

1. Executive summary

This report presents the findings from a survey exploring people's experiences of taking part in the four task and finish groups, undertaken by NHS South East London Clinical Commissioning Group (CCG) central engagement team, during the summer and early autumn 2020. The findings will help inform our approach to engagement and online meetings.

Due to Covid-19 and associated government guidelines, the task and finish groups took place as online video meetings on MS Teams.

Prior to the task and finish groups commencing, the central engagement team held two introductory meetings with people who had taken part in the initial engagement earlier in the year from across south east London. A total of 38 people took part in the two introductory meetings and 28 people proceeded to take part in the task and finish groups.

Participants were subsequently invited to share their feedback on the task and finish groups and the survey invitation was sent out in November. The response rate to the survey from the whole cohort (i.e., including those who only attended the introductory meetings) was 53% whilst the response rate from the task and finish group participants was 68%.

The majority of participants (80%) were female and from a White British background (53%), with 20% from a Black background. Just under half (47%) reported having a long term illness or health condition, with three people having physical disabilities. The age range was fairly broad, from 25-80+, however, the majority of participants (80%) were aged 45 and above.

Recommendations:

The CCG will:

1. Ensure the aims and objectives of the engagement activity are clearly communicated, documented and understood by all participants.
2. Make notes of key discussion and action points from each meeting and share with all participants.
3. Ask all people at the outset of all engagement activities if they consent to their contact details being shared amongst the other participants, to facilitate in between meeting communication.
4. Share the CCGs glossary of terms with all participants at the outset of any engagement activity.
5. Offer trial runs of the platform being used, e.g., MS Teams, for people individually or in small groups, prior to taking part in engagement activities.
6. Offer trial runs to BSL interpreters prior to engagement to ensure they are able to use the platform adequately.

Key findings

- The findings from the survey demonstrate that the majority of participants ($\geq 70\%$) valued the introductory meetings, which set the task and finish group in context and enabled participants to choose which group to be part of, with some people opting for more than one group.
- The majority of people taking part in the task and finish groups felt able to actively participate in discussion and share their views (69% Yes/19% somewhat) and that the purpose of the group was clear (88%). The majority also felt visible to the Chair (88%) and that their opinions were listened to (63% Yes/19% somewhat).
- Around half of the participants experienced technical difficulties at some point when joining (64%) with just less than half, 43%, experiencing technical difficulties during the meetings. The most common technical difficulties included the MS Team's link not working along with poor sound quality. Additional issues related to poor internet connection.
- Importantly, while 80% of participants felt confident using MS Teams, one third of participants 31% said they may have benefitted from support to take part in meetings. This includes having one to one support on how to use MS Teams, although some people preferred Zoom, whilst participants recognised that confidence increases over time the more one uses an application.
- The majority of respondents (80%) sought views from the wider community including family, community groups, PPG members and older people in the community. Some respondents felt the time in between meetings was too short to allow for wider engagement although there was recognition of the need for the sense of pace, due to earlier pause in engagement, to move forward with this work.

2. Introduction

In light of the Covid-19 pandemic and the subsequent introduction of social distancing measures and restrictions of number of people meeting in groups, the CCG central engagement team has had to conduct its engagement activities using virtual MS Teams.

Understanding people's experiences of being involved in the CCGs engagement work is part of the CCGs general engagement practice, as this informs and help shape our engagement methods as we progress.

Whilst virtual engagement has been part of the CCG engagement methods in the past, it has mostly been used in combination with face to face engagement whereas this time, it was the only means of engagement due to Covid-19. Moreover, earlier engagement with the participants has predominately been face to face and for this reason, the central engagement team was keen to understand how people experienced their involvement with the CCG through virtual means only.

To support people to take part in the virtual meetings, the CCG developed a set of “Top tips” for MS Teams that was shared with participants prior to the meetings. The team also supported people on an individual basis when problems occurred to ensure people were able to download the application and dial in.

The task and finish groups were established to support the CCG to develop its engagement approach and to establish the Engagement Assurance Committee. The task and finish groups followed on from previous engagement on the CCG’s developing approach to engagement with established patient groups during January – March 2020, which was paused in March 2020, in line with national guidance to focus on the Covid-19 pandemic.

Thus, in June 2020, four task and finish groups were established with members of the public to continue this work and these were:

- Engagement Assurance Committee
- Digital engagement
- Non-digital engagement
- Covid-19 impact on south east London’s communities

Invitations to take part in this work were sent to the members of the groups who had taken part in discussions earlier in the year. In response, a total of 38 people took part in the two introductory meetings and 28 people proceeded to take part in the subsequent task and finish groups.

The engagement team held a total of 24 meetings from June continuing into September with local people participating actively by email and through reading, commenting, making recommendations and redrafting reports and recommendations. Some participants also sought feedback from the wider community throughout this process, which subsequently informed discussions.

All 38 participants of the introductory meetings and task and finish groups were invited to take part in the survey. The majority of respondents to the survey were from people who took part in the task and finish groups (n=19) while one person who responded only took part in the introductory meeting.

3. Methods

People were invited via e-mail on 10 November to take part in the online survey. The survey was open for 15 days and closed on 25 November. Participants were invited to give their feedback of their experience of being involved in the task and finish group, particularly in following areas:

- Introductory meetings
- Task and finish group meetings
- Digital connection
- Communication between meetings
- Communication with the wider community
- Task and finish groups as a method of engagement
- Equality monitoring information

The survey consisted of 38 questions, of which 11 questions related to equality monitoring information. Not all questions required an answer, which means that not all questions attracted a 100% response rate. Non-responses will be highlighted where applicable. Some questions also contained free text boxes.

The response rate to the survey from the whole cohort (ie including those who only attended the introductory meetings) was 53% (n=20) whilst the response rate from the task and finish group participants was 68% (n=19).

Quotes added from the free text option in the survey and applied within the report will be used to illustrate key points and will be verbatim.

4. Limitations of the survey

It is important to bear in mind some limitations of the survey and one important factor is the time elapsed since the introductory meetings (29 June/1 July) to when the survey was sent out (10 November). Moreover, three of the task and finish groups finished in August while the Engagement Assurance Committee group finished in September with a smaller Recruitment Liaison Group meeting in September and October. This is likely to have an impact on memory recall as well as motivation to take part in the survey. Furthermore, closed-ended questions may have lower validity rates as answers cannot be further explored. Non-response bias is also an important factor along with survey question and answer choices being interpreted differently by respondents. Non-response bias affects sample size and may lead to inconclusive findings or higher variances in the responses, thus making it difficult to draw conclusions.

5. Summary of findings

5.1. Introductory meetings

Participants were asked if they took part in the introductory meetings and 85% (n=17) of the respondents stated “yes” while three people said they had not.

Participants were also asked if they proceeded to take part in the task and finish group, which attracted a 90% (n=18) response rate of which 94% (n=17) proceeded to take part with one person electing not to take part. The reason stated for not taking part was the absence of a compensation or expenses policy.

The survey explored participant’s views in relation to “usefulness, relevance and ease of understanding” on three aspects of the introductory meetings:

- 1) Welcome, introductions and ground rules
- 2) Presentation – developing the CCGs engagement approach and introduction of the task and finish groups
- 3) Questions, answers and discussions

The response rate to all three aspects of this question was 70% (n=14) and the analysis demonstrate that the majority of respondents, ≥70% of respondents (range n=8-n=10), rated all areas of the introductory meetings positively, in relation to

usefulness, relevance and ease of understanding. Only a small number of people, 12% (range n=1-n=2) stated “not much” to this question, whereas no one stated “not at all”, thus highlighting the benefit of holding introductory meetings.

5.2. Task and finish groups

The next question asked respondents which task and finish groups they took part in and the chart demonstrate a spread of respondents from all groups, with a range from four persons (Covid-19 impact) to eight persons (Engagement Assurance Committee and Digital engagement). The response rate to this question was 85% (n=17) with three people refraining from answering.

Engagement Assurance Committee	Digital engagement	Non-digital engagement	Covid-19
8	8	6	4

Participants were subsequently asked to reflect on their experiences of taking part in the actual meetings in relation to a number of aspects including:

- ability to contribute
- being listened to
- understanding the purpose of the task
- ability to follow discussion
- voicing opinions and comments
- size of the group
- feeling visible to the Chair when raising a hand
- anything that may have helped to support participants prior to the meetings

The response rate to this question was 80% (n=16) and the chart below illustrates that the majority of participants were able to understand what was being discussed during the meetings and felt visible to the Chair person. Moreover, the majority of respondents stated that they felt able to contribute to discussions and that their opinions were listened to. The chart further illustrate that two thirds of people (n=11) felt the purpose was clear although a quarter of respondents (n=4) did not find the purpose clear.

	Yes	Somewhat	No
Was the purpose of the task and finish group clear?	69% (n=11)	6% (n=1)	25% (n=4)
Did you feel able to understand what was being discussed during the meetings?	88% (n=14)	13% (n=2)	0% (n=0)
Did you feel able to actively contribute (i.e. share your views) to discussions?	69% (n=11)	19% (n=3)	13% (n=2)
Did you feel your opinions were listened to?	63% (n=10)	19% (n=3)	19% (n=3)
Did you feel visible to the Chair and able to raise your hand to get noticed?	88% (n=14)	6% (n=1)	6% (n=1)

Did you feel your comments and opinions were acted upon and reflected in the papers?	50% (n=8)	31% (n=5)	19% (n=3)
Did you feel the number of participants in each meeting was about right?	63% (n=10)	25% (n=5)	13% (n=2)
Is there anything that may have helped you to take part before the meetings?	31% (n=5)	0% (n=0)	69% (n=11)

Furthermore, 50% of the participants stated their opinions were acted upon and reflected in the papers, with one third agreeing to this to some extent. However, 19% (n=3) of people stated they did not feel their opinions were listened to, which was also reflected in their answers of the purpose not being clear; or reflected in the papers, with supporting comments relating to:

“More honest statement of what we were and were not able to influence, proper notes of the meetings particularly those areas where our views were NOT accepted”.

“Consultation about the purpose and direction; too top down”.

Moreover, when asked if additional support may have helped people to participate, the majority of respondents stated they did not require any additional support to take part in meetings, although 31% stated that they may have. One person responded that the below would have been useful:

“Having 1-2-1 support in advance of the meeting.... nominal funding to respect for their [participants] personal contributions and use of their [participants] personal resources and assets”.

Additional comments related to too many participants in the meetings to allow for everyone to have their say along with the delay at the start of the meetings due to the British Sign Language (BSL) interpreter and their need to link with the relevant person.

Participants were asked how virtual meetings could be run in the future to improve people’s experiences and nine people (45%) recorded comments in relation to this. Some comments related to meetings feeling rushed and suggestions around having an agenda and timetable for the meetings. Another comment related to making sure the CCG uses plain English as time is consumed by having to provide explanations to acronyms:

“The ability to respond offline to draft papers etc was critical so the blend of digital and traditional practice worked well.”

“No use of Acronyms, jargon and the professional NHS language as makes things difficult to understand for those not used to them. Holds meetings up when having to give explanations”.

Additional suggestions related to making the engagement process less top down:

“The meetings should be co-produced, or if they are simply to give information, all this should be made clear in advance. Meetings should be co-chaired with local people who should be part of agenda setting groups. All participants should be requested if they are happy to share their contact details before the meeting.”

Two comments were recorded in relation to technical issues around linking the BSL interpreter with the relevant person and with the software itself in terms of not being able to see everyone on the call:

“The limitation of MS team where you cannot see all participants and the quality of people’s devices also affected the quality of their sound.”

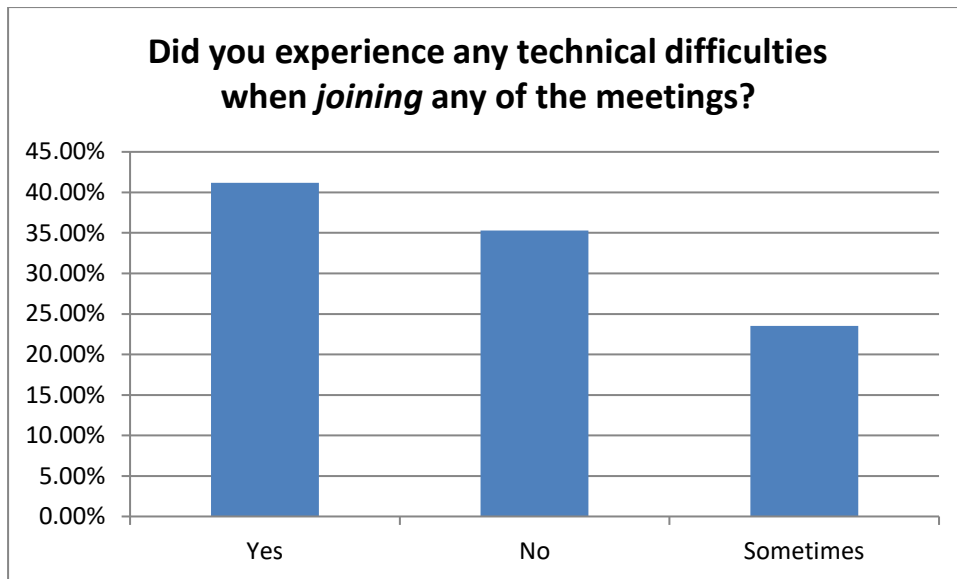
5.3 Digital connection

Participants were asked to share their experiences of using MS Teams as a virtual engagement tool and questions related to the use of the Top Tips, to technical issues when joining meetings or indeed during the meetings.

The engagement team had prepared a “top tips” document for MS Teams which was shared with all participants. The first 10-15 minutes of the introductory meetings, and subsequent task and finish group meetings, was also used to ensure participants were familiar with the basic functions of MS Teams, such as the chat function, how to raise their hands and how to mute themselves. The BSL interpreter was also invited to join early so that links with the relevant person could be made ahead of the meeting commencing.

Participants were asked if they had used the “top tips” and 24% (n=4) said yes, with 76% (n=13) stating no. Three people refrained from answering this question. Three of the four people that used the “top tips” found them useful to varying degrees with one person stating the resource was not useful at all.

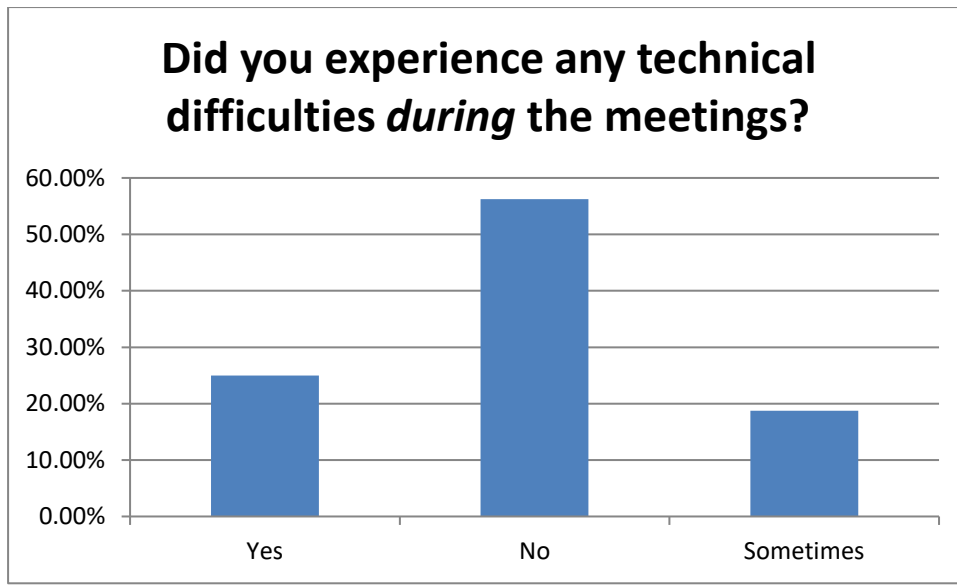
The participants were asked if they had experienced any technical difficulties when joining meetings. The graph below demonstrates that the majority, 65% (n=11), had experienced technical difficulties to some extent with six people stating they had not.



The most common technical issue was the MS Teams link not working, followed by poor internet connection and log in and password for MS Teams not working. One respondent commented:

“MS Team was not very user friendly and very difficult to stroll through - particularly to share information via the chat information, not to be able to save the chat information and crucially not to be able to fully understand who the various attendees (and which groups or skills background) they came from.”

Participants were also asked if they had experienced any technical difficulties during the meetings. The response rate to this question was 80% (n=16) and over half of the respondents, 56% (n=9), stated they had not experienced any difficulties although 44% (n=7) said they had. The most cited difficulty related to poor sound quality, followed by difficulty in raising the hand to ask a question and using the chat function. The comments recorded related to the picture freezing and internet dropping out.



Participants were subsequently asked what may have helped to overcome these difficulties and seven people responded to this free text question. The comments largely related to having a better internet connection, using headphones, and becoming more accustomed to the process. Two respondents stated that the technical issue was with MS Teams and the CCG and the difficulty with the BSL interpreter:

“The questions assume the difficulties were from me- but they were things like the BSL interpreters needing support.”

“There were some issues in a meeting with difficulties linking a deaf attendee to the BSL interpreter. It would be good to make that smoother for future meetings.”

Importantly, the majority of respondents, 80% (n=13) stated they felt comfortable and/or confident with MS Teams functionality to be able to fully participate in the meeting. Three people said they did not feel confident and/or comfortable, although for one person, the issue was not with them but the limits of the platform itself. Four people refrained from responding to the question.

Two people recorded comments in relation to what may have helped them become more confident:

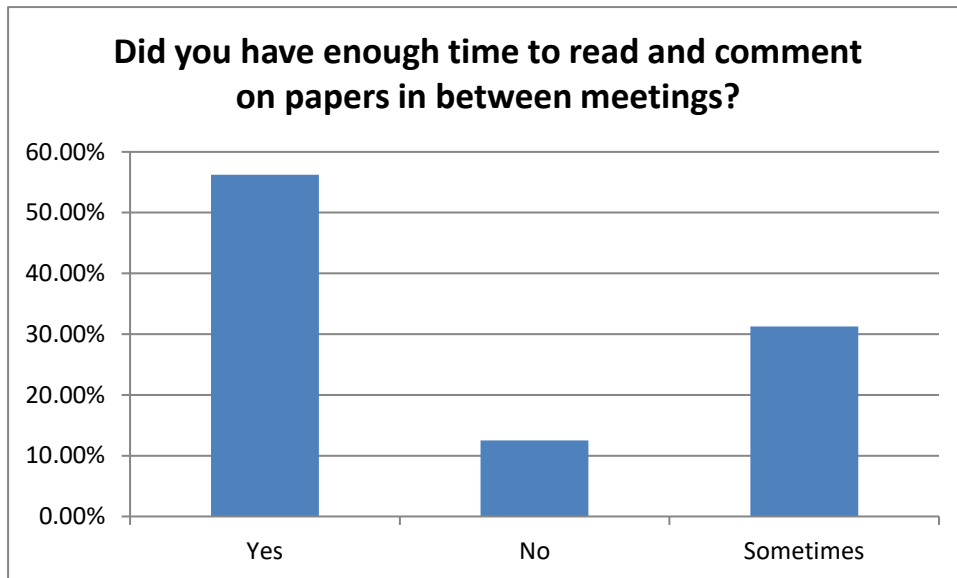
“More frequent use would give increased confidence in the functionality”

“Having 1-2-1 support (training) from CCG personnel might have helped the situation....”

5.4 Communication between meetings

Participants were asked to read and comment on papers in between meetings and if there had been sufficient time to do so. This question attracted an 80% (n=16)

response rate, with the majority of respondents (n=9) answering “yes” to having sufficient time, as outlined in the graph. However, whilst two people said they did not have sufficient time, one third of respondents (n=5) stated they sometimes felt there was sufficient time to read and comment on the papers.



The comments recorded (n=5) in relation to this question demonstrate that the time given to read and comment on the papers was too short. Two people felt this impacted on their ability to engage with the wider community for feedback and thus compromised the principles of good partnership working and engagement:

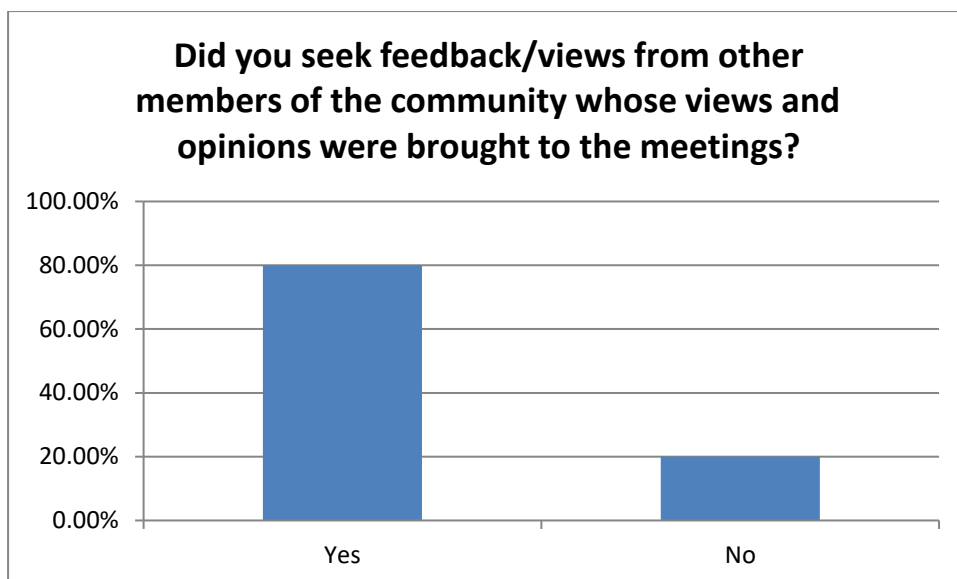
“There is no time to discuss paper with other people in your organisation so you might be able to enrich your contribution.”

One participant suggested that facilitated communication amongst participants in between meetings may have been helpful, whereas one person stated they felt the impetus to progress at speed (with the process) demonstrated the need to produce results:

“Timetable was tight but that added to the emphasis [sic] on producing results.”

5.5 Communication with the wider community

Participants were also asked if they had engaged with the wider community in between meetings and of the 75% (n=15) participants who responded to the question, the majority, 80% (n=12) said they had engaged with their networks.



When asked which people they had engaged with, the analysis demonstrate that PPG members (n=6) and family (n=6) were the most engaged with groups, followed by members of a community participants are part of (n=5) and older people (n=5). The free comments related to engagement with Healthwatch leads and colleagues, people involved in health and care and wider health and care stakeholders, such as patient advisory groups.

Which groups did you engage with?	
PPG members	6
Community group that I am part of	3
Young people	3
Older people	5
Seldom heard	1
People with a disability	1
Family	6
Neighbours	2
Members of the community that I am a member of	5
Other	6

5.6 Task and finish groups as a method of engagement

What worked well?

We asked respondents what they thought had worked well during the task and finish groups and this attracted a 60% (n=12) response rate. The comments recorded demonstrate that participants valued the opportunity to be involved in the engagement process, particularly in light of the current situation with Covid-19 and the need for virtual and online engagement. One respondent said:

“The common purpose to ensure there was an alternative way to keep people involved and to feel connected whether online or not.”

Participants also valued the versatile membership of the task and finish groups along with representation from across all six south east London boroughs:

“Multifaceted group of people provided wide range of views and experiences which helped with decision making.”

Three people stated the clear purpose of the groups and working on a small defined project supported the work of the groups:

“Having a clear purpose to the group worked very well.”

Additional comments related to the facilitation of the meetings with opinions and views being expressed and listened to without prejudice along with good Charing of meetings.

What did not work well?

Similarly, participants were also asked to reflect on what they thought had not worked well during the task and finish groups and this question also attracted a 60% (n=12) response rate. Some comments related to poor sound quality, making it difficult to follow discussions along with a lack of consistent attendance from the membership and representation from young people and equality groups, with one person stating there was over representation from Healthwatch.

However, four respondents commented that the process was “top down” with a pre-determined agenda along with a lack of co-production and transparency:

“Chair of the meeting was very dictatorial, no notes were shared from the meetings, no chat information from the meeting was shared, there was no opportunity to share thoughts and information with fellow attendees (despite repeated requests) and no information on the attendees (of their skills and background) was shared.”

“There just was no equality of access to information. Unfortunately, the groups reinforced the view that the CCG wants to operate top down, and that changes will only be allowed where they suit those in control.”

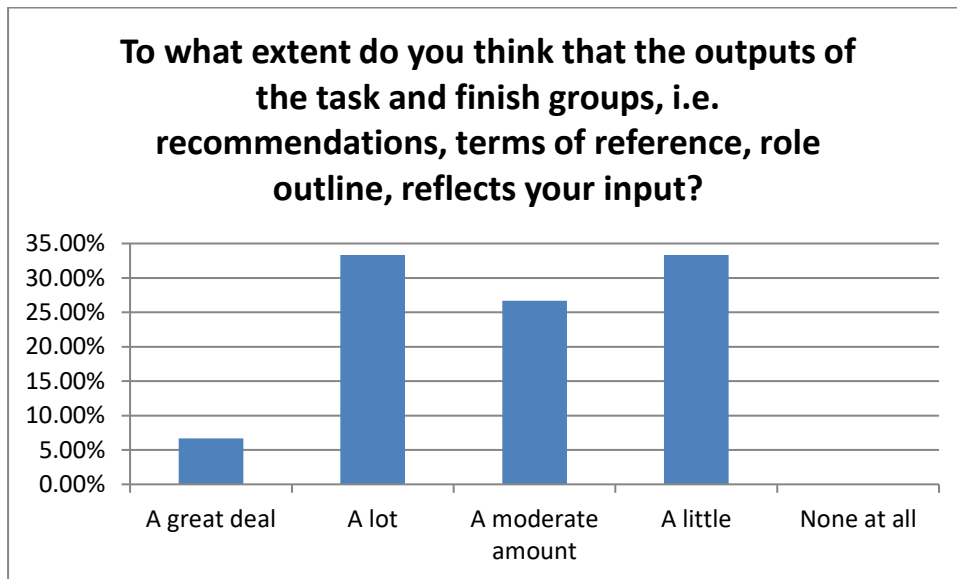
One respondent felt that some members lacked clarity of the purpose of the task and finish group or had their own personal agenda for taking part, which they felt made facilitation difficult at times:

“Sometimes it felt like members of the public were unclear about the purpose of the task and finish group or wanted to morph into something else. This sometimes made facilitation difficult.”

Participants perceptions of the outputs from the task and finish groups

Participants were asked to reflect on to what extent the outputs of the task and finish groups reflected their input. This question attracted a 75% (n=15) response rate and the majority of respondents, as outlined in the graph overleaf, positively stated that their input was reflected in the outputs to some extent, with 40% (n=6) stating “a

great deal” or “a lot”. No one stated that their input was not reflected at all, although 33% (n=5) said only “a little”.



Participants were lastly invited to add any additional comments on the task and finish groups in the survey and eight people recorded comments, which is a response rate of 40%. Four of the eight comments related to meetings being well run, feeling listened to, wanting to take part in future work and appreciative of the opportunity to engage virtually:

“Virtual meetings mean that I am able to participate in more meetings than I would usually be able to which is great, reduction in travel and time wasted going.”

“I thought the meetings were well organised and well run I commend all those involved in making such an enormous meeting forum possible in difficult circumstances.”

One comment related to the process being too top down and lacked collaboration:

“In other parts of health and care it is still possible to have meetings that feel more collaborative. Joint agenda setting would have helped.”

Additional comments related to timeframes being very tight, which impacted on wider engagement with community groups along with participants requiring some support and training for taking part in virtual meetings. Lastly, two comments related to participants felt their comments were listened and acted and volunteering to be part of future engagement work:

“I felt my comments were listened to and acted upon”

“I should be happy to join another group if that would be helpful.”

Recommendations:

The CCG will:

1. Ensure the aims and objectives of the engagement activity are clearly communicated, documented and understood by all participants.
2. Make notes of key discussion and action points from each meeting and share with all participants.
3. Ask all people at the outset of all engagement activities if they consent to their contact details being shared amongst the other participants, to facilitate in between meeting communication.
4. Share the CCGs glossary of terms with all participants at the outset of any engagement activity.
5. Offer trial runs of the platform being used, e.g., MS Teams, for people individually or in small groups, prior to taking part in engagement activities.
6. Offer trial runs to BSL interpreters prior to engagement to ensure they are able to use the platform adequately.

6. Equality monitoring information

The response rate to all of the equality monitoring information was 75% (n=15).

The majority of participants (80%) were female and from a White British background (53%), with 20% from a Black background.

Almost half (47%) reported having a long term illness or health condition, with three people stating having physical disabilities.

The age range was fairly broad, from 25-80+, however, the majority of participants (80%) were aged 45 and above.

Almost half (47%) reported being of Christian faith, with as many reporting no religion. One person reported being multi-faith.

The majority of respondents (80%) are heterosexual, with two people preferring not to say and one person stating they are bisexual.

Five people reported having a caring responsibility and the majority (67%) were either married or co-habiting.

No one reported being pregnant or having had a baby in the past 12 months.

	Characteristic	%	n=
Age	25-34	13%	2
	35-44	7%	1
	45-54	40%	6
	65-79	33%	5
	80+	7%	1
Gender	80% female	20% male	
Gender re-assignment	100% No		
Ethnicity	White British	53%	8
	White Gypsy / Roma	7%	1
	Black or Black British - African	7%	1
	Black or Black British - Black British	20%	3
	Asian or Asian British - Indian	7%	1
	Other - Chinese	7%	1
Religion or belief	Christian	47%	7
	No religion	47%	7
	Other (please specify)	7%	1
Disability	Deafness or partial loss of hearing	13%	2
	Mental ill health	7%	1
	Long term illness or condition	47%	7
	Physical disability	20%	3
	Other disabilities	7%	1
	No disabilities	33%	5
Carer	Yes	33%	5
	No	67%	10
Marriage or civil partnership	Single	7%	1
	Married	47%	7
	Co-habiting	20%	3
	Separated	7%	1
	Divorced	7%	1
	Widowed	13%	2
Sexual orientation	Heterosexual	80%	12
	Bisexual	7%	1
	Prefer not to say	13%	2
Are you pregnant?	Yes	0.00%	0
	No	80.00%	12
	Not applicable	20.00%	3
Pregnancy and maternity	Yes	0.00%	0
	No	80.00%	12
	Not applicable	20.00%	3

