

The feasibility of engaging diverse local community members to inform the development of a Health and Wellbeing Centre in Newport

Final report

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1. Background

Aneurin Bevan University Health Board has been developing an integrated health and wellbeing centre in Ringland, East Newport, called 'The 19 Hills Health and Wellbeing Centre'. The centre is funded by the Welsh Government with £25 million and aligned to the Well-being of Future Generations Act (2015) to address health and social inequalities. An integrated model of health and social care is being developed through the collaboration between NHS primary and community care services, including two GP practices, and a local authority hub offering employment, welfare and advice services. The centre is due to open in January 2025.

We were approached by Dr Jonny Currie at the ABUHB to join a potential NIHR/UKRI/HCRW bid for a community action research project working with local residents as community action researchers to engage with local communities to shape the operation of the centre. The community engagement activities piloted in this study and reported here inform the development of future bids.

The aim of this study was to explore the role and value of local residents as community-anchored researchers to engage other residents in the development of 'The 19 Hills Health and Wellbeing Centre'. This was done by:

- 1) Recruiting a small number of local residents; seeking their views on the development of the 'The 19 Hills Health and Wellbeing Centre'; training them to become community-anchored researchers
- 2) Understanding how we can work with community-anchored researchers to engage other residents, co-design focus group discussions, and facilitate group discussions to seek other residents' views on the development of 'The 19 Hills Health and Wellbeing Centre'

2 Methods

2.1 Participants and recruitment

The recruitment took place between March and July 2024. Participants included community-anchored researchers and focus group and interview participants in East Newport. A purposive sample was used. People who met the following inclusion criteria were invited to take part:

- lived in Ringland or Always
- were willing to share their lived experiences and expertise in a small group
- were willing to be trained to engage local residents and facilitate a focus group discussion (community-anchored researchers only)

Community-anchored researchers were recruited first. Recruitment information was circulated via relevant networks and local community centres through word of mouth and email. A standard version (Appendix 1) and an easy-read version (Appendix 2) of the information sheet were sent to people who were interested to facilitate a group discussion as community-anchored researchers. Attention was paid to recruit people of certain characteristics (e.g., age, gender, ethnicity, and social-economic backgrounds). Four community-anchored researchers gave their consent, but one withdrew later. In total, three community members were recruited as community-anchored researchers. They were provided with a 2-hour one-to-one training session. Their views were sought on the processes of training and the styles of engaging local residents in discussion. Issues around recruitment, gaining informed consent, and practicality of undertaking group discussions were also discussed.

The three community-anchored researchers recruited 18 participants for their own focus groups and the individual interview (Table 1). A standard version (Appendix 3) and an easy-read version (Appendix 4) of the information sheet were provided to potential participants.

Table 1. Participant recruitment

Community-anchored researchers	Participants recruited for focus group	Participants recruited for an individual interview
Community-anchored researcher 1	2	1
Community-anchored researcher 2	5	
Community-anchored researcher 3	10	

2.2 Data collection

Data were collected via focus groups and an individual interview.

Two broad questions / topic areas were discussed: How would the centre work best for local residents? How could local residents benefit most from the centre? A topic guide was developed to inform the discussion, which was discussed with community-anchored researchers during their training sessions (Appendix 5).

Three focus group discussions and one individual interview were undertaken. Each focus group was facilitated by a community-anchored researcher. The number of participants in each focus group is presented in Table 1.

2.3 Data analysis

Data collected from the focus groups and the interview were analysed using qualitative thematic analysis guided by (Dey 2016)¹.

2.4 Ethical considerations

Ethical approval was obtained from the Faculty of Life Sciences and Education Research Ethics Committee at the University of South Wales [230260LR]. General ethical principles as set in the UK policy framework for health and social care research were followed (Health Research Authority, 2018)².

A standard version and an easy-read version of the information sheet were presented to community-anchored researchers (Appendix 1; Appendix 2) and participants participating in focus groups or the interview (Appendix 3; Appendix 4). Informed consent (standard version and easy-read version) was sought from all community-anchored researchers (Appendix 6; Appendix 7) and participants participating in focus groups and the interview (Appendix 8; Appendix 9).

¹ Dey I (2016) *Qualitative Data Analysis: A User Friendly Guide for Social Scientists*. Routledge

²Health Research Authority (2023) UK policy framework for health and social care research. <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

All community-anchored researchers and participants in focus groups and the interview were informed of their right to withdraw and were assured that any data they provided would remain confidential and unidentifiable in any reports.

3. Findings

3.1 Participants

In total, 21 participants were recruited, including three participants as community-anchored researchers and 18 participants who took part in focus groups or the individual interview. Table 2 shows the demographics of the participants.

Table 2. the participants' demographics

Variables	Grouping	Frequency	Percent
Age (years)	18-20	1	4.8
	21-30	1	4.8
	31-40	5	23.8
	41-50	1	4.8
	51-60	7	33.3
	61-70	4	19.0
	71-80	2	9.5
Gender	Male	9	42.9
	Female	12	57.1
Ethnicity	White	19	90.5
	Bangladesh	2	9.5
Language spoken	English	20	95.2
	Bengali	2	9.5
	Hindi	1	4.8
Disability	No disability	14	77.8
	Deaf or a serious hearing impairment	1	5.6
	A long-standing illness or health condition	2	9.5
	A mental health condition	1	5.6
	Two or more impairments and/or disabling medical conditions	1	5.6
	Other	1	5.6
	No response	3	14.3

Of 21 participants, the largest proportion of participants described themselves aged 51-60 (33.3%), followed by aged 31-40 (23.8%) and aged 61-70 (19.0%). The percentage of female participants is slightly higher than male participants (57.1% vs 42.9%). Two participants were of Bangladesh origin, while the rest 19 participants were White. All participants apart from one do not speak English. One participant speaks English, Bengali and Hindi.

Participants were asked whether they had any disability, special needs, or medical condition. As reported in Table 2, of the 18 participants who answered this question, 14 reported that they had no disability and six reported that they had a disability, including deaf or a serious hearing impairment (n=1), a long-standing illness or health condition (n=2), a mental health condition (n=1), or other types of disability,

impairment or medical condition (n=1). One participant indicated having two or more impairments and/or disabling medical conditions.

Two participants had worked in local community settings for 10-18 years, and one participant had conducted community-based activities before.

3.2 Learning from working with community-anchored researchers

3.2.1 The role community-anchored researchers played

Involving community members as community-anchored researchers in the research process is an important element of community-based research. Community-anchored researchers often have a rich understanding of their local communities. The three community-anchored researchers recruited in this research played a significant role and contributed to the following three key areas.

1. Recruitment and informed consent: All community-anchored researchers were well connected to members of their local communities. This placed them in an idea position for recruiting other community members to the study by using their existing strong social networks. Each community-anchored researcher gained informed consent from the participants he or she recruited. They also contributed to discussion about issues around informed consent during the training session.
2. Data collection: Each community-anchored researchers facilitated a focus group discussion with the participants he or she recruited. The community-anchored researchers were informed that a member of the research team would be available to co-facilitate the focus group should this be required. None of them requested this support. After the training session, they felt confident about running the discussion on their own and believed that participants would feel more comfortable to express their views openly without the presence of a member of the research team. One community-anchored researcher also undertook an individual interview with a non-English speaker considering the language need of the participant.
3. Data collection tool: Community-anchored researchers also contributed to the topic guide used for data collection with regard to the topic areas to be explored and how questions could be asked.

3.2.2 Challenges of engaging community-anchored researchers in research

Overall, the project has gone to plan. The challenges we encountered while engaging community-anchored researchers are as follows.

First, time and resources that are needed to engage community groups should be built into the funding application. It was very challenging to recruit residents as community-anchored researchers. Based on our in future research, community-based research experiences, it always takes time to get to know people and establish a trusting relationship for research. Although we had links with some community groups based on research collaboration for previous projects, we thought if time had allowed, we could have spent more time to develop rapport with a wider range of local community groups.

Second, cultural and religious backgrounds of individual participants should be considered. We were unable to arrange a focus group discussion with community-anchored researchers as we wished. This was mainly because individuals were recruited at different times of the project and because one of the

community-anchored researchers is a Muslim woman, and for her it would be inappropriate to attend a focus group where a male participant is present.

Third, additional resources that are required to engage communities should be costed properly. A Turkish woman consented to take part and was willing to be trained as a community-anchored researcher to facilitate a group discussion. She withdrew later. Initially, she planned to conduct the group discussion in Kurdish. She could have been engaged if more language support had been offered. We did not cost for translation/interpretation fees or transcribing. In addition, it took considerable time to transcribe three focus group discussions conducted in English.

Fourth, researchers need to be adaptable. For example, a Bengali woman wanted to participate, but due to her language barrier she requested to have a one-to-one conversation, rather than take part in a group discussion with English speakers. Therefore, she was offered an individual interview using the language of her choice (i.e. Bengali). In addition, a community-anchored researcher is a mother with young children including a baby. The training session and data collection were arranged and adapted according to her caring duties. Lastly, similarly to other research, practicality of undertaking focus groups should be noted. It is challenging to bring a group of people together for discussion. In two occasions in this research, a pre-arranged focus group discussion had to be re-arranged due to unexpected reasons.

3.3 Recommended additional medical services

In addition to the list of services planned to be delivered in the health and wellbeing centre (Appendix 5), participants recommended some additional medical services, such as an in-house pharmacy, minor injury care and X-ray.

An on-site pharmacy was frequently recommended. For example,

I think the pharmacy would be good in there as well because, like a lot of older generation, they have to go to like a local shopping centre to get their medication. And obviously Ringland is, I think, is getting closed down now. So the nearest one is probably Alway, but like people who are disabled, they can't travel. (Focus Group 1, Speaker 3)

An in-house pharmacy would be great because as soon as you walk out of your doctor's appointment or whichever clinician you've seen, you can go straight to the pharmacist and say look, there we are. (Focus Group 2, Speaker 6)

The facilitator for Focus Group 2 highlighted that many people might go to the pharmacist first, rather than the doctor, to seek medical help, saying:

What you're saying about that in-built pharmacy, which I think it's a good idea. You would go there with something to see the pharmacist. You know, you might say? Well, yeah, I got some stuff to do with that and ran to see the doctor. (Focus Group 2, Facilitator)

Speaker 1 in Focus Group 3 recommended the provision of minor injury care in the centre, such as stitches removal, to minimise the need for hospital attendance.

Perhaps services like, you know, instead of going to the hospital for sutures being removed. Different little things like that, Couldn't they do in the surgery? (Focus Group 3, Speaker 1)

Later, this participant also suggested that an X-ray Department should be included in this “super-duper hub, so that patient won’t be waiting for an X-ray and the results in hospital”.

3.4 Recommended additional facilities for health and wellbeing

Some additional facilities were recommended to promote health and wellbeing of the local residents. It was noted that such facilities should be age specific to address the needs of people in different age groups.

For children, the recommended facilities included a kids play area and a tuck shop or a vending machine.

If they want to, like, keep children happy, like maybe have a tuck shop or a vending machine or something like that to keep the children quiet. (Focus Group 1, Speaker 2)

A youth club was suggested for young people.

What you really need is somewhere for the kids to go and to do something. There's no way in Ringland at all now for the well-being of the youngsters. They can't all get together and socialise and play pool or darts or something like that. (Focus Group 3, Speaker 6)

A football team for boys was also recommended in order to bring the community together, as reported by participants in Focus Group 3.

For boys. A football team, because there are five teams in Ringland we haven't got one now, have we? (Focus Group 3, Speaker 6)

For space for recreation and leisure, I would have thought that would have been something to do with football and outside. (Focus Group 3, Speaker 2)

For the older generation, a cafe shop was suggested for social interaction.

Yeah. Because older generation, they like to socialise, but the only way they socialise is going to the cafe, and have a cup of tea. And obviously I'm talking about whatever they have. (Focus Group 1, Speaker 3)

In particular, participants in Focus Group 2 highlighted that there are lots of older people in Ringland, but there are limited services for people in that age group. In addition to a cafe shop, participants also suggested the centre could offer something for companionship such as “people offering hours to sit with older people”.

For the Bengali interviewee, language classes and bilingual groups were considered important and most beneficial due to her limited English language skills.

Participants also suggested the need for sufficient parking space due to the size of the centre and requested for easy access to the centre via public transport.

*Provide more ways of accessing the centre. Maybe have a shuttle bus running every hour for people like me who cannot drive and sometimes I don't feel like walking.
(The Interviewee)*

3.5 Expectations for the services

Participants had a heated discussion about their expectations for the services in the new centre regarding being seen quicker and the environment where services are to be provided.

3.5.1 Shorter waiting times

All participants expected “good services and shorter waiting times”. The difficulty of getting an appointment was frequently brought up as “it takes forever to get an appointment”.

We go to doctors a lot with our children. So, you know, waiting time is quite annoying. And I just want service and obviously it's not just for me, for my kids, for their future as well. (Focus Group 1, Speaker 3)

Similarly, participants in Focus Group 2 felt frustrated when talking about how difficult it had been to get an appointment.

*Well, the only issue I've got is when I'm trying to get in to make an appointment. I **don't**³ ring on a Monday cause it's always busy, but I try to ring on a Tuesday and you're ringing from half past 8. It's still ringing in between, I'll give 5 or 10 minutes, and you're still ringing quarter to nine, quarter past nine, half past nine, twenty to ten, it finishes. And you can't get in. So they said, sorry, try it again. If you can't get in this day, try again tomorrow. So you do it again and the same thing gets again. Well, I find that very, very frustrating, and I find it quite, I get anxious over it because I want to see a doctor and we can't get in. So I think the telephone system should be changed. ...⁴ I've been on the verge of tears sometimes because I get upset over things like this if I can't, you know. (Focus Group 2, Speaker 5)*

I think that's the major bugbear with this particular practise is trying to get appointments. Everything else works lovely, their clinicians are marvellous. You know the people at the desks are marvellous, but it's not fit for purpose at the moment, especially now you're coming with this new practice, you know. (Focus Group 2, Speaker 6)

Several participants in Focus Group 2 strongly criticised the current telephone booking system, saying that the system was not fit for purpose anymore, as in their views “the system is failing, you see right across the board”.

³ Bold text: stressed by participants

⁴ ...: deleted text

It's so frustrating. How many times have we slammed the phone? Forget it! (Focus Group 2, Speaker 6)

The receptionist was frequently criticised. Speaker 1 in Focus Group 2 reported that if he was asked to list five things for telephone calls he hates making, calling his doctor's receptionist would be on the list. Some participants empathised with the receptionist, saying:

Well, I think they pushed the receptionist boundaries too far? Basically all they should do is to give you an appointment and that's it. They don't need to know the ins and outs. Right? (Focus Group 3, Speaker 6)

I have a bit more empathy for people (receptionist) as well. I totally understand they have a job to do and how to deal with people, but they show a lack of empathy with things that you're phoning them up for. (Focus Group 3, Speaker 1)

You could visit the receptionist of the doctors there. And she would be sorting somebody out. Yes. And then the phone will go. Yeah, she's still busy sorting somebody out and still should be anybody else there to answer the phone. The phone would be ringing and ringing and ringing, depending how long she's taking with her, checking with her... (Focus Group 2, Speaker 3)

Participants in Focus Group 2 suggested the desired number of telephone booking lines. The use of two booking lines was recommended, while other participants suggested that the number of lines should be based on the number of patients registered with a GP practice.

Yes, either have two phone lines where they're manned permanently throughout that period of from half past eight till 10 o'clock. So then they can have other people that see the computers, to work on the computers. Because I think that system is not fit for purpose anymore. Perhaps you could go back to another system where we used to turn up before 10 o'clock waiting a bit in the waiting area and potentially you were able to see a doctor because we all know there's only so many slots a doctor can take, or two doctors can take at one time, which is fair enough. But that system that they've got now is not working. That's all I think. (Focus Group 2, Speaker 6)

Having one telephone line for every couple of thousand patients (Focus Group 2, Speaker 6)

Speaker 6 also suggested the phone booking system should let callers be aware of their position in the queue.

The other thing I was thinking about the phone system is I noticed other practises apparently have a what they call a call system, where you're #1, #2 and #3 in line. You know, perhaps you could do something like that, you know, so that you're not waiting indefinitely. You think, well, are they going to get back to me or not? (Focus Group 2, Speaker 6)

The facilitator for Focus Group 2 commented on the Welsh language option, suggesting a more efficient way to manage the option to let patients get through the line quicker:

The other thing what we were saying earlier about the Welsh, about, you know, telling you what they provide in English and Welsh, that takes to me that takes, as we say, that takes time up. If you're given an option, if you want it in Welsh press 1 and so the shorted on the phone, the more chance other people have got, get through. (Focus Group 2, Facilitator)

Some participants believed that the old booking system seemed to work better for them.

I think it's a wonderful system that they've had in the last few years where you can book yourself in. Because that you know, you just put your date in and your first letter of your surname and then it comes up. Yes, your appointment is so and so you've been booked in, which is great. Yeah. Because then that means you don't have to see the lady at the reception, which gives somebody else – look my son's not very well. Can we do something about it now? You know, so you're not in, you're not bothering that queue. (Focus Group 2, Speaker 6)

Many participants were concerned about the way how the booking system would work for the new centre, wondering where there will be separate phone lines for different services in the centre. A switchboard system was suggested.

*What they **could** do, this is a suggestion, obviously. was if you're in the main thing explained to the actual receptionist, and then she'll put through to an extension line. Which would be for Podiatry, number 1, or health for number 2. well-being for number 3, and she just switches you to that extension line. (Focus Group 2, Speaker 6)*

Speaker 6 in Focus Group 2 also commented that the current phone system seemed to work well only for finding out test results.

I mean it's a good system where if you just want to get results ring after 2 o'clock. That's fine. I haven't got a problem with that. But if you want some form of clinician to look at your whatever health problem you've got ringing that number is now not fit for purpose. (Focus Group 2, Speaker 6)

However, Speaker 2 in the same focus group argued that this system would not work for people who work in shift, saying “What about 6 till 10 at night and have different doctors working different and different staff?”

The timing of available appointment slots being released was criticised.

Yeah. Well, it used to be at one time they can't give you an appointment for two weeks, but now, as you said then you have to ring up the next day you don't have to do that. Is there a two-week slot left you can have an appointment? (Focus Group 2, Speaker 3)

Like if you're with the doctor and he says, right, I'll see you in two weeks, you can't get in for two weeks. If that's the case, they should be able to book that appointment there and then while you're there. They say, oh, we can't open and we don't unblock them until such and such. They can unblock them as and when they want to. (Focus Group 2, Speaker 3)

Speaker 4 in the same focus group shared a similar experience, saying:

It's not just you're on the day appointments. I tried to ring beginning of June for a nurse's appointment, because the hospital had said go to your doctor, doctor's nurse to do this particular thing. I eventually got through and I was told that all of June's appointments were full. Ring back next week and see if July's appointments are on the system. (Focus Group 2, Speaker 4)

Many participants highlighted that the difficulty of getting an appointment quickly when needed was mainly due to a communication problem, rather than the actual doctors or nurses. They argued that more staff would be needed from receptionist right through to doctors and nurses. As Speaker 3 in Focus Group 1 reported:

Right now, when we go to Ringland surgery, it is only one person at the reception, and there're ten people waiting in the queue. So by the time you're waiting about 15 to 20 minutes, and you're, if you come 20 minutes before you appointment and you're waiting 20 minutes in the queue. They're going to say you're late because you didn't get there on time. ... Well, if you got at 10 o'clock for the appointment, you're got to wait at least minimum an hour to see a doctor. (Focus Group 1, Speaker 3)

Speaker 2 in the same focus group shared her experience of long waiting time to be seen in a surgery.

Yeah, well, I I'm still a patient at Park Surgery, and the last time I went there, the appointment they told me to be there at a certain time and then when I got there, it was just sit and wait. Yeah. So I was there 3 and half hours. That was just in a doctor's surgery. (Focus Group 1, Speaker 2)

3.5.2 The environment where services are to be provided

Participants discussed their expectations on the environment where services are to be provided. A nice, friendly and inclusive environment was highlighted where patients are treated with respect, not “*like you're second citizen*”. Cultural competence of staff was considered essential. For example, the Bengali interviewee stressed that staff should be patient and offer more time when interacting with patients whose first language is not English.

I would want the staff to be more considerate as it may take me longer than regular English-speaking people to understand things and then answer back. (The interviewee)

The need for more patient privacy was frequently stressed, as patients might feel embarrassed with what they had to say in front of other patients. For example, Speaker 1 in Focus Group 3 said:

I think there should be a room, a service that you could go into to say that why you want to see the doctor for reasons rather than be stood in front of a screen and the whole surgery's listening to you. ...It is always full at the front desk and there's only one. So everybody is listening to what you've got to say, and that's the biggest thing is the yeah, more privacy. (Focus Group 3, Speaker 1)

When asked whether it would be a good idea to bring the health board, Newport City Council and third sector organisations together under the same roof to promote health and wellbeing of residents. In general, participants welcome the idea, but highlighted the importance of professionals working collaboratively as “Obviously too many, you know, too many people got too many ideas”.

It's got to work out better, because they're all, they're all in one place instead of going from one group or another group to another group. So if they're all sitting in the same place, should sort things a lot quicker. (Focus Group 3, Speaker 7)

Furthermore, participants in Focus Group 2 highlighted the need for personalisation where the doctor and the patient would know each other better, as said by the Facilitator.

You know the best thing the doctor knew who you were. Yeah. Yes. There's no personal, there's no personalisation anymore. And especially with Ringland medical practise, because they work in Cardiff and they work in Ringland and they don't know anybody from anybody. You never see the same doctor. There's no continuity (Focus Group 2, Facilitator).

3.6 Expectations for patients

In addition to the expectations for staff and services, participants also discussed the expectations for patients and highlighted the need for patients to behave properly regarding the use of mobile phones, abusive language/behaviours, and turning up to appointments.

Several participants in Focus Group 2 pointed out that patients should not use their mobile phones while waiting for their appointments in surgeries.

*Even mobile phones should be banned too. I know there is usually having up on the wall – “turn your mobile phone off”, but people **don't**. And you sat there listening to people's conversations. Half of them are swearing this, that and the other. You don't want to sit there and listen to that. (Focus Group 2, Speaker 4)*

Other participants in the same focus group also agreed and believed that abusive language such as swearing and abusive behaviours should be banned and not be tolerant.

Yeah, they do have the signs for we do not accept verbal or actual abuse, you know, physical abuse. But they could also put on there, as you said before, no swearing allowed. (Focus Group 2, Speaker 6)

If somebody gets abusive and is swearing and it's behaving badly - out. Go and find another, go and find somewhere else, because they don't want people like that. (Focus Group 2, Facilitator)

Many participants in Focus Group 2 were annoyed with people not turning up to their appointments and suggested a “two strikes and out” rule, as the Facilitator said:

I think there should be a 2 strikes and out that if you don't turn up for an appointment twice and here you go, and that has an effect. Or say in a certain, well, no, 2 strikes and you're out. You won't find another medical practise. (Focus Group 2, Facilitator)

Speaker 4 in the same focus group agreed and talked about the need to fine patients who do not turn up to their appointments.

Or fine them, you know, if they don't turn up, turn up to an appointment. Fine them for the first one and if they do it again, out. (Focus Group 2, Speaker 4)

3.7 Recommendations for patient/community engagement

A number of recommendations were made regarding how the centre could effectively engage the patient and communities.

When being asked about what could be done to make the new centre lively, some participants referred to the centre as a “community centre”, and believed that there should be facilities for people of all ages, interests and backgrounds.

There should be an area for children to play. Yeah. If they got to have a community centre, you've got to have bingo nights, themed nights, barbecues, etcetera. Like summer balls and, you know, if they're going to have a community centre, things like that, yeah. (Focus Group 1, Speaker 2)

Yeah, it's Flying Starter only available in what do we call it? And privileged, whatever we call it, we know where they say word in one. So if that that's coming into mental health and well-being then Flying Start, you know, we should I know it's like nursery spaces and all that. But it should cover things for the children. When we were in school, we used to go to youth club. (Focus Group 3, Facilitator)

They need to do things for the community, not just, not just for certain section of the public. It's got to be for the whole community. Have a café, maybe in there as well, you know, have the local, you know, the local residents can go in and have a cup of tea because older generation, they like to socialise. But the only way they socialise is going to the cafe and have a cup of tea. (Focus Group 1, Speaker 3)

You know, it's not just boys with football. There are other hobbies. It's these Rangers. Netball, Tennis, Cricket. Yeah, yeah. basketball. (Focus Group 3, Speaker 4)

Some participants suggested that facilities such as cafe shop should stay open later to allow people to socialise.

Yeah, because that could be open until about 8-9 o'clock. Because it could be people who live on their own and they're lonely and they could just go out and meet new friends. (Focus Group 1, Speaker 2)

A more inclusive environment was considered important to make people with different faiths, interests and cultural backgrounds feel welcome and included. For example the Bengali interviewee reported:

For example, activities for children and classes or groups for women like myself with language barriers. I would like to have sewing club or English language classes. (The interviewee)

Participants were asked whether they would welcome any art-related activities such as singing, painting, crafting, and photograph. In Focus Group 1, Speaker 2 reported that it would be a good idea “because it all helps the community”, and Speaker 3 believed that this would help the younger generation, as “If they have a good example from the start, when they grow up, yeah, they'll have a good start”. However, some participants in Focus Group 3 did not appreciate the introduce of art-related activities, saying “they pin point certain groups” and “not for the kids”.

You're talking about arts. No, we are not that type of area, are we? (Focus Group 3, Speaker 6)

Many participants showed an interest to engage with the new centre and were curious about its physical layout. An opening day before the opening of the centre was suggested to help them get their bearings.

Well, why not have an open day on a Saturday when they are closed. I know it's really hard, but yeah, you can have an open day then. I was just thinking they could do it like an induction day for when you go from the primary school to the high school. (Focus Group 2, Speaker 6)

A printed floor plan was also suggested to help patients navigate the new centre.

Yeah. Well, that's like all as they do in the hospitals. You've got a big board as you walk in, like the library floor 1 for this, floor 2 for that, which is probably they're looking into it anyway, you know. But with the DWP, you've got security on there now, and you can't just walk in. (Focus Group 2, Speaker 6)

Yes, exactly because no one I get lost. I know I get lost anywhere. (Focus Group 2, Speaker 5)

A doorman was recommended as well.

I think that's the idea of what they were saying about that doorman, for a better word. You know, you go in and say I've come to this, over there and turn left or something like that. (Focus Group 2, Facilitator)

However, the issue of privacy was brought up as some participants believed people might not be willing or feel too embarrassed to tell the doorman about the purpose of their visits.

But you might not want to tell them where you're going. Yeah You might not want to say I've got a clap and I am going to that... you know. (Focus Group 2, Speaker 4)

I see your point there because yeah because sometimes it could be a bit embarrassing, isn't it? (Focus Group 2, Speaker 5)

Many participants valued the opportunity to be listened to and get their voice heard by taking part in this study. Other ways of gather people's views were also suggested such as "going door to door as the old fashion".

People ignore so much. But people they'll organise, they'll organise a meeting at wherever the community centre or wherever, people don't turn up. If they go door to door, they're much better, they're more likely to get a better response. (Focus Group 3, Speaker 1)

Asking patients to fill questionnaires in surgeries was also suggested.

The other thing that needs to think is when you go to the doctor's, actually put the questions there and ask them to fill in. That's why we're where we're all going. (Focus Group 3, Speaker 3)

However, although many participants highly valued the opportunity to raise their concerns, they stressed the importance of taking action to address their concerns, as "All the time you get tired with the same questions".

Once they've engaged and gathered the information acting on it, don't shove it in a drawer. Yes, to be forgotten about. (Focus Group 3, Speaker 1)

You can't, you can't expect, you know, them to fill in the questionnaire there and then you don't do any action. If they make a complaint, you've got to take that complaint seriously. (Focus Group 1, Speaker 3)

Yeah, like if me and my colleague have got an opinion now, and if we say something, you have to listen to it. Don't just put it through one ear and out the other, yeah, yeah. So obviously yeah, listen and take complaints seriously as well, because a lot of people do have complaints about a lot of surgeries, but lots of people, they can't even, Yeah, they don't even know the supervisor is to even make a complaint. (Focus Group 1, Speaker 3)

4. Conclusion

It is challenging to involve community members in service development, especially those from marginalised communities. Meaningful community engagement can be achieved through establishing a long-term trust relationship with local communities, which requires time, resources, compassion and effort.

In this study, the issue around getting a medical appointment when needed is highlighted. Also highlighted is the need to ensure the services are more inclusive by considering the needs of people of different age groups, interests and cultural backgrounds. The opportunity to have their voices heard is considered important; however, the need for taking actions to address concerns raised is reported to be crucial to gain trust and ensure ongoing engagement with local communities.

For more information, please contact

Dr Juping Yu, Faculty of Life Sciences and Education, University of South Wales, Pontypridd, UK, CF37 1DL
Email: juping.yu@southwales.ac.uk; Phone: +44 1443 483879

Appendix 1. Participant information sheet (Community-anchored researchers) (standard version)



Participant information sheet (Community-anchored researchers)

- 1. Study Title:** Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?

Research team:

Dr Juping Yu; Professor Roiyah Saltus; Professor Carolyn Wallace (University of South Wales)
Dr Jonny Currie (Aneurin Bevan University Health Board)

2. Invitation

We would like to invite you to take part in the above study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and feel free to ask questions if anything you read is not clear or you would like more information.

3. What is the purpose of the study?

Aneurin Bevan University Health Board is currently developing an integrated health and wellbeing centre in Ringland, East Newport, called 'The 19 Hills Health and Wellbeing Centre'. The centre is funded by the Welsh Government to address health and social inequalities. This study aims to understand whether we can use local residents as community-anchored researchers to engage other residents in the development of 'The 19 Hills Health and Wellbeing Centre'. The results will be used in a later bid.

4. Why have I been invited?

You live in East Newport and are interested in helping to develop 'The 19 Hills Health and Wellbeing Centre'.

5. Do I have to take part?

It is up to you to decide. This information sheet provides information about the study, and we would like you to read it carefully and take as long as you need to decide whether you would like to take part. We will answer any questions you may have about the study and your involvement. If you are willing to take part, you can choose to withdraw at any time, without giving a reason and without consequence to yourself.

6. What will happen to me if I take part?

You will be provided with introductory research skills to enable you to engage local residents in research. You will be asked to be involved in three activities.

- 1) Attend two 2-hour training sessions. Your views will be sought on the processes of training and the styles of engaging local residents. You will be asked to co-design a focus group discussion and take part in a group discussion to discuss two broad questions (How would the centre work best for local residents? How could local residents benefit most from the centre?). Issues around research

recruitment, gaining informed consent, and practicality of undertaking group discussions will also be discussed.

- 2) Engage and recruit local residents in your communities for a group discussion
- 3) Facilitate a group discussion (about 1 hour; audio recorded) to discuss two broad questions (How would the centre work best for local residents? How could local residents benefit most from the centre?) You will be supported by the research team.

7. Expenses and payments

Yes, we will pay you £25/hour for your time and involvement (about eight hours in total).

8. What will I have to do?

You will be asked to undertake three activities as described above under question 6.

9. What are the possible disadvantages and risks of taking part?

We do not anticipate any risks of taking part. You will be asked to engage your own communities and gain local residents' views on the development of 'The 19 Hills Health and Wellbeing Centre'. You will also have the opportunity to express your own views on this development. If you are worried about your own health and wellbeing and want to talk to someone, you can contact:

- Your General Practitioner
- Samaritans helpline by phone (02920 22 2008 or 166123) or by email (jo@samaritans.org)

10. What are the possible benefits of taking part?

We are seeking to work with people with a deep lived experience of East Newport, who can help shape the development of 'The 19 Hills Health and Wellbeing Centre'. In return, you will be offered introductory research skills to engage local residents in your community in this service development and have the opportunity to co-design and undertake research.

11. What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to Dr Juping Yu via email juping.yu@southwales.ac.uk, who will do her best to answer your questions.

If you remain unhappy and wish to complain formally you can do this through Jonathan Sinfield (Research Governance Officer, University of South Wales) on 01443 484518 or by email:

jonathan.sinfield@southwales.ac.uk, who will direct you to our University complaints procedure.

12. Data Protection Privacy Notice (mandatory for all studies collecting personal data)

The data controller for this project will be the University of South Wales. The University's Data Protection Officer provides oversight of university activities involving the processing of personal data. The University of South Wales Data Protection Officer can be contacted at dataprotection@southwales.ac.uk.

Your personal data will be processed for the purposes outlined in this information Sheet. Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

However, the legal basis on which this task is being performed is public interest, approved by the Faculty Research Ethics Committee or University Ethics Sub group.

If you are concerned about how your personal data is being processed, please Contact the Data Protection Officer at dataprotection@southwales.ac.uk.

Details of how the University manages your personal data are described in our privacy notice: [Privacy Notices and Use of Personal Information | University of South Wales](#)

Details of your individual rights are available on the ICO website at: [Your data matters | ICO](#)

13. Will my taking part in the study be kept confidential?

All information which is collected about you during the course of the research will be kept confidential, and in accordance with Caldicott principles and the new General Data Protection Regulations (GDPR) 2018.

Anonymity will be preserved. You will be given a unique code, known only to the researcher (Juping Yu). A master list identifying you to the code will be held on a password protected computer accessed only by the researcher. All electronic data will be stored on a password protected computer known only by the researcher. Any information about you which leaves the University will have your name and contact details removed so that you cannot be recognised. Personal data will be anonymised as soon as possible and destroyed immediately after the study once a summary of the findings is sent out. Anonymised data will be kept securely and then disposed of securely after five years in keeping with recommended research guidance.

Confidentiality is very important and wherever possible will be maintained. However, there are times when confidentiality cannot be guaranteed. For example, if, through the study, what you have written on our online data collection site causes concern about illegal activity or information that may be of potential harm to yourself or others, the researcher has a duty to report what has been said.

14. What will happen if I do not carry on with the study?

If you withdraw from the study, we will destroy all your identifiable data, but will not be able to identify data which has been anonymised to that point and so cannot destroy it.

15. What will happen to the results of the research study?

The findings will be used in a report and journal articles to inform service development. You will not be identifiable in any reports, articles, or presentations. All data will be held in accordance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018. You can choose to receive a brief summary of the findings.

16. Who is organising or sponsoring the research?

The study is sponsored by the University of South Wales in collaboration with Aneurin Bevan University Health Board. Ethical approval has been obtained from the Faculty of Life Sciences and Education Research Ethics Committee [reference number: 230260LR].

17. Further information and contact details

If you have any queries about the research and your involvement, please contact:

Dr Juping Yu

Faculty of Life Sciences and Education

University of South Wales

Pontypridd, CF37 1DL

Email: juping.yu@southwales.ac.uk

Telephone : 01443 483879






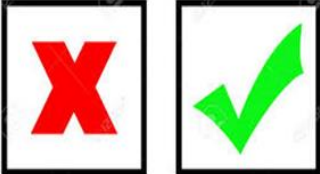


Appendix 2. Participant information sheet (Community-anchored researchers) (easy-read version)

University of
South Wales
Prifysgol
De Cymru



Study information (Community-anchored researchers)

	<p>Study title</p> <p>Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?</p>
	<p>What will the study do?</p> <p>We want to understand if we can use local residents to engage other residents in the development 'The 19 Hills Health and Wellbeing Centre'?</p>
	<p>Who will take part in the research?</p> <p>People who live in East Newport and are interested in helping to develop the centre.</p>
	<p>How will we do this?</p> <p>We will provide two 2-hour sessions for you to share your lived experiences and gain introductory research skills.</p>
	<p>What will you do?</p> <p>We will ask you to: attend two 2-hour training sessions</p>

	run a group discussion (about 1 hour) with 5-6 local residents. You will be supported by the research team.
	<p>If you decide you would like to take part, you will be asked to return the consent form to Dr Juping Yu via Email: juping.yu@southwales.ac.uk</p>
	<p>Will I get paid? We will pay you £25/hour for your time and involvement (about eight hours in total).</p>
	<p>Will what I say be kept private? What you say will be private, but if I think you, or someone else, is not safe we will have to tell other people.</p>
	<p>You do not have to take part in the study. It is your choice. You can change your mind about taking part or stop at any time.</p>
	<p>If you have any questions, please ask the researcher Dr Juping Yu.</p>  <p>Email: juping.yu@southwales.ac.uk Tel: 01443 483879</p>



THANK YOU

Appendix 3. Participant information sheet (Group discussion) (standard version)



Participant information sheet (Group discussion)

1. Study Title: Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?

Research team:

Dr Juping Yu; Professor Roiyah Saltus; Professor Carolyn Wallace (University of South Wales)
Dr Jonny Currie (Aneurin Bevan University Health Board)

2. Invitation

We would like to invite you to take part in the above study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and feel free to ask questions if anything you read is not clear or you would like more information.

3. What is the purpose of the study?

Aneurin Bevan University Health Board is currently developing an integrated health and wellbeing centre in Ringland, East Newport, called 'The 19 Hills Health and Wellbeing Centre'. The centre is funded by the Welsh Government to address health and social inequalities. This study aims to understand whether we can use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre'. The results will be used in a later bid.

4. Why have I been invited?

You live in East Newport and are interested in helping to develop 'The 19 Hills Health and Wellbeing Centre'.

5. Do I have to take part?

It is up to you to decide. This information sheet provides information about the study, and we would like you to read it carefully and take as long as you need to decide whether you would like to take part. We will answer any questions you may have about the study and your involvement. If you are willing to take part, you can choose to withdraw at any time, without giving a reason and without consequence to yourself.

6. What will happen to me if I take part?

You will be asked to attend a group discussion (about 1 hour, audio recorded) with 5-6 people of similar socio-economic backgrounds to discuss two broad questions (How would the centre work best for local residents? How could local residents benefit most from the centre?).

7. Expenses and payments

Yes, we will pay you £25 for your time and involvement.

8. What will I have to do?

You will be asked to attend a group discussion as described above under question 6.

9. What are the possible disadvantages and risks of taking part?

We do not anticipate any risks of taking part. If you are worried about your own health and wellbeing and want to talk to someone, you can contact:

- Your General Practitioner
- Samaritans helpline by phone (02920 22 2008 or 166123) or by email (jo@samaritans.org)

10. What are the possible benefits of taking part?

You will have the opportunity to shape the development of 'The 19 Hills Health and Wellbeing Centre' in your area.

11. What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to Dr Juping Yu via email juping.yu@southwales.ac.uk, who will do her best to answer your questions.

If you remain unhappy and wish to complain formally you can do this through Jonathan Sinfield (Research Governance Officer, University of South Wales) on 01443 484518 or by email:

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13. Will my taking part in the study be kept confidential?

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Anonymity will be preserved. You will be given a research code, known only to the researcher (Juping Yu). A master list identifying you to the research codes will be held on a password protected computer

accessed only by the researcher. All electronic data will be stored on a password protected computer known only by the researcher. Any information about you which leaves the University will have your name and contact details removed so that you cannot be recognised. Personal data will be anonymised as soon as possible and destroyed immediately after the study once a summary of the findings is sent out. Anonymised data will be kept securely and then disposed of securely after five years in keeping with recommended research guidance.

Confidentiality is very important and wherever possible will be maintained. However, there are times when confidentiality cannot be guaranteed. For example, if, through the study, what you have written on our online data collection site causes concern about illegal activity or information that may be of potential harm to yourself or others, the researcher has a duty to report what has been said.

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The study is sponsored by the University of South Wales in collaboration with Aneurin Bevan University Health Board. Ethical approval has been obtained from the Faculty of Life Sciences and Education Research Ethics Committee [reference number: 230260LR].

17. Further information and contact details

If you have any queries about the research and your involvement, please contact:

Dr Juping Yu

Faculty of Life Sciences and Education

University of South Wales

Pontypridd, CF37 1DL

Email: juping.yu@southwales.ac.uk

Telephone : 01443 483879



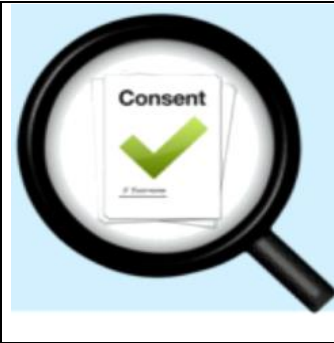


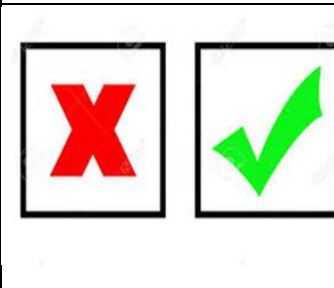


Appendix 4. Participant information sheet (Group discussion) (easy-read version)

University of
South Wales
Prifysgol
De Cymru



Study information (Group discussion)

	<p>Study title</p> <p>Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?</p>
	<p>What will the study do?</p> <p>We want to understand if we can local residents to engage other residents in the development of 'The 19 Hills Health and Wellbeing Centre'.</p>
	<p>Who will take part in the research?</p> <p>People who live in East Newport and are interested in helping to develop the centre.</p>
	<p>How will we do this?</p> <p>We want to learn from you about how we can engage local residents in the development of the centre.</p>
	<p>What will you do?</p> <p>You will be asked to attend a group discussion (about 1 hour) with 5-6 local residents to discuss how the centre would work best for you.</p>

	<p>If you decide you would like to take part, you will be asked to return the consent form to Juping Yu (juping.yu@southwales.ac.uk) or the community-anchored researcher who has approached you.</p>
	<p>Will I get paid? We will pay you £25 for your time and involvement.</p>
	<p>Will what I say be kept private? What you say will be private, but if I think you, or someone else, is not safe we will have to tell other people.</p>
	<p>You do not have to take part in the study. It is your choice. You can change your mind about taking part or stop at any time.</p>
	<p>If you have any questions, please ask the researcher Dr Juping Yu.</p>  <p>Email: juping.yu@southwales.ac.uk Tel: 01443 483879</p>



THANK YOU

Appendix 5. Topic guide for discussion



19 Hills Health & Wellbeing Centre Project



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Questions for discussion

Two broad areas for discussion

- 1) How would the centre work best for local residents?
- 2) How could local residents benefit most from the centre?

The Health Board will work closely with the local community, Newport City Council, and third sector partners to support wellbeing, reduce loneliness and promote independent living. Here is a list of services to be offered.

GP services	<ul style="list-style-type: none"> - Ringland Medical Practice - Park Surgery
Other clinical services	<ul style="list-style-type: none"> - Dental services - District Nursing - Health Visiting - Sexual Health Services - Dietetic Services - Diabetic Retinopathy - Abdominal Aortic Aneurysm Screening - Audiology Services - Memory Assessment Clinics - Podiatry Services - Clinics and Speech and Language Therapy Services - Substance Misuse Services - Learning Disability Services
Mental health wellbeing services	<ul style="list-style-type: none"> - Mental health service - Wellbeing support services - Flying Start
Services provided by the Community Hub	<ul style="list-style-type: none"> - Adult learning classes - Citizens Advice Bureau - Library Services and Events - Space for Recreation and Leisure - Support for young people aged 11-25

Prompt questions

Topic	Prompt questions
Services	<p><i>The above is a list of services to be provided.</i></p> <ul style="list-style-type: none"> - In addition to the services listed above, what else do you think the Centre should provide to improve the lives and care of local residents? Why? - Is there any service you don't want the Centre to provide? Why?
Expectations	<ul style="list-style-type: none"> - What do you expect most from the Centre? - What do you expect least from the Centre?
Space	<p><i>Aneurin Bevan University Health Board will work together with Newport City Council and third sector partners, the Health and Wellbeing Centre will form part of a vibrant community hub for local residents.</i></p> <ul style="list-style-type: none"> - Do you think it is a good idea that the Health Board works closely with Newport City Council and third sector organisations under the same roof? Why? - What can be done to make the Centre alive? How? - Would you welcome any arts-related activities in the Centre, such as singing, painting, crafting, photographing etc? Why?
Patient engagement	<p><i>We would like to engage local residents in the development of the Centre by listening to them and seeking their views.</i></p> <ul style="list-style-type: none"> - What are the best way of seeking the views from residents? - How can the Centre work with local residents to improve services?
Intention	<ul style="list-style-type: none"> - What made you want to be involved in this project? - Will you be willing to be involved in the evaluation of the Centre in the future?

Thank you for taking part.

Juping Yu: juping.yu@southwales.ac.uk

Appendix 6. Content form (Community-anchored researchers) (standard version)



Consent Form (Community anchored researchers)

Study title: Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?

Researchers:

Dr Juping Yu; Professor Roiyah Saltus; Professor Carolyn Wallace (University of South Wales)

Dr Jonny Currie (Aneurin Bevan University Health Board)

*Please **initial** all boxes*

1. I confirm that I have read and understand the information sheet dated **15 February 2024 (Version 2)** for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself.
3. I consent to take part in a group discussion.
4. I consent to having the group discussion been audio recorded.
5. I consent to run a group discussion with support from the research team.
6. I agree to my anonymised data being used in reports, presentations and subsequent articles that will appear in academic journals.
7. I consent to the processing of my personal information for the purposes of this research. I understand that such information will be treated as confidential and handled in accordance with the Data Protection Act 2018 & General Data Protection Regulation (GDPR) 2018.
8. I understand that if I were to disclose illegal activity or information that may be of potential harm to myself or others, the researcher would be required to report this to appropriate authorities.
9. I agree to take part in the above study.
10. I would like to receive a brief summary of the key findings by email on completion of the study (**optional**).

Name of participant:	E-signature or print your name	Date
Email:		

Name of researcher taking consent:	E-signature	Date
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Please return the form via email: juping.yu@southwales.ac.uk

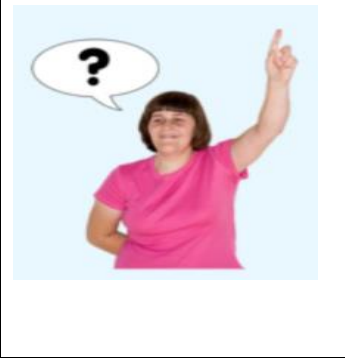



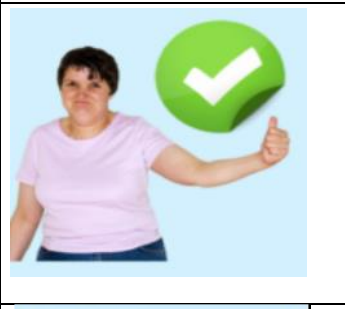

Thank you




Appendix 7. Content form (Community-anchored researchers) (easy-read version)

University of
South Wales
Prifysgol
De Cymru



	<p>Study title</p> <p>Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?</p>
	<p>Study consent (Community-anchored researchers)</p>
	<p>_____</p>
	<p>I have been told about the study. <input data-bbox="1090 1496 1275 1603" type="checkbox"/></p>

	<p>I was able to ask questions.</p> <input data-bbox="1091 235 1278 342" type="checkbox"/>
	<p>I know what is involved.</p> <input data-bbox="1091 618 1278 725" type="checkbox"/>
	<p>I agree what I say will be recorded.</p> <input data-bbox="1114 857 1300 965" type="checkbox"/>
	<p>I understand that I can leave the study at any time and that I do not have to say why.</p> <input data-bbox="1091 1216 1278 1323" type="checkbox"/>
	<p>I am happy to take part.</p> <input data-bbox="1091 1554 1278 1662" type="checkbox"/>
	

																																											
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Please return the consent form to: juping.yu@southwales.ac.uk

Thank you

Appendix 8. Consent form (Group discussion) (standard version)



Consent Form (Group discussion)

Study title: Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?

Researchers:

Dr Juping Yu; Professor Roiyah Saltus; Professor Carolyn Wallace (University of South Wales)

Dr Jonny Currie (Aneurin Bevan University Health Board)

*Please **initial** all boxes*

11. I confirm that I have read and understand the information sheet dated **15 February 2024 (Version 2)** for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
12. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any consequence to myself.
13. I agree to having the group discussion I take part being audio recorded.
14. I agree to having my anonymised data being used in reports, presentations and subsequent articles that will appear in academic journals.
15. I consent to the processing of my personal information for the purposes of this research. I understand that such information will be treated as confidential and handled in accordance with the Data Protection Act 2018 & General Data Protection Regulation (GDPR) 2018.
16. I understand that if I were to disclose illegal activity or information that may be of potential harm to myself or others, the researcher would be required to report this to appropriate authorities.
17. I agree to take part in the above study.
18. I would like to receive a brief summary of the key findings by email on completion of the study (**optional**).






Name of participant:	E-signature or print your name	Date
Email:		
Name of researcher taking consent:	E-signature	Date







Please return the form to Juping Yu (juping.yu@southwales.ac.uk) or the community-anchored researcher who has approached you. **Thank you**

Appendix 9. Consent form (Group discussion) (easy-read version)

University of
South Wales
Prifysgol
De Cymru



	<p>Study title</p> <p>Can we use local residents as community-anchored researchers to engage other local residents in the development of 'The 19 Hills Health and Wellbeing Centre' in Newport?</p>
	<p>Study consent (Group discussion)</p>
	<p>_____</p>
	<p>I have been told about the study. <input data-bbox="1090 1458 1275 1565" type="checkbox"/></p>
	<p>I was able to ask questions. <input data-bbox="1090 1771 1275 1879" type="checkbox"/></p>

	<p>I know what is involved.</p> <input data-bbox="1091 259 1278 369" type="checkbox"/>
	<p>I agree what I say will be recorded.</p> <input data-bbox="1114 499 1300 609" type="checkbox"/>
	<p>I understand that I can leave the study at any time and that I do not have to say why.</p> <input data-bbox="1091 862 1278 972" type="checkbox"/>
	<p>I am happy to take part.</p> <input data-bbox="1091 1198 1278 1308" type="checkbox"/>
	
	

	<hr/>
	<hr/>

Please return the consent form to Juping Yu (juping.yu@southwales.ac.uk) or the community-anchored researcher who has approached you.

Thank you