions that you've had, that there might be people who maybe are more drawn to it first. [name redacted].

F7: Um, I don't, I don't think it's always necessary the assumption that it's the younger people, we've had some quite good success with actually helping people with the technology and getting them involved where they would never have done it before. Equally there are some of the sort of younger cohort who just point blank will say, no, I'm not doing that, no way, I'm not, you know, and it doesn't interest them, it doesn't matter what discussion you have with them, people have that wall up and it wouldn't matter, you know, and equally, I think, there are some of the older generation who have that wall up but I think it's for two different reasons, I think the younger generation that have, they have the knowledge of the technology but the wall is up and they just don't want to do it whereas it's a more of a fear factor for the older generation because they don't know how to do it, so that's what I...

Int1: Right. Okay, superb, thank you so much. Yeah, anybody else want to come in on that, anybody else agree with that or have different experiences. [name M8], yeah.

M8: Yeah, I agree with [name redacted] but I was surprised when setting up the virtual learning or virtual classes how much the older generation got involved, you know, I think it's almost been an eye-opener really, that we sometimes think of older generation as not being good with technology but a lot of them have been brilliant, you know, and they've took on board the Zoom classes and Teams classes really well, you know, it's a learning curve for me, I've been surprised that, you know, when I've contacted people, some people in their 60s and 70s, how surprised I was that they could use the technology and sometimes better than me sometimes but...

F7: Yeah, yeah.

Int1: Yeah. Okay, thank you. Yeah, and [name M9].

M9: Oh, hi. I just think that over the Covid pandemic it's been more of a need than a want, so it's been something we've done to offer something to people who we've been delivering sessions to. I think the percentage of people who've taken up the online delivery, especially here in [place], has been a lot less than what we would have been seeing face-to-face but I think from delivering remotely it's possibly opened up different possibilities for the NERS scheme going forward to get to different types of clients and I think it opens a wider question of what the NERS scheme is and what the NERS scheme is about and how it works, so going forward that's probably something that could be looked at so we're getting to different people. And I also think with the Covid pandemic the role of the NERS scheme might have changed just a little bit with rightly or wrongly people are not getting the contact they need or they're used to with their medical professionals and we're tending to work at the top of our role. So at the moment we're having to pick up quite a lot of different roles and functions that possibly could be met remotely, but yeah.

Int1: Yeah. Okay, brilliant. So much there, isn't there. Yeah, really-really interesting. So yeah, I'm going to come back to quite a few of those points, I think, as we go through. [name F8], did you want to come in there? Yeah.

F8: Yeah, I was just going to totally agree with everything that everybody's said so far and then just wanted to reiterate about what [name M9] had said about wider coverage. I think it's been, for me, getting... So [place] is a very large county and through Zoom I've been able to work with clients from opposite ends of the county, that they don't necessarily have the instructor up there to do a falls class or a Movement for Wellbeing class but they're able to still attend my sessions, so they've really-really appreciated that, you know, having the ability to contact an instructor, a specialist instructor in a completely different area which has just been incredible, that's been wonderful and kind of moving out of the kind of lockdown situation now what I'm really finding, I don't know what everybody else is finding, so I'm still offering online initial consultations and what I've found, I don't want to pigeonhole obviously but it seems to be the younger people want to do the initial consultation online quicker and then do face-to-face sessions that they're quite happy to do and almost more comfortable to do a consultation over Zoom rather than face-to-face.

Int1: Okay, so younger people you found are perhaps more comfortable to do the consultation over Zoom than maybe older people.

F8: Yes. Yes, yeah. Yeah, I'm not saying that older people aren't because we've got a huge number of older people who are online doing Zoom sessions but not necessarily the consultations.

Int1: Sure. Okay. Thank you. And [name redacted], did you want to come in there as well, thank you.

M10: Yeah, just agreeing with [name redacted] and [name redacted] as well. I've got like, for example, a 90 year old woman that does a Zoom and she has support, it's a support, they have like their family, so I think her son's a paramedic so he's always pushing for her to do it. But I've had other people, you know, different ages that don't know how to do it but they're probably wanting to but they don't know how to use Zoom. But we've had to sort of close that bridge slightly because NERS works well with Aura, who we're based in the leisure centre, were based in the leisure centres before Covid and they've got their libraries to teach people how to use Zoom, so they phone them up and then go through, you know, some basics on how to use Zoom and that has helped a little bit as well.

Int1: Who are they as well, what kind of organisation are they, are they a...?

M10: [place].

Int1: Okay. Alright, thanks [name M10]. Okay, brilliant. [name redacted].

F7: Um, I just wanted to say about the fact that, yeah, the older generation, as [name F8] said there, reaching across the county, the live sessions I think have been really-really important because they've socialised and made friends with people across the county, you know, we open up the class and leave them have a little chat in the beginning and a chat at the end, as you perhaps would do when you were having a face-to-face class and I think that's something that they wouldn't get, well they obviously don't get with the recorded sessions that you send them, not that they haven't got their validity but

yeah, it's socialising on a much wider scope there and it's not just a case of just coming in and doing it, is it and they enjoy that.

Int1: Thank you. No, that's superb. I mean, my notepad's full already, we've just... *[Laughs]* We've just sort of started, I mean, there's so much stuff. I mean, what I'm interested in, I mean, we were going to talk about this later but you mentioned socialising, it sounds, if I've got this right, that you've almost sort of mimicked what might happen in a live session with...

F7: Totally. Totally.

Int1: Yeah, by trying to get that feel within a... Is that right, do you want to say a bit...?

F7: Totally, yeah. Sometimes I have to go, right everybody, shut up, you know, you put them on screen while I kind of, you know, you put them on screen quarter of an hour or 10 minutes before the class is due to start and you'll always have your ones that will be there as soon as you turn on or 20 minutes before you turn on, you just want to make sure that it's working and they're all popping in and I'm just bopping around, getting my chair in place, getting everything set up and they're all having a chit-chat about everything and, you know, and their holidays and you know, you have to go, right-right, we're going to start, we're going to start. And they're like, oh yes, yeah, and I think they really love that and actually we've got a really nice tight group there now of people cross-county who wouldn't have exercised with each other previous to this because they would have been across the three centres. They're actually not coming back, not all of them, I'd have said 80% of them are not coming back face-to-face and I don't think it's because they're afraid of Covid or anything like that, it's because they're happy with what they're doing, they've got their group of people that they see each week and they're in the comfort of their own home, they don't have to come out and everything they've said, I've heard from one of my colleagues saying that they're really happy with what they're doing and they don't want to take up spaces that they know are limited in the face-to-face classes for other people, so they're being really nice and kind about that, you know, we're coping with this right now, give those spaces to somebody else, so yeah.

Int1: Yeah. Okay, thank you. [name M9].

M9: That's really interesting. I just wanted to ask [name redacted] because we haven't really included any social time, other than feedback to me in our online sessions, so do you feel that the benefits from, the social benefits from the online sessions have been comparable with face-to-face?

F7: Definitely and I think it's not... I don't think it was necessarily something that we pre-planned, I think it was just due to the fact that the technology that we're using was so complex that we were logging on early to make sure that everything was working. We've had huge problems, we don't just go straight through Zoom, I can't think of the name of the platform we use now but the booking system and everything is very complicated and the system's not been working well, the camera's not been working well, that's all a whole other story but it means that we would make sure that we were logged in 15 minutes prior, just to make sure that everything was working at the start

of the class and then that just developed as a natural process, which was really nice, so yeah.

M9: Do you think having a set time, like sort of a known time to have the social, have a chat would be the way forward, sort of having say 15 minutes prior...

F7: Yeah.

M9: ...or post saying, this is the social time, you know, have a chat with the other colleagues.

F7: Yeah, possibly, maybe. I mean, we sort of just said to them, you know, for their first session, please log on 10 minutes early so that we know that we can hear and see you, you know, as part of that education process for them for the first time for Zoom and then they just got to know that we were going to be on there 15 minutes early anyway, some people, as you have in the centre, just come in 1 minute to the time and they start but yeah, I suppose if time allows, I guess, yeah, it's just time constraints, isn't it, you know.

M9: Cool. So that's really interesting, so there's two pluses, [name F8] said that she was reaching a wider, a wider sort of population, you're saying that the social aspect is available online. The thing that's really sort of prevalent at the moment is environmental, isn't it, so you're cutting travel time for participants and people that are hard to travel, so there is some pluses there which is really good.

F7: Yeah.

Int1: Absolutely, yeah. And I wanted to come back maybe as well in a second, to some of that discussion about reaching a wider population and maybe giving people the... A couple of things there. I'll come to you in a second [name F8] as I see you've got your hand up there. You know, some of that stuff around, well 1) people are being able to maybe exercise with people outside of their area and maybe a wider group but also maybe being able to then, I think it's been suggested, gain access to professionals who are maybe outside their group with specific specialities as well, which I think is interesting as well and, you know, what remote allows there. So maybe we'll come back to those in a moment as well but yeah, [name F8] please.

F8: Hi. So all I was going to say was with regards to the social side, we have a couple that come to our sessions and they come to literally every session we do, I think they come to 6 sessions a week in total, still, online, even though they're able to access the leisure centres now and we always have a host and someone separate taking the class and sometimes a co-host as well and there have been times where one of them has disappeared offline or their camera's gone down, so we always phone them to make sure they're okay and when this has happened they're just so-so grateful that somebody is watching them and they're almost quite emotional, I can't believe you've phoned, thank you so-so much, we don't have anybody else doing this, it feels really amazing and they're just incredibly-credibly grateful, which is lovely and yeah, that's the kind of only, they've said, this is the only social interaction we're getting. With regards to, I think it was what [name redacted] was saying, that some people have

decided they don't want to come back because I think it's convenience, it's a bit like us doing online shopping, it actually saves a lot of time, doesn't it, to just switch on your computer rather than driving to a leisure centre or driving to a shop, I think it's convenience as much as anything else and it makes it cheaper probably as well, doesn't it, for a lot of them.

Int1: ...unmute this. Thanks [name F8]. That's brilliant. I mean, any people who you think are maybe put off remote, have you found that, you know, when you have those initial discussions, you know, you sort of mentioned that, you know, in a case it might be some older people perhaps who are a little bit scared of it, it might be some younger people who just, I think you mentioned, just don't, just don't want it for whatever reason. Any other groups that you've noticed, perhaps people, I don't know, on particular pathways, I don't know if that's come up at all. I know it's difficult to generalise sometimes. [name F8], yeah.

F8: Hi. Yeah, I think for me, when I've invited kind of the younger people on obesity pathways, they don't want to do it and sometimes I've managed to convince them that they can come along and they turn up and they're all hair, all make-up and I'd say real insecurities because they're watching themselves on a screen, it's a bit like if you ask someone to go into a studio in front of a big mirror, there's a lot of people don't like that, so even though their icon might be really small they can still see themselves and I think that it brings about a lot of insecurities, we just see this beautiful or whatever person, we just see a person whereas they're picking up on their, you know, and you can see girls doing this all the time, playing with their hair and eyebrows because they're just trying to fix themselves constantly which I just... I find it so-so sad, I really-really do, it's really really sad.

M9: Yeah. And you find that with younger people more than...

F8: Yeah, yeah, older people don't care, I've had people turn up in their dressing gowns, they just don't seem to, you know, I'm here and I'm doing it whereas, yeah, that kind of very early 20s, late teens, very early 20s though that, yeah, they just have huge insecurities about seeing themselves online.

Int1: Yeah. Okay, thank you. Yeah, and [name M9].

M9: Yeah, I think some of the questions that have been asked we can't really answer because from our point of view we haven't really, the remote delivery has been limited so we haven't really targeted remote delivery at specific populations and I think it opens up lots of questions going forward and it might be an idea to do this study post-Covid, so have a comparison with sort of online and sort of personal delivery post-Covid would give a fairer view of the questions that we're asking. But I also just want to mention that the mental health participants might be a question in itself because traditionally their completion rates have been low, so would a blended approach, an online approach or the traditional sort of face-to-face approach work well and I think, post-Covid obviously we know the impact of Covid has had on people's mental health.

Int1: Yeah, okay. I mean, on that note I mean has anybody got any sense of how well or the extent to which people who've been referred on the sort of mental health pathway have taken up or engaged with remote delivery as opposed to face-to-face. [name redacted].

F7: I've been offering a lot of online assessments in the last few weeks as a first, I'm trying to sort of, I'm trying to push that and then just as a convenience, if I'm honest and it's the mental health people straightaway will be no, no, I don't think I've really had any through and as we're aware with the mental health folk, it's difficult to ascertain exactly why because the answer is just a shutdown, isn't it, shutdown answer, so yeah, no, they don't want to participate in online assessment but in terms of classes over Covid, you know, again, not really, not really coming to those either, no.

Int1: Thank you. Anybody else any experiences, it could be about people on the mental health pathway or about any other particular pathways where you've seen maybe more or less initial engagement in particular perhaps.

[No verbal response]

No? That's okay if you haven't. Okay. And you've sort of mentioned already some ways that you've tried to sort of support engagement, you know, initial engagement and you've mentioned, for instance, you know, some work to sort of convince people to participate or maybe to facilitate their participation and the fact that maybe some older people have been supported by other people who've got maybe more experience or [name M10], I know you mentioned around support from maybe other services to help people with IT, I mean, anything else you've done around supporting people in those ways, to try to get people initially to take up the sort of virtual offer, a remote offer. [name F8] please, yeah.

F8: Er, we did a lot of telephone calls, a lot of telephone calls and trying to get people onto Zoom and just offering programmes via telephone calls and actually, they were far more personal and people really-really appreciated them in those kind of first, that first lockdown where lots of them were living in isolation and you'd phone up to see how their programme was going or to say, would you like to join us and you end up talking about absolutely anything because they're just so isolated a lot of the time.

Int1: Yeah. I'll come to you in a second, [name M9], thank you. When you mention programmes via telephone calls.

F8: Mm.

Int1: Is that sort of almost supporting people with the programme by the telephone or...?

F8: Yeah. So the main, my main group that I was supporting via the telephone was the falls prevention guys, who didn't necessarily have access to the internet, so when we went into lockdown we gave them the... Oh, the Later Life calendar I think it's called or something like that, is that right, [name redacted]? Yeah. And just talking them through it, making sure they understood it, finding out where they were, you know, if certain exercises were too easy giving them adaptations or, you know, or if they were

too hard giving them adaptations as well, so yeah, lots of things like that but they just really-really appreciated it and then... Oh, tragically we lost several of them over, you know, it's the demographic that we're working with a lot of the time and I would have family members phoning up just saying, oh my gosh, I'm really sorry, you know, my mum's died or, you know, but you did so much and, you know, huge appreciation from families and things which is... It was so lovely, so-so wonderful.

Int1: Thanks [name F8]. Yeah. Okay, and we'll go to [name redacted] and then we'll come...

F7: Oh, sorry.

Int1: Then we'll come over to you, [name redacted]. Okay. You're on mute, [name redacted], at the moment.

M9: Yeah, just to agree with [name F8]. I mean, we're still doing phone calls to the falls because we're about to start face-to-face delivery back at the end of the month and initially I was sceptical, I thought people wouldn't want these sort of weekly phone call, that we might be making a bit of a nuisance of ourselves asking about exercise but during the Covid pandemic, I think as [name F8] said, the contact was really useful and they felt supported. But also now, I've found that some of them, they've got so many comorbidities and they didn't understand the specifics of which exercises were working well for them so we've had to sort of reinforce the exercises over the phone. But also, I've had extremes where a gentleman was suffering in silence, couldn't even lift his arm after a fall and was reluctant to go and get himself assessed, so we were able to sort of offer advice that way and say well, you know, really if you can't lift your arm then you possibly do need to go and see somebody, so I think that contact has been really really useful.

Int1: Thanks [name redacted]. And then [name redacted].

F7: Yeah, again, just to reiterate what [name redacted] and [name redacted] have said, exactly the same and yes, we've been in those sorts of situations. I had a chap that when Covid was particularly bad in this area, he was still going out and he shouldn't have been, he shouldn't have been going out but he had no-one to help him and so I, you know, found his local services, you know, food delivery services etc, you know, volunteers in his village and that sort of thing because yeah, like you say and people... You have it when they, you have it when they come into face-to-face class, I've had it over the years and they'll come in and they'll say, oh I'm feeling a bit like this and I don't want to bother anyone, it was the same thing over the phone, you know, yeah, you had to say well, you know, I think it didn't just boil down to are you exercising, you know, what are you doing, it was, it was being there. One gentleman told me that I was the only person that he spoke to other than his daughter, he spoke to his daughter once a week and I was the only other person that he actually spoke to, you know, and you do start to feel guilty then if you can't ring them, you haven't rung them. But it was support all round.

Int1: Yeah. Thanks [name redacted]. So yeah, we've got the sense, I think today and from some of the other focus groups about maybe some of that more kind of holistic

support that you've offered to people during Covid as well. Thank you. Did you want to come in there quickly, [name M9], I don't know. Oh, you're on mute, [name M9], there.

M9: Yeah, just very briefly. I just think that it's a way that the role seems to be... A way the role could be developed. The fact that when these people are talking to us, we need to have the resources available to offer the help that they require, so we have some resources available to us from working through the Falls Prevention Scheme but I think it's important, if we're going to play that role, that we have a broader sense of who we should mention to the people and access the help that they need, so I think it's important to have those resources and it's probably a development of the role that we already do.

Int1: Thanks [name redacted]. Anybody else got any thoughts on that point just before we move on, just that or any perspective on whether or not you feel you've got those resources available to you or whether you think you need them. Oh, sorry, we've lost [name M10] actually. Okay. Yeah, please [name redacted].

F7: Yeah, I think resources as well as skills because you know, sometimes you're put in a situation where you're having a conversation and you don't know what to say for right or wrong, like you say but yeah, resources and our co-ordinator's quite good, we've got a lot of information. But sometimes, you know, I've got, I've got my own anxiety issues and problems with my son passed away and so taking on board a lot of this was quite difficult myself, you know.

Int1: Yeah. Yeah, yeah.

F7: So it was... But people can't help that can they but you're that point of contact.

Int1: Yeah, I mean, on that point... Okay, thanks [name M10], good to see you back. On that point, I mean what was the support there like for you, you know, in terms of... I mean, you're having these maybe difficult conversations with people, you know, I mean from all of you as a group, maybe having difficult conversations with people, you're the only point of contact, maybe they're offloading things onto you, it's maybe a different type of role from the one you might traditionally have had, I'm just wondering, you know, what support there was for you in terms of, you know, supervision or being able to speak to somebody about it or I mean, was there stuff there or not? [name F9], I don't know if you wanted to come in.

F9: Yeah, is that alright?

Int1: Yeah.

F9: We didn't do much...

Int1: Your volume's a little low, I don't know if it's...

F9: Oh, is it?

Int1: Yeah, I can hear you though. Yeah. No, that's okay.

F9: Is that better?

Int1: Yeah, that's a lot better. Yeah, yeah.

F9: Sorry. Um, we didn't deliver a lot of classes over Covid but we did ring people up quite a bit and I'll try not to get emotional now because... Which I found really hard because we're used to like... Can I put my camera off?

Int1: Yeah, absolutely, please do. And if you need to pause as well, you can do that and come back in in a little bit, it's completely up to you but we'll stay with you for the time being. Yeah.

F9: I'll come back.

Int1: Shall we come back? Okay, thanks [name F9], let us know when you're happy to continue, that's okay. No problem. We'll go to [name F8], if that's alright.

F8: Um, yeah, I think like I explained to you at the beginning of the session, I do two jobs so with my dementia job I had a lot of support, every 6 weeks we had counselling via Zoom and without that I couldn't have got through this, I really don't think I could have because from exercise referrals, you know, NERS, we didn't get that emotional support. We had weekly team catch-ups. It's not the same, it's not the same at all. Yeah, my boss on the other role is absolutely incredible, she's very emotionally intelligent and she would phone us to make sure we're okay and the guys on exercise referral, they would phone us and just make sure we're okay, didn't have the same emotional intelligence at all and sometimes I didn't feel like I could say actually, I'm really-really struggling or anything like that, you know, and when, you know, I've lost 14 clients in total I've lost now, you know, and I found that so-so hard and I have a child I was home schooling as well and doing my work and then some bright spark decided to get a puppy as well, which was *[laughs]* like, oh my God, this is hell, you know, I really didn't enjoy it, you know, everyone said oh, get a dog, it'll be amazing. It was hell. It was really hard, you know, I found it really hard. And on exercise referral, no, I didn't get the support, I didn't feel I got the support at all.

Int1: Sure. Okay. Thanks [name F8]. What would have helped?

F8: I think an independent person phoning me to see if I was okay or, a Teams thing where it's, you know, open, say what you feel, you won't be judged kind of thing just...

Int1: Sure.

F8: Or even email, somebody just phoning to say, are you okay, tell me, tell me everything but not someone from the team because I sometimes needed to say, actually I'm finding this, what I'm doing, really hard but at the same time going, well it's my job, I really should be doing it and I've got to do it, I know I've got to do it but I don't want

to, you know, I'm being paid to stay at home so, do you know what I mean, trying to find...

Int1: Yeah.

F8: ...that balance without feeling like being a princess. Yeah.

Int1: Yeah, yeah. Thank you. We'll go to [name M9]. Thanks a lot for that [name F8]. You're on mute there, [name M9]. Thank you.

M9: Yeah, there we are. It's just to illustrate there might be a difference between authorities because we didn't get anything at all, we perhaps had a generic email sent from the Council about wellbeing and how to look out and looking after yourself during the Covid pandemic but that was it. I mean, I worked in the hospital for 4 months during the first lockdown and yeah, that was quite harrowing and then, you know, we've got the challenges of coming back to work and the sad stories that we hear. But on a different note, we've recently had contact with, possibly the other people are aware, I wasn't, a separate company who delivers mental health and counselling support to people who work for Local Authorities and you're able to access it but off the top of my head now I can't remember the link and the access, it's physio support when you've been off work but it's also mental health support and you're able to phone and speak to this separate company who's selling their services to the Council, so I think it's open to most Local Authorities but without sort of going back and looking at it then I can't give the details across. Perhaps somebody else knows.

Int1: Thanks [name M9]. Okay. So that's, I mean that's just really really interesting for us to know, really important for us to know about. Obviously you're delivering not just remotely but you're delivering within a Covid context as well and there are all the challenges of that for you emotionally and personally and the stories that you're hearing and then, you know, just ensuring that you're adequately supported there as well is really-really important. Yeah. Anybody would like to add anything to that before we just perhaps move on, I mean, if you want to add a little bit later on as well, that's absolutely fine, we can come back to this because I think it's really important, just how supported you all felt in all of that. [name M8], yeah.

M8: Sorry, having trouble unmuting there. I think it would have been good if NERS as a whole would organise chats like this during the pandemic because a lot of our teams are quite small, so we don't really know what's going on in the other areas of NERS but if we had more opportunities to speak together as a whole team we could take different ideas, maybe different perspective and help each other that way rather than, you know, trying to guess what's going on in other areas, it would be nice to know what goes on as a whole. I don't know if everybody agrees with that but...

F9: Yeah, definitely [name M8].

Int1: Yeah. Okay, do you want... [name F9], I think you were saying something there, we'll come to [name M9] in a moment. Was that you, [name F9]? I think it was but...

F9: It was, yeah. Yeah, I was just saying that it would have been, yeah, really good to have known what other people were doing because we had... We've changed co-ordinators like twice in about 2 years and we had really no guide, I felt, at the time when we really needed a guide. *[Participant becomes upset]* Sorry!

Int1: That's okay, [name F9]. Yeah, we'll come back to you. I mean, come back in if you feel happy and able to do that.

F9: I'll do it. No, I want to speak because I think it's really important.

Int1: Sure. Okay.

F9: In that, yeah, I work 30 hours and me and my husband were home, at home and... *[Participant becomes upset]* Oh, sorry! I've got 3 children and... *[Participant becomes upset]* Sorry, can I write it?

Int1: Yeah, do you know what, [name F9], if it's alright, do you want to direct message me, is that okay?

F9: Yeah. I'll write it and then...

Int1: Yeah, please, yeah.

F9: ...you've got that.

Int1: Yeah, absolutely. So please, make sure it's a direct message just to me as well, in the chat, okay.

F9: I will. Keep going.

Int1: Thanks a lot for that. Okay, no problem and no problem at all, okay, so just keep your screen off if you like, you know, no need to sort of participate unless you're really happy to do so and we'll check in with you a little bit later as well. Okay. Sorry, [name M9].

M9: Oh, hi. Yeah, I was just going to agree with [name M8], I think it would be really useful to have access, well have a chat with people from other areas at an instructor level rather than relying on just the co-ordinators meeting because, you know, meetings I'm sure they're structured and they're discussing specific managerial points and one thing and another but grassroots opinion would be really useful to share across the board.

Int1: Sure. Okay. Thank you, [name M9], thanks for that. Okay, I had a little bit that we wanted to focus on as well around the initial consultation/assessment and the 16 week assessment and just how you felt, if you've done that, those go remotely compared to face-to-face, so just a general sense about whether or not you think that they work or not. [name F8], yeah, please.

F8: Um, it works really well if your internet really works or your phone line. Also, I think it depends, I don't know what it's like for everybody else, it depends from person to person as well. I've done consultations with some people who are so difficult to read on a computer, they're just kind of... They've just got no facial expressions when you see them on a computer, it's just really-really-really difficult. But then other people it's absolutely, you know, really-really easy with and you just think, oh this is so much easier than doing it face-to-face. I don't know what everybody else is like in a consultation but sometimes people just like to talk about things that are not relevant to what you've asked them whereas via the computer they don't seem to do that as much, you know, they answer the questions and it's far more direct but not too direct, it's just, yeah, it's relevant and things like that so, you know, there's definitely pros and cons of both. I've found doing the kind of sit to stand, that's been a bit strange. What I normally do is I send them the Zoom link and I also send them the paperwork and the YouTube clip for the sit to stand test so they know what to expect. I just find doing the sit to stand by Zoom, that's quite tricky and sometimes, I'll be honest with you, I think I'm human, I haven't always done it because I'm just like oh, I can't... And you just know how difficult it's going to be with a particular person, if they struggle with a question, you know, they're going to struggle understanding sit to stand, so yeah, but it's been okay, I've quite enjoyed doing it via Zoom, like I say with certain people because I don't have the pressure of being stuck in a room with them, with certain people I don't necessarily feel comfortable or 100% comfortable with, you know, and I feel like I can end this whenever I need to and yes, so I quite enjoy it.

Int1: Thanks [name F8]. Okay, we'll go to [name M9] then come over to [name redacted], if that's alright.

M9: Yeah, so it's just a question really to everyone because I haven't done an assessment via Zoom but the things that stand out are obviously the physiological outcomes, so weight and things like that and blood pressure monitoring and also it was interesting to hear [name F8] mentioning sit to stand, so was that the go-to test that they had to do, the sit to stand. Yeah, so I suppose the biggie would be blood pressure and body weight, things like that, how did you manage that?

F7: Um, well, I've done quite a lot and I agree with what [name F8] says, it works for some not for others. I was really really worried about, I've got to say, I was very, no, online assessment, no-no-no. I do... When you say physiologically in terms of... I think that 90% of your assessment can be seeing the person walk, how they walk into the room and you've decided as they walk into the room, you know what they need and what you're going to do with them but I think I've been proven wrong, like [name F8] says, not all of the time, some of the time you think I really want to see how that person moves. When it comes to the readings I've just taken an approach of asking them for... Well blood pressures, have they got any problems happening with them, when did they last have it taken, do they know what it was. So oh, I don't know, it was good, it was alright. Okay, I've put a note then, I want to take their blood pressure first session, full-stop so, you know, we'll get that when they come in. Or, you know, if the doctor's put a... A GP's, usually GPs, physiotherapists don't put blood pressure on do they but, you know, if the blood pressure is on there and it's not an issue, it's not an old referral then we'll take that as read. Height and weight, some people again, you know, they don't know, they're not... They go, oh I'm about this and I just have a

mental note or I make sure that when they come in I'm going to capture that on their first session and then update the information on the database, just put a baseline, as long as you're on top of it and you do that then that's how I managed it then. Sit to stand, I think, like [name F8] says, you know, I have managed to do it with everybody but, you know, when you've got people and you can tell, they're not doing it properly and, you know, they come up with a massive amount that they've done, you know, you're watching them and you're thinking, no, that's really valid. I put a note and when I put into my report, like 30 seconds sit to stand, I put 'done at home', you know, at home, so I know that that, absolute, you know, pinch of salt and, you know, maybe when we do it again, I think that you've got to take that into consideration, when they're done at home, we can't always control are they done properly, how high is the chair, how much are they actually, how are they landing on the chair and coming up again and I do ask them to do a little tester one, I say, right, can I see you stand so you stand all the way up and all the way down but you can't guarantee you're going to see that.

M9: That's really useful and it's quite specific, so do you think that then doing physiological, well doing a fitness test in the home is inappropriate and not useful?

F8: Er, [Name redacted] said we can use it so I'm using it!

F7: Yeah. I don't know...

M9: Yeah, but what's your opinion.

F7: I suppose if I've, if I've recorded that I've done it at home and maybe I do it at home again or maybe... Yeah, [?? 46.15].

M9: Okay. So in another way then, risk benefit analysis, does the risk of doing a fitness test in somebody's home outweigh the potential benefits and usefulness of the results?

Int1: Yeah.

F7: I, I, I... In terms of risk, do you mean of their falling etc?

M9: Well, we said... Yeah, so we said we're not sure if they're doing it correctly, so risk of injury...

F7: Injury...

M9: ...risk of falls, things like that, is it worth the risk of them doing that for the results that you're getting?

F7: I think if I had somebody that I really thought... I haven't come across anybody yet that I really thought, do you know what, I am not going to do this because I don't think that it's safe. I think I would probably make that judgement call, I haven't had to do that yet. I do take measures and say, can you make sure that that chair is... I'll say, oh look, see that wall behind you, can you just push the chair and put it against the wall there for me, you know, and do you need to put your hands on your knees or do you

need a table near? So I think I do vet them pretty well but I haven't come across anyone yet that I think, no, I hadn't ought to do that. But you're right, maybe that could happen.

Int1: Thanks [name redacted]. Thanks for that, [name redacted]. I think [name redacted] wanted to come in there as well.

M8: Yeah. And like [name M9], I haven't done any virtual assessments and as a team we decided, you know, in [place] that we wouldn't, we'd wait till we could do a face-to-face again and then, you know, it's interesting what [name redacted] and [name redacted] are saying, that they've done tests and again, it goes back to the thing where it would be nice to speak to other co-ordinators and other exercise professionals of their ideas and experiences really, so again, it almost goes back to we should have regular meetings not just the co-ordinators really.

Int1: Thanks a lot. Thanks [name redacted]. Just going to handover a little bit to [name redacted] now, we're going to sort of press on a little bit, I'm aware of time as well, we've probably got... I mean, do people have to leave right on the stroke of half past or have you got sort of 5 or 10 minutes should we need it? Is that okay?

M9: I pretty much need to go, I've got a consultation next and a class at half past 12, so.

Int1: Okay, no problem at all. We'll do our best to end at around half past but we might go over by 5 or 10 minutes, okay. But I'll handover to [name redacted] for a second. Thank you.

Int4: For the ones who've said that they've done first assessments virtually, has it had an impact on your ability to build a relationship with your client?

F9: You don't get to see their facial expressions do you, as much as you would if you were there. I think that's a big contributing factor to how you maybe deal with them or, yeah, approach things or... That's one thing I would say.

Int4: Okay.

F7: Yeah, quite possibly. I don't know whether it's a consequence of coming back into service and us rolling through so many new people, I've also changed my centre, so I'm all new people and people are coming into their face-to-face classes who I may well have assessed virtually and I'm not remembering their face and I'm not, yeah, I don't know whether that's a consequence, quite possibly.

Int4: Okay, that's interesting, yeah. Yeah, [name F8].

F8: When I have done a few consultations online, I'm sometimes a little bit shocked when I actually get to see the person because, for example, I had one lady who I thought was quite petite and actually when she came in, even though she told me her height and I wrote it down, it's just a number in my head, so I wrote it down and she turned up and I was like, oh gosh, this lady's [?? 50.14], so that was, yeah, you know, and the same with the Zoom classes, you know, some people have been coming to my Zoom classes

for a year and then I see them on the high street and it's like, huh, that's not how I expected to see them at all so, you know, like yeah, so that's a bit strange but with regards to building... Everybody who I've done a consultation with has started the scheme.

Int4: Have they?

F8: I haven't done loads, I haven't done loads but everybody who I have done has started the scheme, so that is a good thing because I think sometimes when you're doing face-to-face they don't always, whether it's just because I haven't done a huge amount of numbers. Still, they still tell you what they want you to hear rather than sometimes what they, you know, they're telling you what they think you want to hear rather than the actual truth obviously. So yeah, I think that's it...

Int4: I think you said earlier it's more direct, you said earlier that it was...

F8: Yeah. Yeah-yeah-yeah. So the...

Int4: ...getting to the point rather than chit-chat at the start...

F8: Yes.

Int4: ...which would sometimes build that rapport up because you get to know about other things apart from the questions.

F8: Yes. Yes. Yes, yes. There is that, yeah, I'm trying to think, I'm trying now to think people I've done face-to-face and who I've done virtually. I haven't... Quite often when I do face-to-face, these consultations... *[Dog barks]* Sorry, my dog's barking, don't worry. I don't know what it is, I'm one of those people and people do get quite emotional, I'm sure it is the same with everyone else, when they start talking to me face-to-face but virtually it hasn't happened at all, you know, yeah, so I suppose that relationship, that emotional relationship isn't necessarily there.

Int4: Okay. Do you think that could build up over the exercise sessions?

F8: Sorry?

Int4: Do you think that could build up as you get to know them through the exercise classes...?

F8: Oh definitely, yeah, yeah, yeah. Yeah.

Int4: [?? 52.11] together but...

F8: And even if I was doing virtual ones, I think that relationship would still build up because, you know, we've been doing Zoom classes for a year and a half and those emotional relationships have built.

Int4: Thank you.

F8: Okay.

Int1: Okay. Yeah, [name M10], you wanted to come in there.

M10: Yeah, I think I've been quite lucky, I've done about 8 virtual assessments since started live again, you know, taking on new people and I've built up quite a good rapport with them so I'm not sure if it's like the type of people that I've had and I've been really lucky or whether they feel more comfortable being online and not going to see people face-to-face.

Int4: So a lot of people have got experience then of doing virtual assessments, so what's your preference, delivering remotely or face-to-face, which one would you prefer to deliver those assessments, face-to-face or remotely?

F9: I think it's more convenient, isn't it, for those attending, possibly and I found... Yeah, I know as we got more busier we'll have to have appointments, structured appointments but because I'm not too busy just yet I'm able to just ring somebody up and go through the assessment paperwork with them, if that makes sense.

Int4: Yeah. So the preference at the moment is remotely.

F9: For me, for the minute, yeah, because our room space as well is only small and we didn't have a window that we could open either so, for us, we haven't really got the space to deliver sessions safely...

Int4: But if you had the room, if you had the room would you prefer face-to-face or remotely?

F9: I think we'd all, possibly, prefer face-to-face, especially those people coming in but then again, you do get those that don't, you know, you can be anybody can't you, behind a screen, if that makes sense as well, so I think it's good mix to offer both personally.

Int4: Okay. Yeah, [name redacted].

F7: Looking at it in a selfish personal point of view, in terms of work-life balance, I think a good mix of the two, I've now got assessment slots across my week, I'm quite busy now and I quite like to get the morning sessions in as a face-to-face, if there are any morning ones get people in as a face-to-face, those people that don't want to do the Zoom kind of thing and then those people in the afternoons, maybe I can work from home, you know, I get all my work done, I can work from home and do it as a Zoom assessment from home so, for me, definitely both, to work your timetable, you know, I think it needs both, it needs, for me, it needs Zoom for me and face-to-face for them.

Int4: So you can see more people that way, is that a way to think about it?

- F7: I don't know whether... No, I don't know that you can, I don't know that you can see more people because we're not doing group assessments yet, are you, you can't do group assessments.
- Int4: [?? 55.26]... Okay.
- F7: If we were doing... If we were back doing group assessments then obviously that would be face-to-face, I can't see that happening on Zoom, but yeah.
- F9: I just think you can work a bit more efficiently as well, effective with your time management and like you say, that work-life balance of being able to, you know, fit things in is just better for you as a person.
- M9: Yeah...
- F7: I think... Oh.
- M9: Yeah... Sorry, go on.
- F7: I was going to say, [name F8] picked up on the point earlier that very much it wasn't really something that was done before, although it could have been, was sending the paperwork out to the person beforehand, we never used to do anything like that but now, whether I do them face-to-face or virtually, get the paperwork out to them, ask them to, if they can, send it back to me before the appointment or, you know, if they can't do that, even if I say to them, just think about the answers and have that in their head and they've got an idea, that speeds the whole thing up, for me.
- Int4: That's interesting. That's a good point. [name M9].
- M9: Yeah, just again, it's just a question really. So do you think that if the exercise professional hasn't got any specific objection to seeing people virtually then it would be a good idea to give the clients the choice, so it's client-led and it's a skill that everybody's developing, developed during the Covid pandemic so then it's a way we've expanded our service and we've taken something positive from sort of a bad situation and I think if the clients could choose their option then it's service-led, it's client-led rather than something that we're doing to suit ourselves.
- Int1: I'm just wondering, would that be your, is that your point of view, [name M9], is that what you think would be the best approach?
- M9: Yeah, I think that some things that have happened during the Covid pandemic need to make us think about how we can develop the service going forward and probably reach a wider population and making ourselves more accessible is one of the things that have come from it and obviously consultation is one of the things that we offer, so if we can make that more accessible and take away a barrier for some people, then that's got to be a positive thing to do.

Int1: Okay. That's great. Thank you. I'm a bit wary of time, obviously. I mean, the discussion's been fantastic and really useful, I'm just obviously a little bit wary of we're getting towards the end of the session. Anything else from you, [name redacted], I don't know if you want to go onto the next thing or...?

Int4: The exercise sessions, yeah.

Int1: Yeah, yeah, that's good. Yeah, yeah.

Int4: Okay, well let's just go onto talk about the exercise sessions now and the support that you give your clients during the 16 weeks. So if you can please tell me any new things you've done in terms of remote delivery over the last 12 to 18 months. So when we talk about 'remote' it can be virtual or Facebook Live, over the phone, also social connectedness, if you've done any challenges with your clients, things like that. Yeah, [name M10].

M10: Um, well I created, like at the start, a 16 week like educational stuff, so every week, at the end of like a Zoom class so it's like a 45 minute class and then I do a 15 minute like talk with them. So the first part is like pacing and baseline setting so that they don't overdo it at the start, throughout the 16 weeks and then each week's a different topic to go through so I've always got that interaction with them because I can't... Because I feel like I'm not doing enough for them because I'm not doing face-to-face so I've created that to do it and our team have done, in the past, for example, at Christmas time we did a Christmas quiz so we got every instructor's clients to go on Zoom, so there was about 100 of us doing like a quiz and like a sing-song and a dance and just to keep their attention there...

Int4: [name M9]. You're on mute. [name M9], you're on mute.

M9: Yeah, sorry again. Yeah, so I think like [name M10] said, education is really interesting stuff because again, it's a way of expanding the service because some people might... That might be all they need, they might need to know what type of exercise they need to do and how to do it and then go away and do it, so that's one way that we could reach a different type of client through the service. I mean, people are given, like if they've got musculoskeletal, they're given a worksheet to follow, half of them don't know how to do the exercises and they've had no face-to-face contact with physiotherapists, so they've been told what to do but they don't know how to do it, so by adding some sort of education, that's just one example of how we could modify what we offer, so it could be that's all that client needs and they could go away, do their exercises and we could check them again in 16 weeks and that's... That's just a different string to the bow, the way the scheme might develop.

Int4: Okay. [name F9].

F9: I've often... Oh, sorry.

Int4: [name F9].

F9: Had like people who've come and maybe not really interested in coming to the gym but we've set goals, like for them to go away and do at home, so we've done the goal setting but we've done it, right, you'll come back to me in 4 weeks or I'll ring you and then done the scheme like that, so I've done that pre-Covid but I think there's definitely a way forward like post-Covid for like all of us to adopt some kind of approach like that because we just miss so many people who, you know, who could access it but because of, I don't know, travel or cost, they just can't, so yeah.

Int4: Okay, thank you.

Int1: Thanks [name F9].

Int4: So when we first started in lockdown then and we've done this new way of working, how did you all feel at the start, so with the remote delivery?

F8: Um, for me I was really-really nervous because it's something I've never ever done before, now I love it. I had to do it bilingually and I'm not bilingual, so my Welsh has improved hugely, I've learnt more Welsh teaching bilingually than I have done in all the lessons I've done over the years and it's actually helped me build a better relationship with some of my clients from, you know, all over Gwynedd and they just really-really appreciate us trying to do it bilingually as well and you know, like half way in the middle of a class I'll be, oh I can't remember what heel is and then at the end of the session they'll stick behind and go, oh sod!, you know, is heel, you know, but they love that interaction so that's been really nice. But yeah, I was petrified at the beginning, I was really-really scared and next to my laptop I'd have piles of bits of paper so I could remember what I was teaching, how to say different things and I'm one of those people, if I'm told I've got to do something I'll go and do it but we had several members of our team were like, I don't want to do it, I'm not comfortable doing it and they didn't, they didn't, you know, they really... Well I don't know if they didn't but it took them a long time to get into it.

Int4: Are they all doing it now, have they all...

F8: Yeah-yeah-yeah, everybody's doing it now.

Int4: [?? 01.03.07] adapt to it by now, yeah.

F8: Yeah, yeah, yeah.

Int4: Just [?? 01.03.10].

F8: Yeah, absolutely, different personalities and the one who I'm saying, I don't think she didn't do it but her father was dying at the time as well, so she was going backwards and forwards trying to look after her father and I think it was just another pressure, you know, that she really-really-really-really struggled with.

Int1: Thanks [name redacted]. I was just wondering, I mean, is there anything... We'll come to, I think [name redacted] was next, yeah. Sorry to jump in there, [name redacted]. I just wondered, [name F8], what was the kind of concern for you, was it just doing it

live, doing it remotely, remembering everything, you know, I'm just wondering what was the... Do you remember what the anxiety maybe was initially?

F8: My biggest one was the Welsh, that was my biggest one initially.

Int1: Okay. Yeah, yeah, yeah.

F8: I live in a small house and I was thinking, where am I going to do it, how is this going to... We moved furniture, I had to move a sofa every time I had to do this or a table, so that, you know, that was quite tricky, working out where you're going to do it. Not knowing the people because some, you know, because they're kind of from all over the county as well, I didn't know some of the people till they'd turn up and some of them, you know, from North Wales, very-very Welsh and I was just absolutely petrified, would they understand me. I thought that, you know, I sounded like I was from Birmingham and trying to speak Welsh but that's exactly what I... Because a lot of the people round here where I live do live in Birmingham, so that's exactly how I think I sound, you know, and yeah, so just, yeah, [?? 01.04.50], yeah, that's what I thought, that I was just going to sound awful, you know, my language wasn't up to... It wasn't even teaching on Zoom, I don't think, it was the language barrier.

Int1: Yeah. Thank you. [name F8]. Are you from Birmingham as well, [name F8]?

F8: No, I'm not!

Int1: You're not, okay, because I am actually so I was wondering, I thought I couldn't hear the accent!

F8: But everybody around here... But everybody around here who is learning to speak Welsh comes from Birmingham, so [?? 01.05.13]!

Int1: Comes from Birmingham, okay. Alright, thank you.

F8: Sorry [name redacted]!

Int1: No, that's alright. No, I just thought I couldn't hear your Birmingham accent, I was thinking, okay, I can't hear that at all. Okay. Thank you. [name redacted].

F7: Um, I agree with [name F8], yeah, lots of nerves, really nervous. For me, the reason for nervousness was the technology, we had... We had a studio, we didn't do it at home, we had a studio backdrop, GoPro camera, big screen for us to see everybody on it, it was, you know, it was all set up, however, lots and lots of problems with... And too much to think about, you know, you walk in there, it's like walking into a studio to teach, you just want to walk in and you've got enough to worry about with people falling over, people using a... You know, I had a... In the early days in the beginning, as much as you tell people, I got a guy, I'm going, [name redacted], what are you doing your sit to stand on? He's doing it on an office chair that's, you know, doing this. Eric, no! You know, those sort of things, is it all going to be under control. Right, you know, making sure that you say everything, all the safety points, please don't do it in your slippers and somebody will go ooh, I'll just go and change my shoes and, you

know, somebody's going to fall or collapse in my class and I'm not going to be able to do anything about it, all those anxieties but when it came to as well the filming, we did filming, we did some filming very early on with a professional film company, I was petrified and it was just that camera pointing at me and it took so long to do the takes and so many different takes, oh, I couldn't even speak and I'd be no-no, stop, go again and they're recording and I think they cut my warm-up down to 20 minutes. But after having done that and they cut it all together and it was fine but after having done that and then having taught live, I walked straight into a... They wanted to do another round of filming, professional filming, I walked straight in and I did a class straight off without stopping and I was just so chuffed and so proud because you just... It's just that newness, isn't it, and that unknown and it's terrifying and that's what you're delivering, that's what stops your delivery and urgh, your brain fog but yeah, now it's just, you just get it and you do it, just another experience, another thing to learn, I guess.

Int1: Yeah, thanks.

Int4: Thank you. [name M9].

M9: Yeah, just my own experience was pretty much the same. So initially it was just thinking of things, like teaching position and making sure you've got all your equipment on hand so you don't have to go off screen and then the safety aspect, so we spent... We took a little while to get a sort of a message attached to the link, so it was just getting the safety aspects across so the person, the environments and all that. But yeah, once you've done it once, I found that it was quite easy to do. The only thing that I missed was being able to actually get an effective view of the people in front of me, so feedback during the session. There was somebody else looking from remotely in a different room but I wasn't able to tailor my exercise or prompt, give prompts to individuals because you've just got a small box on the screen and I couldn't, I couldn't really notice if anybody was going wrong. I was using a laptop and I was sort of 10ft away, I think it's impossible to get that, to really get that individual feedback.

Int4: Okay. Just think of it as a thing of safety then, you said you couldn't see them to...

M9: Yeah, so my colleagues, we had somebody watching so I'm sure my colleague would step in and sort of if anything was unsafe that then they would have intervened, so that was good the fact that safety was covered, it was just that as an instructor point of view I couldn't deliver... I didn't feel as though I could deliver the updates or the prompts within the session because I wasn't aware if people were doing the exercises wrong, so just perhaps something there that may be able to be improved.

Int4: You had two instructors for your virtual classes.

M9: Yeah, so there was somebody in the office watching the class, so they were signed into the class, so they were watching the participants in the small boxes but obviously I was delivering the session so I was standing away from the screen and I couldn't get that feedback that I was used to getting in a personal setting.

Int4: Thank you.

F7: Can I just say, respect to you for having done that because we were so lucky to have a big screen with all the people so you could see them. I don't know how you did that, doing it from home and doing it on laptops or doing it on Facebook, we never had to do that and I would not want to do it.

Int1: Yeah, thank you. So that's, I mean, it really makes us maybe aware of the importance of the equipment and the technology that you've got available to you as well for actually facilitating all of this and making it possible, yeah. Okay, thank you. And [name F8]'s got her hand up there. Thank you.

F8: I don't know how anybody else who has taught from home found it but I found distractions at home very-very difficult as well. When my husband decides to get a puppy and then he goes to work and she's not been used to being shut in yet and I was trying to do a leg swing and she was chasing my trainers up and down and I found it so stressful, it was only a half hour session at the end that I thought I was going to have a heart attack, the girls that were helping me were crying laughing but because I found it really stressful the participants loved it, they thought it was amazing and every week, oh where's your puppy, how's your puppy, you know, and when my daughter was home, I've only got one child so that was fine but, you know, I'd be like, oh she's watching TV again while I'm working or you're playing Lego too loudly or something ridiculous so I found that quite difficult. But now, we've been doing it for so long, we're in a routine and it's just part of it now and it's okay, it's alright but I just think, you know, when I look back, you know, that kind of thing, what was it like at the beginning, it was horrible! *[Laughs]*

Int1: Thank you. Yeah, we've probably got maybe about... We'll probably try and finish within about 10 minutes or so, if that's okay, if that's alright, we've got a few sort of things to maybe sort of wrap up on. Just to say, [name redacted], anything from your section that you want to focus on there or should we move onto the next bit. Completely up to you.

Int4: Shall we move on?

Int1: Yeah, is that okay? Alright. Yeah, I wanted to actually think about as well if there are any types of exercise sessions that you really think, we've touched on it a little bit maybe but that are more difficult to deliver remotely. It might be because you've got a puppy in the house, who knows, but it might be that it's difficult to demo it, you know, or you need to have a particular eye on people or it might be because perhaps of the pathway that they're on, you know, or the content of the session, I'm just wondering if there are any things that are particularly difficult you feel to deliver remotely. Yeah, we'll go to, I think we had [name M8], then [name F8], I think, then I think [name M9], yeah.

M8?: I put my hand up.

Int1: Oh sorry, yeah.

M8?: No-no, that's fine, yeah...

Int1: I'm not sure who got in first. Yeah. [name M8], I think first, yeah.

M8: Okay. I would say mostly the falls clients I would feel I'm comfortable teaching live. I think it's great that virtual has got its place for things like the general sort of fitness classes or your circuit based type classes, I think it's really useful for that but things as your falls clients, I would just like to be near them, you know, just to make sure that I'm there if anything goes wrong and so on, so I feel uncomfortable with the falls side of the clients but, you know, I'm confident with the general sort of fitness and the circuit type classes, that's why I would prefer to be honest from my point of view.

Int1: Okay, thanks [name M8]. And [name F7], you said [?? 01.14.10].

Int4: You're on mute. [name redacted], you're on mute.

Int1: Ha-ha! Okay, I can't remember who I was going to go, I had [name M8], then I did have [name F7] or [name F8], I can't remember, was it [name F7]? Was it...? Er... [name F7] you said and stroke as well, yeah, is that okay. Then we were going to go to somebody then [name] but I can't remember who it was. Was it you [name F8]? It was [name F8], yeah, okay. Thank you.

F8: Um, so I will reiterate what [name M8] was saying, so we all chose our specialist, as a team we chose our specialist thing and I'm the falls practitioner, so I was petrified but I kind of changed it more into a Movement for Wellbeing class so a lot of it was seated [?? 01.14.56] and I want to also reiterate, I had a host who was just like this, the whole time, we had everybody's emergency contact there, their telephone numbers as well, we made sure they all had a mobile phone next to them as well. So initially I did do it all seated and I kept going up to the screen, then going back to teach and then coming up to the screen and then going back to teach, to make sure everybody was okay and it was really-really scary and we did several weeks sitting down and then we said, right, come on, we've got to try and get these people up and now I teach on a regular basis and it's okay and I'm quite confident but I will always get to know my client first for several weeks before asking them to stand up and... And we watch, sometimes, you know, a lot of them when they sign on, they're standing up and fiddling with their iPad and then they sit down and so yeah, you know, we're aware that... But I suppose it will depend on their ability and where they are on the FRAT score and things like that, so

Int1: Thanks [name F8]. And then [name M9]. Oh, you're on mute, [name M9], at the moment.

M9: Yeah, just to agree with the other people. So I think falls in particular, especially the lower level fallers, we've had to modify the content of the sessions, so it might affect the way that they progress, so movement patterns in particular, so we haven't pushed the width of the movement patterns which is useful for sort of maintaining their base of support and also balance, obviously you take a step back with the balance because you're conscious that they're in a... They're at home, perhaps on their own and so you keep it well within their comfort zone rather than make it perhaps just that little bit more challenging which they'd benefit slightly more.

Int1: Thank you. Thanks [name M9]. Okay. Any other thoughts on that? Yeah, [name M10].

M10: Yeah, I agree with the falls, I find the falls is the most trickiest one to teach. I try and like reduce the risk by asking them if they need their partner or someone to, you know, to be in the same room whilst teaching but I also, every exercise I do a standing and a sitting exercise, so most of the sitting exercises are Otago so it's all lower limb, so they're all sitting down and I do a standing exercise as well. It is a pain in the bum because it makes the class go a lot longer but I just... I'm like everyone, I probably panic if I'm pushing them too hard but they downside of that is I might get people that can do it standing but are sitting down and I'm not there in person to say, right, try and do it, I'm there to save you if you're falling, just to give them extra confidence.

Int1: Thanks [name M10], thank you. Okay, [name M9] we'll come back to you then I think after that we'll probably just move onto maybe the next little topic we wanted to talk about. But yeah, [name M9].

M9: Yeah, very quickly then. So we're relying on people to self-monitor and choose their exercise because we're... Choose what verbal prompts that we're giving that there's some people that will still just do what they feel they can and we're taking that sort of little bit of control away from ourselves, so you've got to really push the education and get people to... Or have confidence that people will look after themselves.

Int1: Great. Thanks [name], that's great. Sorry, [name M9], sorry, I keep getting it... When I do it from memory I get [name M9], when I look at the screen I read what's on there, so...

M9: You can call me John if you want, I don't mind!

Int1: *[Laughs]* Okay, we'll go back to [name redacted], I think.

Int4: Yeah, does working in this new way have any impact on your capacity, so does it free up any time or does it take more time? How do you feel it affects...?

F9: If we're delivering remotely, which we're not but I think it would definitely benefit us because you could have somebody from like the north or whatever, like [name F8] said who can contact, you know, anyone from the whole county can access that session, which has got to be a bonus especially if you've limited the staff who are specialist in that area.

Int4: Okay, so more flexibility, yeah.

F9: Yeah, I think so.

Int4: Has anyone else got any thoughts?

F8: I think I have more time when I teach from home because when I get to the leisure centre I have to sign in and blah-blah-blah, you know, do everything and there's nearly always somebody there with a question, whether it be a member of staff or a member of the public, whereas here I can just get on with it, I'm definitely more... You know, even if I am, you know, I might feel a bit guilty about making a cup of tea but actually the walk from the front door to my office will take me that long sometimes, you know, so yeah, I do think actually working from home I do have more time, I do think when I do the Zoom classes I can... I'm not saying, you know, I don't know if it's as efficient, in that I don't know if they're getting the same progression with their exercises as they would face-to-face but work-life balance, easiest for me is definitely doing a Zoom class, whether I'm saying that because I'm being selfish I don't know but I definitely think I've got more time teaching from home.

Int4: Okay, thank you. [name F7].

F7: Um, if you related it to assessments which I can do from home, yes, but because we have a specific site studio it makes no odds, in fact, actually it's made my work-life balance harder because to begin with we only had... The cameras were only in the studio, it was only set up at the furthest point away from me, so it would take me... It would take three quarters of an hour to get there, that was on a good day, since the summer and people have been allowed back out again, because of traffic it's taken me an hour and a half to get there, teach a class and an hour and a half back, so no, because we don't teach from home, we don't teach from the house.

Int1: Okay, that's interesting, isn't it, the difference maybe between doing it remotely but from home and doing it remotely from somewhere else, yeah. Thank you. [name M9], was that you? I thought I saw a hand flashing...

M9: Yeah, yeah-yeah, so I probably sit in between the two because we don't have a dedicated studio as such, so we've got to plan the class the same, set the room up the same, the only possible time benefit is equipment, so we're relying on everybody else to bring their equipment into the sessions and then the space, so we don't have to organise and or sanitise any equipment or anything like that, so there may be a small time saving there with the Zoom sessions.

Int4: What about with number of participants, how many do you see on a Zoom session compared to face-to-face?

M9: I don't really think that's a fair... So on the Zoom classes over the pandemic we've been seeing sort of 8 to 12, so relatively low numbers, so in the centre now it might be a completely not unfair comparison but there's a session that my colleague runs at a similar level and there's over 20 to 25 in that session attending personally. But that's post-Covid and everything's been... Well now, everything's been given the go ahead so I don't really think we can compare usefully the one or the other.

Int1: And what's other people's experiences of that, just about the number of people perhaps that you saw. Yeah, [name F8].

F8: Um, so during the pandemic I have 15 to 20 online and now, it's obviously different county to county because we've still got to do social distancing, so I can only have 8 in a class but my online classes have gone down and I think we have less than 10 but about between 5 and 10 every week online, so I think maybe coming out, you know, when we don't have to social distance anymore, I'll have more in the classes.

Int1: Sure. Thank you. Anybody else on that at all?

F9: Just to add to what... I can't remember her name now, sorry. It wasn't [name F8]. It was about travelling for an hour and a half. We did some videos and we had to all travel to the same place to do them, because... Well we just had to travel to the same place, we weren't allowed to do anything from home, so that would have been, I would say, helpful if we were able to do them from home, I just found that as something that held us back really with our delivery.

Int1: Thank you, [name F9]. Okay, that's great. I mean, thanks so much for all of your time. We've talked about a lot of different issues that sort of interweaved a lot, I think I really wanted to finish off maybe by going round and I don't know if anybody's got either anything that they came to the group discussion burning to tell us or anything that they feel it's really important that we take away, you know, and sort of feed into the evaluation, anything in particular maybe that we haven't touched on or that they'd like to emphasise. Or anything else, just around the key learning perhaps, you know, from this remote delivery and things that, you know, you think is really important for us to be aware of. I think [name F7]'s laptop I think may have died, so I think we've lost [name F7], I don't know if we will get [name F7] back. But yeah, I'll go round maybe in the order that you're on the screen, we'll probably have to keep it relatively brief unfortunately but we'll go round. [name F8] please.

F8: I think this session has been absolutely brilliant for me, just as much as anything to touch base with other exercise professionals and I'm really disappointed we've waited until now to do it and I think it's really... I think it would be really-really good to go forward and continue to do something like this every now and again.

Int1: Okay, thank you, [name F8]. So you don't get the opportunity really to meet people from...

F8: No.

Int1: No, okay.

F8: No. I've met, I've met [name M9] before and I've seen [name F9] before, I can't remember where, I think it was at a conference once before and [name M10] I might have seen before as well but, you know, no, absolutely not, I don't know... Yeah, just I wish it would happen more often.

Int1: Okay, thanks. Yeah-yeah-yeah. I mean, I think we can, you know, probably reflect that as well. It's interesting because a lot of you have worked on the project for so long as well, you know, so it's not that you've all been working for a year and you haven't

had the chance to meet up, you know, sort of 9/10 years, you know, so yeah, that's interesting to know. We'll go to [name M9] next.

M9: Okay, so firstly, yeah, I'd agree with [name F8], it's been really nice to talk to other exercise professionals and nobody has said anything that I wouldn't agree with myself, I think everybody's opinion's been really useful and pretty spot-on. Secondly, I think this study might only be sort of a preliminary study and useful to start the thought process. I think the real study needs to take place post-Covid so you're comparing on a level playing field. I think it's good to raise issues and I think of possible benefits and adaptations we can make to the programme from the learning that's happened during the Covid pandemic but I think that the second study should look at a comparison on a level playing field and as we're all aware, it takes a long time to evaluate the usefulness and effectiveness of interventions and I think possibly the study will be ongoing and lead to further studies in specific conditions and I think you've opened a big pot of not worms but you've opened a big lid and it could take you in lots of different directions.

Int1: Thanks a lot [name M9] and thanks for the sort of suggestions there around, I'll say work that might need to be done in this area as well. [name M8].

M8: Yeah. Again, you know, it's nice to see other exercise professionals, you know, I would go as far as to say we've never had an opportunity to do a group discussion like this so it's been really good and it's been great to hear other people's experiences as well. Sometimes when you're working within a small team you can feel quite isolated as well, so it's nice to know your experiences of the virtual assessment and so on, you know, before this conversation I was dead against it but now I'm leaning towards it's a good idea with some of the points you've raised as well, so definitely enjoyed this session and thank you for letting us be a part of it really.

Int1: Okay. Thanks a lot [name M8], thank you. And it's always good for us as well to know that people have got some value out of participating as well, yeah. And [name M10].

M10: Yeah, I've quite enjoyed listening to everyone's like opinions of what you've all been doing and, you know, your strategies of coping through Covid. It would be good to like... I think it's all like the procedure of what everyone's doing is down to the co-ordinators, I think [name redacted] leaves it down to the co-ordinators after their meetings and that, so it's good to get everyone's opinion and improve yourself and develop yourself and have these talks regular, like [name F8] said, it's good to see, you know, all the people apart from your own team.

Int1: Thanks [name M10]. And then we've got [name F9], I don't know if you're still with us [name F9]. I don't know if you want to put your... If there's anything you'd like to add. Hiya.

F9: Yeah. Sorry, my phone's been going off.

Int1: No problem at all.

F9: Um... Well, what can I say. It's been a hard year or 2 years and 2 weeks ago I actually handed my notice in to NERS. Yeah, it was hard.

Int1: Okay.

F9: But yeah, just the way our... I don't want to say too much but our Authority has, what's the word, supported us and just helped us deliver has been hard because you're such a hands-on person, aren't you, I'm sure you all know, we're always busy aren't we and seeing people and yeah, I've just found it hard, my hands have been tied, if you know what I mean.

Int1: Sure. Okay. Thanks a lot for that, [name F9]. We appreciate that and I just want to say thank you to everybody for participating. I mean, really great to hear your perspectives and we'll put it with the information we've gained from the other focus groups as well, obviously there's quite a bit of overlap as well with your experiences. We'll be analysing this information along with the other information that we've gained from the evaluation and there's going to be an output of some sort or outputs of some sort that will be decided on later on. There should be a project report of some description and also there might be other outputs that are more focused at different stakeholder groups or different people, so that will be decided on later on. So hopefully you'll have sight of those things when they come out as well. But we just really wanted to thank you all from, you know, myself, obviously [name redacted] and [name redacted] and the rest of the team, for participating, I'm glad that you found it useful and that you've got some sort of value out of it as well and we'll definitely try to obviously feed in and reflect the sort of perspectives that you've raised there. And just to say... We'll come to you in a second, [name M9], yeah? Just to say that [name F9]'s going to hang on for a little bit, so once you've all signed on, signed off sorry, I'm just going to stay on the call a little bit with [name F9] for a few minutes afterwards as well but I'll stop the recording after [name M9], if that's alright. Yeah, go...

M9: Yeah, sorry, it's just something that came into my head. I just wondered if you'd be willing to share if you have a research question and what's your hypothesis.

Int1: Yeah, well there's actually, what you can do... We might be able to share, [name redacted]. There's a whole protocol actually written for this evaluation, which has all the hypothesis written into it and that will be on, I don't know if it's been published yet but in due course it will be on the NIHR website because all of the evaluations that we're doing have got quite detailed protocols. So [name redacted], are you able to make a note of that for us please and what we can do is perhaps forward the link to you for the NIHR protocol, once it's published if it's not up there. We'll check if it's up there, if it's not there we can send it to you. If it's not we can at least direct to the website and then you can... In due course it will be up there but that'll outline the whole specification for the evaluation.

M9: Okay, thank you.

Int1: Yeah, so that should be very useful, yeah, is that okay? Okay, brilliant. So I mean, just again, thank you all very much for taking part. Would it be useful to give that link to

everybody? Yeah? Okay, so maybe what we'll do is, we'll try... [name redacted] has frozen there, I think, but we'll make sure that... Are you still there?

Obs: Yeah, I'm still here.

Int1: Okay, brilliant. Okay, your video's frozen. Yeah, so we'll make sure we share that link with everybody here, so that you're able to access that protocol, you can look at the evaluation in a bit more detail as well, if you'd like to. Okay. But thank you all for taking part, any questions, any queries after this as well, do by all means get in touch with us, okay, around that. Okay, but lovely to meet you all and yeah, and best of luck obviously with moving forward with the project and I'll stay on with [name F9] for a few moments.

F8: Thank you ever so much. Lovely to meet you all.

Int1: Okay. Bye.

General thank yous and goodbyes