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Together we care

NHS
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Somerset Council

SPARK SOMERSET
INSPIRING COMMUNITIES

Community Conversations:
Health Research

5 May 2026

What did Somerset REN want to achieve?

What we set out to do

We wanted to understand how people in Somerset feel about health research - especially in everyday **Primary Care** settings like GP surgeries and pharmacies.

Why it matters

Health research is expanding into local, community settings. But many people don't hear about it, don't feel it's for them - or aren't sure they can take part.

Why community organisations

Trusted local groups are connected to their communities. They helped create the conditions for open, honest conversations and wider participation.

How we did it

Between January - March 2026, hosts from community organisations facilitated conversations across Somerset.

How the Toolkit was developed

Apr- May 2025

Reviewed existing resources/ toolkits

Across VCFSE, health and academic sectors

Jun -Jul 2025

Drafted content

Key themes, topics and sections developed

Jul – Aug 2025

Community feedback

Tested language, usefulness, confidence to host

Sept – Oct 2025

Refined toolkit

Simplified & adapted for use to host a Community Conversation

What’s in the toolkit?

A practical, step-by-step guide: *planning, facilitating, capturing insight & templates*
Flexible, not prescriptive: *"a few tips and ideas to guide the conversation”*

Community Conversation Kit

November 2025

Contents

1 What’s this kit for?

Health research

This kit has been created to support community conversations about **how and where health research takes place** — and whether everyday places like GP surgeries and pharmacies feel like the right kind of setting for that.

We all use these services when we need support — but **could they also be places where we take part in research?**

What is primary care research?

Scan the QR or click on the button to access the explainer

CLICK HERE

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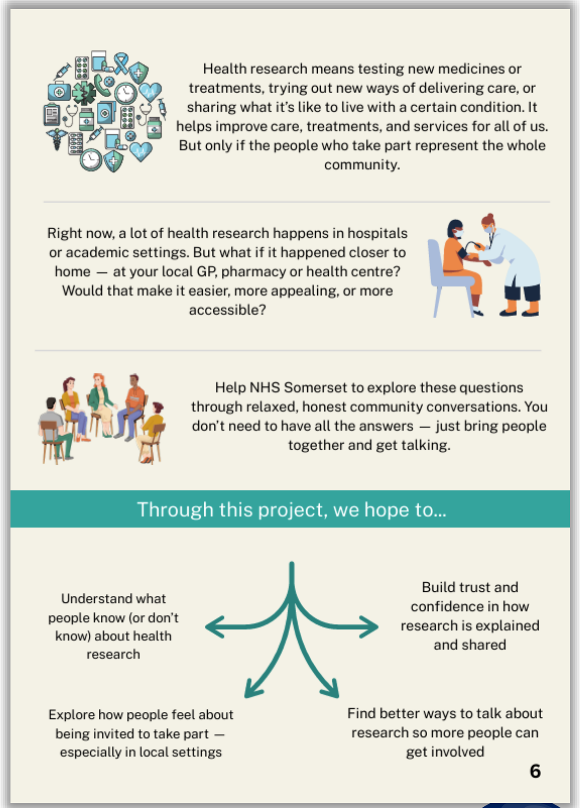

Health research means testing new medicines or treatments, trying out new ways of delivering care, or sharing what it’s like to live with a certain condition. It helps improve care, treatments, and services for all of us. But only if the people who take part represent the whole community.

Right now, a lot of health research happens in hospitals or academic settings. But what if it happened closer to home — at your local GP, pharmacy or health centre? Would that make it easier, more appealing, or more accessible?

Help NHS Somerset to explore these questions through relaxed, honest community conversations. You don’t need to have all the answers — just bring people together and get talking.

Through this project, we hope to...

- Understand what people know (or don’t know) about health research
- Build trust and confidence in how research is explained and shared
- Explore how people feel about being invited to take part — especially in local settings
- Find better ways to talk about research so more people can get involved

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Click or scan QR for animated explainer

How the project ran

Sept - Oct ’25

- Data Protection Impact Assessment and small grants process developed (NHS Somerset)

Nov - Dec ‘25

- Project launched at Spark Somerset’s ‘Brunch and Learn’
- ‘Drop-in’ information webinars
- 33 Expressions of Interest received > review panel > 18 groups selected

Jan - Feb ‘26

- Support/guidance available to hosts
- Conversations facilitated
- Summaries returned

Mar - Apr ’26

- Analysis & reporting

Host a community conversation about *health research*

NHS Somerset and Spark Somerset are working together to help the NHS understand how local people feel about being involved in **research** through **primary care settings**

The aim is to:

- Understand what people know (or don’t know) about health research
- Explore how people feel about being invited to take part — especially in local settings
- Build trust and confidence in how research is explained and shared
- Find better ways to talk about research so more people can get involved

CONTACT US

For more information or to express your interest, please contact us:

-maria.heard1@nhs.net

-olly.clabburn@sparksomerset.org.uk

-joanna.bogunska@sparksomerset.org.uk

We’re asking **13 community leaders/members** to host a conversation with people about their thoughts, ideas and experiences about health research.

Once you’ve carried out your conversation - **share what you have learned**. Each group will receive **£350** as a thank you.

Key dates

Application deadline: 8th Dec 2025
Decisions/awards: by 24th Dec 2025
Conversations to take place: Jan - early Feb 2026
Summaries & learning shared: by 20th Feb 2026

What is primary care + research?

CLICK HERE

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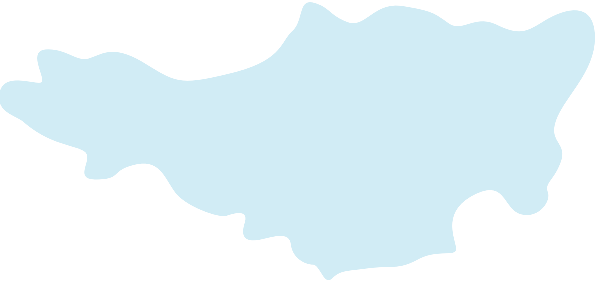


Who was involved

Community groups

- **18 organisations** hosted conversations across Somerset
- Groups were supported with a £25 refreshments voucher to support delivery

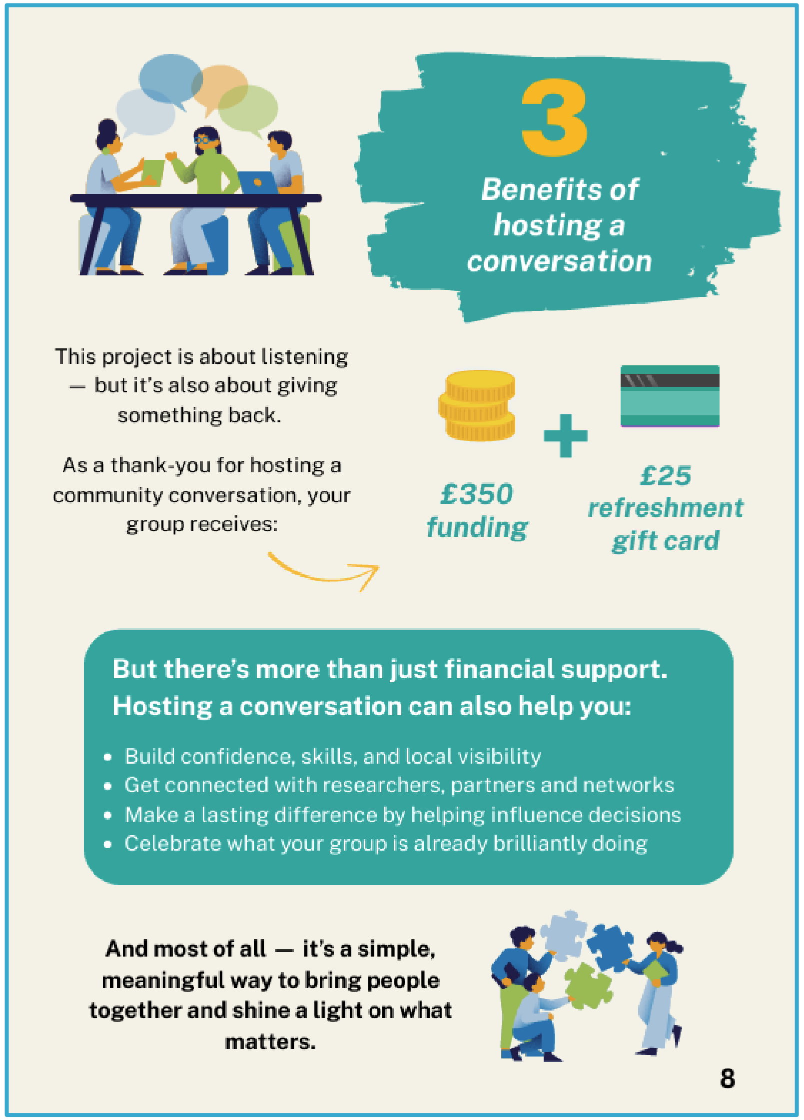
Participation

- **236 people** shared their views, experiences and ideas about health research

Contribution

- Hosts submitted a summary of their conversations
- Each group received a £350 small grant thank you payment

Community-led conversations, grounded in real local insight



3 Benefits of hosting a conversation

This project is about listening — but it's also about giving something back.

As a thank-you for hosting a community conversation, your group receives:

£350 funding + **£25 refreshment gift card**

But there's more than just financial support. Hosting a conversation can also help you:

- Build confidence, skills, and local visibility
- Get connected with researchers, partners and networks
- Make a lasting difference by helping influence decisions
- Celebrate what your group is already brilliantly doing

And most of all — it's a simple, meaningful way to bring people together and shine a light on what matters.

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Topics & Questions

Five core topics/questions to explore people's understanding, views & experiences of health research

Health research

Questions & prompts to help guide your conversation

1) Opening & setting the scene

People often think research only happens in hospitals — but more and more, it's happening closer to home. Local health services like GP surgeries, pharmacies, and even community clinics or social prescribing teams are getting involved in research.

We're asking how that feels, and how it could work better for local people.

2) Understanding research

"What do you/we think 'health research' means?"

Prompt ideas:

- *Have you/we heard about it before?*
- *Have you/we or someone you/we know ever taken part in research?*
- *Do you/we feel people like you/us are included in health research here in Somerset?*

3) Being asked to take part

"If someone from your local GP, pharmacy or another primary care service asked you to take part in a research project — how would you feel?"

Prompt ideas:

- *What would make you/us say, "Yes, I'll give it a go"?*
- *What might make you/us say, "No thanks"?*
- *Would it help if the invitation came from someone you/we already know and trust?*
- *If your/our GP, nurse, pharmacist (primary care staff) told you/us about a research project, what would you/we think?*

4) Feeling safe & secure

"What would help you feel confident and comfortable about saying 'yes' to research?"

Prompt ideas:

- *What would make it feel safe and worth your/our time?*
- *What would you/we want to know before agreeing?*
- *Who could explain it in a way that makes sense to you/us?*
- *Would you/we like to know how your/our help could make a difference?*

5) Barriers to joining research

"What kinds of things might make it difficult for people in your/our community to take part in research?"

Prompt ideas:

- *Things like time, transport, childcare, money, internet access or language support?*
- *Have past experiences or a lack of trust in the system ever put people off?*
- *What could be done to make research feel more friendly, fair and open to everyone?*

6) Sharing news about research

"What's the best way for local health services to share news or opportunities about research?"

Prompt ideas:

- *Where do people usually hear about things they trust — WhatsApp, Facebook, posters, community groups, word of mouth?*
- *Who are the trusted local voices — GPs, pharmacists, community leaders/members, friends?*
- *What kind of message or story would make people want to find out more?*
- *What would make you/us want to find out more?*

7) Before we finish

"Before we wrap up, let's just reflect for a moment — what stood out for you from today's conversation?"

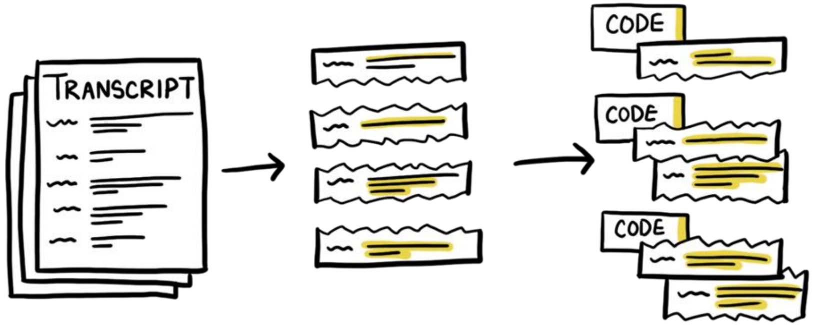
Prompt ideas

- *Did anything surprise you/us today?*
- *Has this conversation changed how you/we think or feel about health research?*
- *Is there something you'd/we'd like to tell the people who'll read what we talked about?*
- *Any last thoughts or ideas before we finish?*

THANK YOU!

For being part of helping shape Somerset's future

How the conversation summaries were analysed



- Hosts shared written summaries of their Community Conversations
- We reviewed all responses to identify patterns across groups
- Themes were developed, including how people understand “health research”
- Findings were grouped into barriers and enablers
- Learning about the Community Conversation approach was analysed separately
- Quotes are used to reflect people’s real experiences

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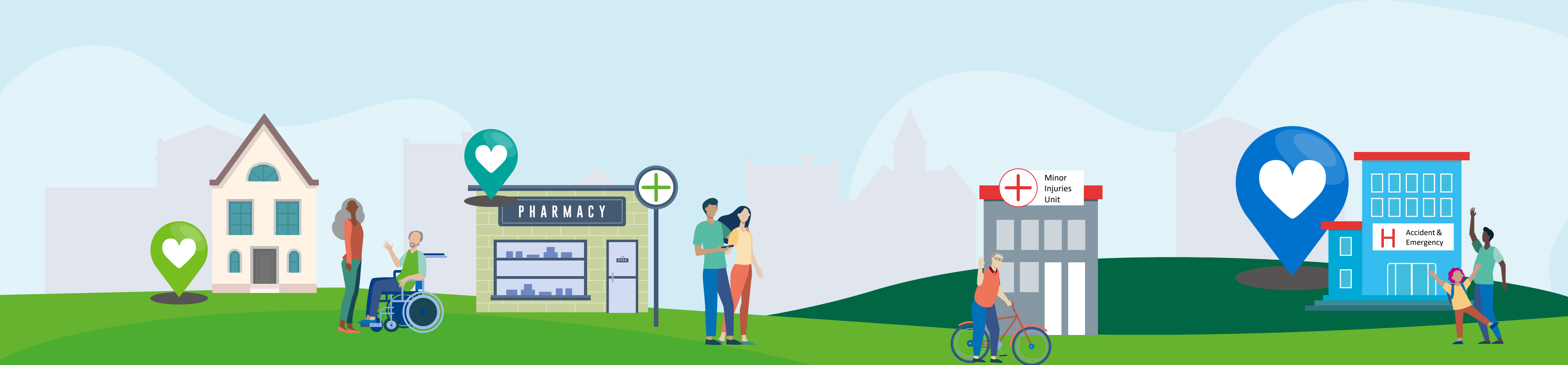
Community Conversations:

Key findings

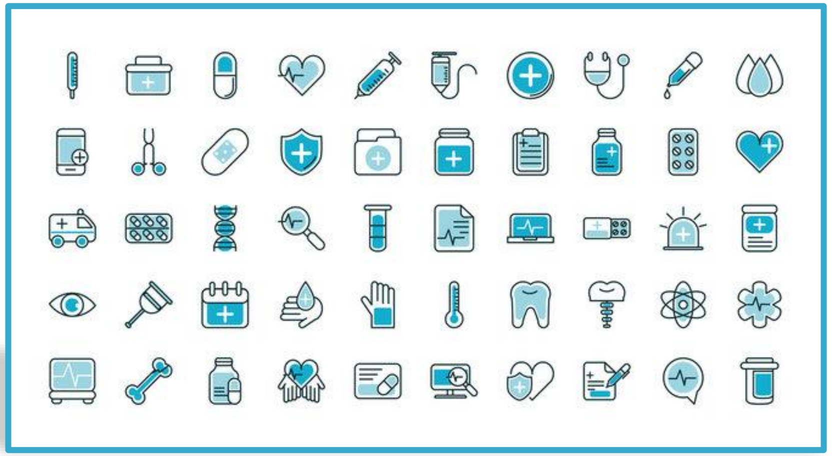


Many people understood health research to be clinical or medical

Lots of people understood health research through a medical lens. This included treatment, prevention, testing, and learning more about the body or specific conditions.

Key points:

- Research was often linked to new treatments, medicines, vaccines, screening and diagnosis
- People spoke about research as helping to find causes, improve care and prevent illness
- Some drew on personal experiences of trials, cancer treatment, scans, blood tests or long-term follow-up
- For some, research felt closely tied to physical health and was less often associated with wider social or lived experience questions



> *"Health research is the testing of new procedures medications and care"*

> *"When asked what it was the answers included things that come through the post like FIT tests, 'doing a survey after a treatment and analysing the result of blood tests"*

> *"They only come out with new things, different tablets, because of research."*

> *"When we first raised the topic of research, many in our group felt research was something that only happened in big city hospitals with test tubes."*

People also thought about health research as learning from lived experience

Health research was not only seen as clinical testing, but also as a way of learning from people's experiences, needs and ideas.

Key points

- People described health research as gathering information from the public about their experiences of healthcare
- Some saw it as a way of understanding what people need, what is not working and what could be improved
- This included views on services, access, communication, mental health, daily life and barriers to care
- For some, the discussion itself helped make health research feel more relevant, more inclusive and more connected to everyday life

"Opportunity to give expert view – personal experience"

"I would like to know that if I respond that I had a particularly good experience with an individual, that they were acknowledged or rewarded. The flip side, if I had a bad experience that this was addressed, ie further training offered."

"Once we started talking, people realised it's about sharing our stories and experiences to help the NHS work better"

"Sharing life experiences"

Health research felt worthwhile when people could see the benefit

People were generally more positive about health research when they could see purpose, value, impact and meaningful outcomes.

Key points

- People were more likely to see research positively when it was linked to better treatment, prevention, improved services or helping others
- Many spoke about the importance of research benefiting future generations, the wider community or people with similar health conditions
- Research felt more worthwhile when people could see what it was for, who it would help and what might change as a result
- Doubts emerged when research felt unclear, irrelevant, profit-driven or unlikely to lead to action

> *“If you told me that a new treatment, a cure, had been found thanks to health research and I had that problem ... I would want to find out more about it.”*

> *“Everyone in this group felt that research is very important and they would take part ‘in order to help the future generation’ ”*

What shaped whether people would take part in health research?

People decide quickly whether to take part – based on a few key things:

- *Do I trust this?*
- *Is it relevant to me?*
- *Is it easy to take part?*
- *Will anything actually change?*

If those aren't clear - people *disengage*

Unclear purpose and low perceived impact

People were less likely to engage when health research felt vague, irrelevant, or unlikely to lead to change.

What people said:

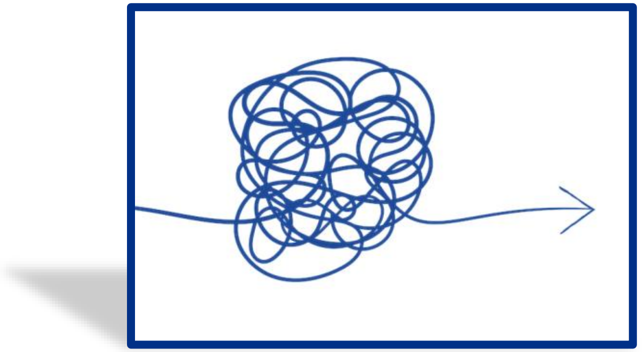
- People wanted to understand what the research was, why it mattered, who it would help and what they were being asked to do.
- Some felt negative about taking part when they believed nothing would change as a result
- Research felt less worthwhile when it seemed like a tick-box exercise or "just for statistics"
- People were more motivated when they could see a clear purpose and likely benefit

For primary care settings

- Explain why the research is happening and why people are being asked
- Make the relevance to people's health, services or community clearer
- Avoid generic asks that feel disconnected from real concerns
- Where possible, show examples of how previous input has been used

For health researchers

- Lead with purpose - not process
- Show how the research could improve care, services, understanding or outcomes
- Be honest about what the research can and cannot change
- Tailor messages so people can see why the topic is relevant to them



If people don't see the point – <u>they won't take part</u>

> *"Important to know the reason behind the research – what is the aim?"*

> *"The system is broken so what's the point of helping them with research?"*

> *"Feeling like the effort would be worth it because you understand what it's for."*

> *"Want to know what sort of research - and its benefits."*

Trust, scams and data concerns

People were more cautious when they were unsure who was asking, why they were asking, or - what would happen to their information

What people said:

- Trust was affected by concerns about scams, data sharing and hidden agendas
- People wanted reassurance that the request was genuine and linked to trusted services
- There were concerns about who could access their data, how it would be used, and whether it would stay local
- Trust dropped when asks felt impersonal, unclear or disconnected from local relationships

For primary care settings

- Make it obvious when information is genuinely from the NHS, GP surgery or pharmacy
- Use named contacts, ID badges, NHS branding and familiar routes of communication
- Be transparent about what data will and will not be collected
- Acknowledge concerns rather than assuming trust is automatic

For health researchers

- Explain clearly who is running the research, who is funding it and what it is for
- Be explicit about data use, storage, access and whether information stays local
- Avoid overloading people with vague or over-technical information
- Treat trust as something to earn, not something borrowed automatically from the NHS brand

If people don't trust it – they won't engage

"Seniors were very clear that they don't trust letters from names they don't recognise, but they trust their local GP surgery and the pharmacist they see every week."

"Sometimes I ignore them as I am fearful of scams, or I am not sure who will have access to the feedback I give third parties."

"There were lots of concerns about data security – who could see data in the long term?"

"Need to know where research is coming from."

"There was also mention that companies… have their own agenda so taking part would not make a difference."

Digital exclusion

Digital-only approaches can exclude people or reduce trust - particularly where confidence, access or familiarity with technology varies.

What people said:

- Not everyone used smartphones, apps, email, or social media confidently
- Poor signal, weak internet, or limited digital access could make taking part harder
- Some people found QR codes, online forms, or digital systems confusing or inaccessible
- Digital contact could feel less trustworthy, especially where scams were a concern

For primary care settings

- Don't rely only on digital routes such as texts, QR codes, apps or portals
- Offer paper, phone, face-to-face and reception-based options as well
- Check that screens, posters, and digital displays are readable and accessible
- Use trusted local communication routes people already recognise

For health researchers

- Avoid assuming digital is easier for everyone
- Provide multiple ways to take part and receive information
- Test digital accessibility with real users, including older adults and digitally excluded groups
- Recognise that digital confidence, access, and trust are not the same thing

Digital-only =
people left out

> *"With this particular age group not everyone is tech savvy. Some older people do not use emails or have access to the internet, one quote was that 'the internet to some older people is more of an interference' "*

> *"Not everyone is a tech person"*

> *"For digitally excluded: notice boards for upcoming events"*

> *"Several members spoke about how they feel invisible when everything moves to apps and websites."*

Cost, travel, time

Practical barriers like time, travel and cost often decide whether people can realistically take part - even when they're interested.

What people said:

- Travel, petrol, parking, buses and rural distance made taking part harder
- Time pressures, caring responsibilities, work and health needs could make involvement unrealistic
- Long journeys and repeated visits felt especially difficult for people already managing illness or fatigue
- Even interested people could be put off if participation disrupted daily life

For primary care settings

- Offer opportunities **close to home** where possible
- Use familiar local settings and reduce travel expectations
- Be realistic about timing and avoid catching people at high-stress moments
- Make it possible to express interest first, then follow up later

For health researchers

- Budget properly for travel, parking and reimbursement
- Design flexible ways to take part, including local and low-burden options
- Reduce the number of visits or combine research with existing appointments
- Be upfront about time commitment before asking people to join

If it's too much effort - <u>people won't do it</u>

"Taunton, Yeovil, Bristol are all too far to travel from this village to participate in research."

"Consider barriers so people can fully engage – hearing / mobility, sight, info accessibility, parking"

"One woman was worried that she might agree to something but then couldn't complete it, either because she was unwell or transport was a problem."

"If I arrive for my GP appointment on time, and I get called to see the doctor straight away, I won't have time to fill in the form."

Barriers

Feeling excluded, overwhelmed (…or unconvinced)

Too many asks, unclear purpose or lack of visible impact can leave people feeling overlooked, unconvinced or disengaged.

What people said:

- Some people felt their voices were not needed, especially older people or those no longer in treatment
- Others described being worn down by constant requests for feedback with little visible result
- Too much information, too many asks, or unclear purpose could make people switch off
- Some felt unconvinced that taking part would make any difference

For primary care settings

- Avoid overloading people with repeated, generic, low-context asks
- Be clear about why this person is being invited and why their voice matters
- Show that people's experiences are valued at every stage of life, not just during active treatment
- Share back what changed so people do not feel ignored or used

For health researchers

- Do not assume willingness just because a group is easy to reach
- Design involvement so people feel included, respected and useful
- Keep information proportionate and avoid making participation feel like hard work
- Pay attention to signs of research fatigue, disengagement or feeling "written off"

If people feel their voice doesn't lead to change – <u>they won't use it</u>

> *"Overall, what stood out was that whilst the majority… were interested in the idea of contributing to research they felt that their voices were not needed or wanted anymore."*

> *"I've finished my cancer treatment now and they're not interested."*

> *"You fall off the trolley after a certain age."*

> *"Being asked for feedback can feel like it's just for statistics rather than how I actually feel."*

Enablers

Relevance and personal connection

People engage when research connects to their own health, experiences, or community - not when it feels generic or distant

What people said:

- People were more likely to engage when the topic felt personally meaningful or connected to a condition they knew about
- Research that related to family experience, long-term conditions, or something affecting their community felt more worthwhile
- Some people were motivated by the chance to improve things for others in future
- Relevance was not only medical - it could also come from lived experience, identity or local need

For primary care settings

- Link opportunities to people's health conditions, experiences or service use where appropriate
- Frame research in ways that make local and personal relevance clearer
- Use examples that help people see why it matters to people like them
- Avoid generic messages that could apply to anyone and therefore connect with no one

For health researchers

- Tailor recruitment messages to the condition, experience or issue being explored
- Explain who the research is for and who may benefit from it
- Recognise that people often weigh up relevance before willingness
- Make space for both personal benefit and wider social value in how research is described

If it doesn't feel relevant - <u>people switch off</u>

"Specific to experience - family members' illness would be of interest."

"Participants also indicated a preference to take part in research that had personal meaning or interest to them."

"Make it catchy as we always remember things like Stop Look and Listen as an example."

"Tell me how my input will help me and others."

"Would be good to recognise myself in the pictures/adverts/literature"

Enablers

Clear information and ongoing feedback

People are more likely to take part when they understand what's being asked - and find out what's changed as a result

What people said:

- People wanted to understand what the research was, why it mattered, and what they were being asked to do
- Feedback mattered - both during and after the project
- Not hearing back made people feel forgotten, undervalued - or like they were just data
- People wanted to know whether their input had actually made a difference

For primary care settings

- Give clear, simple information up front about what people are being asked to do
- Tell people how and when they can expect updates or results
- Use familiar local channels to share outcomes back with communities (e.g. VCFSEs)
- Make feedback part of the process - not an optional extra

For health researchers

- Be clear from the start about expectations, timelines and possible outcomes
- Build feedback into the project plan and budget
- Share progress as well as final results, where possible
- Thank people and show how their contribution has been used

Clarity at the start + feedback at the end = makes it feel worthwhile

"Show us the results, we don't want to feel like we are just data."

"Need to know what's happened at the end of the project – please feedback to us."

"Being kept informed, especially if things change along the way."

"It makes the effort feel worthwhile."

"Feeling valued for your contribution and that the piece of research had a purpose. People haven't wasted their time"

Enablers

Face-to-face and human interaction

Having a real conversation with someone trusted makes research feel clearer, safer and easier to take part in.

What people said:

- Face-to-face interaction helped people feel more confident, reassured and able to clarify what was being asked
- A named, familiar person could make a big difference to trust and willingness
- Some people preferred a conversation with/over forms, links or online systems
- A human approach felt especially important where people were uncertain, anxious or had questions

For primary care settings

- Use staff or volunteers who can explain research clearly and answer questions
- Where possible, use known and trusted people rather than anonymous asks
- Offer a chance to talk first, rather than expecting an immediate yes
- Avoid relying only on digital or written information

For health researchers

- Build in opportunities for conversation, not just recruitment
- Use plain language and allow time for people to ask questions
- Think about who does the asking, and whether they feel trustworthy and relatable
- Recognise that a warm, low-pressure approach may matter as much as the research topic itself

People trust people – <u>not processes</u>

“Speaking face-to-face with someone, a person at the GP surgery who I had met before and who I knew.”

“I have a nurse who comes to my house to check my blood pressure. I would talk to her if she was asking me the questions”

“Good to have face-to-face research to clarify questions.”

“Can’t read very well so I need someone to explain things to me and make sure I understand. I find it helpful when I can ask questions to understand better what’s going on.”

Enablers

Local, familiar and accessible settings

People are more open to research in settings they already know and trust - especially when they feel comfortable and familiar with access.

What people said:

- People preferred settings that were familiar, local and easy to get to
- GP surgeries, pharmacies, community hospitals, libraries and local groups (e.g. VCFSEs) were often seen as more comfortable than unfamiliar venues
- The environment mattered: privacy, calm, comfort and accessibility - all shaped willingness to get involved
- Community spaces sometimes felt easier than medical settings - especially when people were with others they knew

For primary care settings

- Use trusted local settings people already know and use
- Think beyond GP surgeries alone: pharmacies, community venues, libraries and community groups may work better for some people
- Make privacy and accessibility part of the design, not an afterthought
- Share practical venue information clearly, including parking, access, signage and who will be there

For health researchers

- Choose venues that feel safe, familiar, accessible and easy to navigate
- Consider transport, mobility, hearing, sight and anxiety when planning sessions
- Avoid venues or layouts that make people feel exposed, rushed or watched/'goldfish bowl'
- Build in options for people who would rather take information away and respond later

Familiar places make it feel safe to take part

> *"Safe spaces are everything."*

> *"Don't just use GP surgeries, dentists, come to get-togethers like ours here today to ask people about health research. I would feel happier giving my answers when I'm with friends/ people I know, and that I wasn't in a medical center"*

> *"An idea was that maybe Primary care settings could have a designated hub every now and again (perhaps rotating through multiple surgeries) to talk to people face-to-face as they are waiting to see the healthcare professional."*

Enablers

Flexibility and low-pressure ways to engage

People are more open to taking part when research feels optional, manageable and easy to fit around everyday life.

What people said:

- People valued low-pressure opportunities to express interest without committing straight away
- Quick, simple options could make it easier to take a first step
- Some wanted to take information away, check it- and decide later
- People were more open when there was no sense of pressure, coercion or negative consequence

For primary care settings

- Offer easy first steps: express interest, take a leaflet, scan a QR code, ask at reception
- Let people respond later, rather than expecting an answer on the spot
- Use a mix of formats so people can engage in ways that suit them
- Avoid asking at moments when people feel stressed, unwell or exposed

For health researchers

- Design participation pathways with different levels of commitment/engagement/ involvement
- Use staged/staggered engagement rather than all-or-nothing asks
- Keep forms, surveys, and information short and manageable - where possible
- Make it clear that people can say no, change their mind, or ask questions without pressure

People engage when it feels optional – not forced

“Give opportunity to express an interest (at reception).”

“Gave away a card to complete survey at home, which meant people had opportunity to fact check at home.”

“Relaxed, no pressure, informal.”

“Important that there is a sense of no repercussions.”

“Quick and simple response options – tick box Surveys on TVs in the waiting room while people wait, and paper with box to return. Easy win. Easy first steps”

What this means in practice

Primary care is a trusted gateway - but only if used intentionally

Primary care settings should:

- Use familiar settings and trusted people/relationships to introduce research - not generic invites
- Lead with "why this matters"
- Offer simple, low-pressure ways to express interest – not commit on the spot
- Help to close the loop – people want to know what happened

Primary Care is a trusted gateway
(… but only when it's done right!)

Participation needs to be designed around people – not projects

Health researchers should:

- Start with purpose and relevance - not methodology
- Design for real life (time, travel, caring responsibilities)
- Build trust from the start – don't assume it's already there
- Treat communication and feedback as core - not add-ons
- Make participation flexible & low-pressure (not all-or-nothing)
- Show *clearly* what has changed as a result

Research that fits around people's lives gets engagement
(…research that doesn't – doesn't!)

So, what did we learn?

People are not against getting involved or taking part in health research – but they make decisions quickly

Does this feel relevant to me?

Do I trust it?

Is it worth my time?

Is it easy to take part?

- People need a **clear purpose** and to **understand why** their involvement matters
- **Trust**, **familiarity** and **human connection** are central
- **Practical barriers** like time, travel and digital access can limit involvement
- Lack of **feedback** and **visible impact** play a key role in whether people feel it's worth taking part
- **Flexible**, **human** and **locally delivered** approaches make participation more likely

Unclear, effort-heavy or impersonal research pushes people away.

But when research feels relevant, trusted and easy to engage with — people are open to taking part.

Community Conversations:

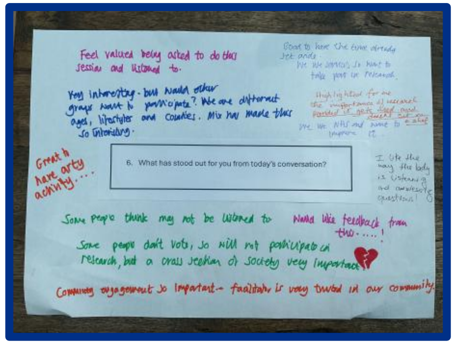
Approach

The Community Conversation approach

The approach worked because it created space for people to understand, reflect and speak openly. It created space for people to understand health research, build confidence and feel heard. It generated lots of rich, experience-based insight grounded in people's lived experiences…. But it takes time, trust and support to do it well.

What people said

- The conversational format generated detailed, experience-based insight that may not emerge through surveys alone
- Some people arrived knowing little about health research but left with a clearer understanding
- People valued having time set aside to think, listen, and respond
- Trusted facilitators helped to create openness and confidence in the room
- Participants wanted to know what came out of the sessions and what would happen next



Feel valued being asked to do this session and listened to.

Very interesting - but would other groups want to participate? We are different ages, lifestyles and countries. Mix has made this so interesting.

Good to have the time already set aside.

Great to have arty activity….

6. What has stood out for you from today's conversation?

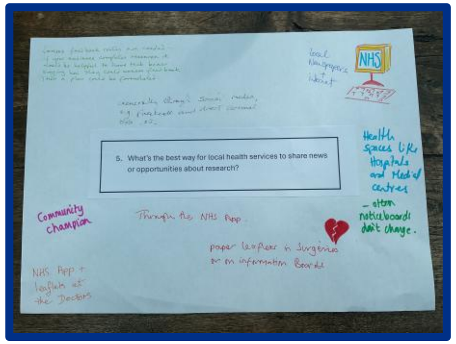
I like the way the lady is listening and answering questions!

Some people think may not be listened to

Would like feedback from this…..!

Some people don't vote, so will not participate in research, but a cross section of society very important

Community engagement so important - facilitator is very trusted in our community.



Local Newspapers + Internet

5. What's the best way for local health services to share news or opportunities about research?

Health spaces like Hospitals and Medical centres

- often noticeboards don't change.

Community champion

Through the NHS App.

paper leaflets in surgeries or on information Boards

NHS App + leaflets at the Doctors

For future community conversations

- Use examples to make health research feel clearer and more relatable
- Refine prompts and questions so they are clearer, more direct, and easier to answer
- Keep checking whether the questions feel relevant to different groups and experiences
- Create space for people to listen, think out loud, and build confidence before responding
- Treat the conversation itself as valuable, not just the data collected from it
- Build on the sense of momentum by showing people what happens next

What worked well with the approach

The approach worked well in practice, creating the conditions for open, comfortable and meaningful conversations. Familiar settings, trusted hosts and small-group discussions - supported by strong relationships - were key in enabling people to take part and share their experiences

What hosts said

- The process felt straightforward and manageable for most hosts
- Conversations worked best in familiar settings with trusted people
- Small groups helped discussions flow and made it easier for people to contribute
- The format created space for open, thoughtful discussion and rich lived experience

For future Community Conversations

- Keep using trusted local hosts and familiar community settings
- Design around small-group discussion rather than large sessions
- Build on existing relationships and group dynamics where possible
- Continue treating the conversational format itself as a strength of the method

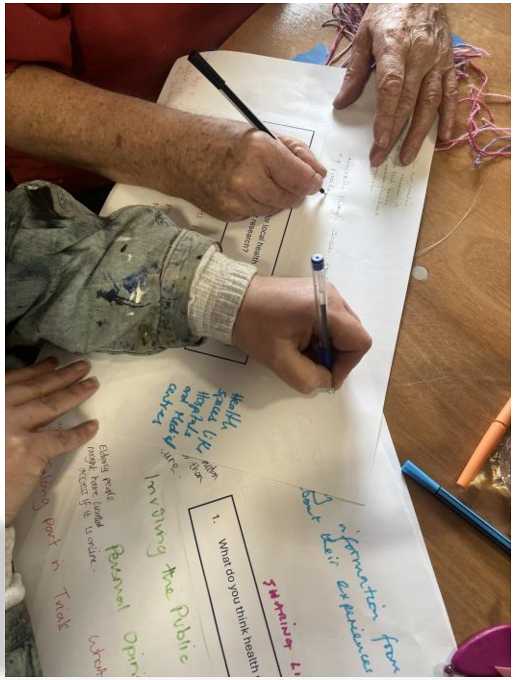
> *“Community engagement so important – facilitator is very trusted in our community”*

> *“Having it so informally and in a familiar place with familiar people, was really great for accessing those people who may not usually take part.”*

> *“I found the conversation very easy to have with the group and the conversation flowed easily.”*

Practical support helped hosts feel confident to deliver conversations

Hosts valued practical guidance, printed materials, and (like participants shared) being able to speak to a real person before and during the process



What hosts said

- Printed materials were useful, especially as something to refer back to
- Face-to-face support helped hosts understand the topic and purpose
- Informal check-ins helped hosts feel supported and reassured
- Human support mattered just as much as written guidance

For future community conversations

- Keep offering a simple printed guide as standard
- Include a face-to-face or personal briefing wherever possible, especially for first-time hosts
- Maintain informal support routes during delivery, such as email, WhatsApp or check-ins
- Focus on host confidence, not just information transfer

> *"I found the handbook really useful to refer back to."*

> *"Your face-to-face meeting… gave me the confidence to host it with an understanding of the topic."*

> *"The easier you make the process - the better the feedback is."*

Strong engagement didn't happen by accident

Delivering community conversations required significant behind-the-scenes support - including building relationships, supporting hosts, and maintaining momentum throughout.

This support played a key role in host confidence, participation, and the quality of insight generated.

What this looked like in practice

- Regular check-ins and informal support helped hosts feel confident to deliver
- Time was spent building relationships and trust with community organisations
- Ongoing communication (messages, calls, meetings) helped maintain momentum
- Support adapted to each host's needs, rather than a one-size-fits-all approach

What hosts experienced

- Hosts valued knowing they could ask questions and get support quickly
- Face-to-face conversations helped build confidence in the topic
- Support reduced uncertainty and made the process feel manageable
- Several hosts said this kind of human support was essential, not optional

For future Community Conversations

- Contact trusted community hosts and encouraged applications.
- Build in dedicated time and resource for host support and relationship-building
- Do not assume written guidance alone is sufficient
- Offer a named contact or "buddy" throughout delivery
- Recognise that stronger support leads to better quality engagement and insight

> *"All in all, having the knowledge that if I was worried, I could reach out to you is what kept me going."*

Where the approach could be strengthened

While the approach worked well overall, hosts highlighted a number of practical challenges that made it harder to deliver - particularly around clarity, materials and setup time.

Community Conversation Kit

November 2025

Getting ready

Read through the kit first. Familiarise yourself with the topic and how you'll explore it with people.

Pick a friendly, easy-to-reach space — somewhere people already feel comfortable, like a community hall, café, or local meeting room. Aim for a spot that's within walking distance or a short bus ride, with parking if possible. Think about whether space is suitable for people who may have difficulties with their mobility.

Invite people to the conversation. Use the postcard invites provided or talk to people directly. You could also post something on your website or perhaps local community Facebook group.

What sort of format do you think will work best for your conversation? A group chat while having a cuppa and cake? Going for a stroll while nattering? Grabbing the art and craft box to create something while talking?

Think about how you will capture what's talked about during the conversation. You could audio record the conversation (if people are happy with that) so you can listen back to it later. You could jot down notes during the conversation or ask a 'note taker' to help. You know what works best for you and your community.

You might also want to ask the group how they'd like their ideas to be shared — what feels right to them? Some may want to keep it general, others might want to include a direct quote or message. However it's captured, the key thing is that the community owns the insight — and you're helping to make sure it's shared in a way that feels safe.

Hosting the conversation

Introducing the session

- Welcome everyone to the conversation!
- Explain the purpose and topic of the conversation (don't worry - we've provided a few lines in the kit which you could use)
- Remind people it's voluntary - they can leave anytime.
- Does everyone know each other? Ask each person to introduce themselves and share why they decided they wanted to be part of the conversation - why is it important to them?

The main conversation

- How you facilitate the conversation is entirely up to you. Included in the kit are some topic cards which could help as a starting point for the conversation.
- Encourage open sharing and listening. Not wanting to be cliché (but we're going to be...) there's no such thing as a wrong answer! We're interested in finding out what people really think!

Wrapping up

- As you're coming to the end, summarise the key themes that people discussed. This gives an opportunity to double check that everyone is on the same page.
- Check that everyone feels okay before leaving. Does anyone need extra support or have concerns?
- What information are people happy to be shared?

> *“The supporting materials contained a lot of information… overwhelming, daunting, and a bit off-putting.”*

> *“I think people found it hard to grasp we were doing research on whether people would be happy to be involved in research!”*

> *“It was quite a short lead in time.”*

> *“Need to consider neurodiversity in providing such open questions”*

What hosts said

- Some materials felt too long, dense or overwhelming
- The purpose of the conversation wasn’t always clear at the outset
- Short lead-in times limited recruitment and awareness
- Note-taking expectations sometimes disrupted the natural flow of conversation

For future community conversations

- Provide a short, practical “quick start” guide alongside detailed materials
- Test materials and messaging with community partners before delivery
- Explain the purpose clearly and simply from the outset
- Allow sufficient time for local promotion and recruitment
- Be flexible in how feedback is captured (e.g. audio, notes, video)

Facilitation matters: keeping focus while making space

Facilitators had to balance open conversation with staying focused on the topic

What hosts said

- Hosts suggested that seeing a conversation modelled, or having a buddy/mentor, could help future facilitators manage this balance
- Conversations often drifted into broader NHS experiences
- Facilitators needed to gently bring discussions back to the topic
- This was challenging, but showed how closely research is linked to wider experiences
- Support (e.g. examples, buddying, mentoring) could help facilitators

For future community conversations

- Prepare hosts for conversations which might move beyond the immediate topic
- Build in light-touch "facilitation tips" for refocusing discussion without shutting people down
- Consider offering example sessions & building peer support
- Recognise that "off topic" discussion may still contain important context about the topic being investigated.

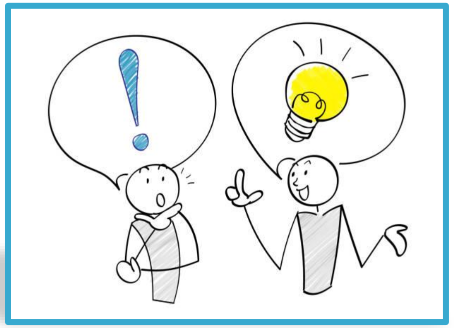
> *"The conversation went 'off topic' quite often… and I was often steering the conversation back on course."*

> *"One to one sessions dissolved into moans about the NHS. I had to refocus us a few times."*

> *"People understandably wanted to talk about their broader NHS experiences."*

Learning from the community conversation approach

Hosts often had to balance open conversation with keeping the discussion focused on primary care research



What we learned

- Trusted hosts and familiar settings helped people feel comfortable
- Small groups create space for honest conversation and reflection
- Simpler, clearer materials would help
- Feedback loops matter - people want to know what happens next

For future community conversations

- Work through trusted community organisations and relationships
- Keep materials simple, practical and flexible
- Offer flexible ways to capture and share insight
- Support hosts with real human contact – not just guidance
- Always plan for feedback, follow-up and visible next steps

What next?

Immediate action

- Share findings with community groups & close the feedback loop
- Turn these insights into action – not just reporting
- Work with primary care to apply learning into practice

Embedding the learning

- Share findings across primary care, the research network (RRDN) & wider system
- Use insights to shape future research design – not retrofit later
- Feed learning into regional PPIE strategy and delivery

Strengthening the approach

- Simplify and break the toolkit into smaller, usable parts
- Develop resources for VCFSEs to lead conversations on their own topics
- Support researchers to adapt the approach in different contexts
- Keep human support (not just guidance) a fundamental part of delivery

Use this learning to inform research that people across Somerset actually want to take part in

SPECIAL THANKS

These insights only exist because people took the time to share their experiences…

Importantly, because hosts from trusted community organisations created the space for the conversations to happen.

- ARK at Egwood
- Chard Community Hub
- Chard Town Council
- Lympsham Chatty Cafe
- Glastonbury Health Centre
- Millbrook Surgery
- Mingle Bridgwater
- Radio Ninesprings
- Sedgemoor Community Connector
- Sing2breath (Healthwatch)
- Solutions for Health Education and Wellbeing
- Somerset African Caribbean Network
- South Somerset Senior Social Group
- The Parish of Three Saints TPOTS
- WATCH CIO
- Yeovil ABC
- Yeovil Disability (Yeovil Diversity Project)
- Yeovil LBGT+ (Yeovil Diversity Project)

our SOMERSET
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Somerset
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Somerset
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For more information or questions, please contact:

somicb.researchandinnovation@nhs.net

support@sparksomerset.org.uk