

JLA Lab activity 1: Development of online priority setting workshop

Lessons Learned Report

February 2021

Introduction

The Covid-19 pandemic has meant that JLA PSPs have had to adapt their priority setting activity, including the requirement to work virtually. The JLA has sought effective ways to support its communities by developing new approaches, in particular, by adapting its established in-person priority-setting workshop to agree the Top 10 priorities for research into a fully online setting.

In establishing an online priority setting workshop method, the JLA has sought to develop an approach that:

- maintains the JLA principles of inclusivity of patients, carers and clinicians, equal involvement of those groups, transparency of process and a commitment to the evidence base;
- retains the established and trusted steps by which the JLA workshop enables consensus development – so while adaptations will inevitably need to be made, the process, and the facilitation of that process, should still be recognisably “JLA”;
- retains the characteristics which make the JLA workshop model successful in setting priorities: encouragement of open dialogue, participation, trust, fairness, exchange of views, teamwork, and neutral facilitation;
- offers reassurance and consistency to the PSPs who must take this option, acknowledging its limitations and challenges, while ensuring their outputs are as robust and credible as possible.

This report provides an assessment of the first two JLA PSP priority-setting workshops that were undertaken in an online setting. These were:

- The Occupational Therapy PSP final workshop (on 27 July 2020); and
- The Diabetes and Pregnancy PSP final workshop (on 2 October 2020).

Below is an outline of the workshop process, the adjustments made for an online compared with a face-to-face setting, an assessment of the limitations of working virtually and a summary of feedback from participants.

Overview of the JLA online approach

Overall, the agenda for the online priority-setting workshops closely replicated a typical in-person version. The in-person workshop consists of a structured day of plenary and small

group discussions. Further details of the face-to-face JLA priority setting workshop can be found here <https://www.jla.nihr.ac.uk/jla-guidebook/chapter-8/workshop-process-on-the-day.htm>

The two online workshops used the following approach:

- Plenary session: introduction and background
- Breakout session 1: comparing priorities
- Breakout session 2 (same groups): first round of prioritisation (using virtual question 'cards')
- Plenary session: reviewing the shared ranked order of the questions
- Breakout session 3 (new groups): second round of prioritisation (revising the shared ranking)
- Plenary session: presenting the top 10, sharing initial reflections, next steps
- Follow up after the workshop: feedback on priorities and evaluation of workshop.

The main difference for both the online workshops, compared with the face-to-face setting was the removal of the third round of prioritisation, which is usually undertaken within a plenary setting with all participants. This typically is a complex discussion and can be challenging for participants. Facilitators rely on non-verbal cues and body language, as well as verbal input, to support the group to reach consensus. These factors are missing in an online setting.

The JLA acknowledges the importance of a final opportunity to review and revise the Top 10 priorities, and that this is a limitation online. To help compensate for this, the PSPs provided an opportunity after the workshop for participants to share comments and reflections on the priorities, and on the questions that fell outside the Top 10. This enabled the PSPs to collect more nuanced narrative data to accompany the Top 10 and the other questions, to better understand and report on the rationale for the decision-making that had taken place within the two rounds of prioritisation.

Workshop planning

When planning the online workshop, both PSPs worked closely with their JLA Adviser and drew on the knowledge of their Steering Groups to consider a number of factors that would contribute to the success of the event. These are discussed below.

Number and needs of participants

Consideration was given to the practical number of people who could take part in an online setting. It was recognised that discussions were likely to be less fluid than they are in person (due to lack of non-verbal communication and potential technical problems). In addition, consideration was given to the particular needs of participants. The Occupational Therapy PSP workshop opted to invite 20 participants and the Diabetes and Pregnancy workshop to invite 25 participants. The number of breakout groups in each workshop was increased from three (in a typical face-to-face workshop) to four, to ensure manageable numbers for small group discussions. This meant that in addition to the JLA Adviser acting as chair for the workshop, three other JLA Advisers were present to facilitate the small group discussions. In addition, one member of the PSP team provided technical support for the workshop, e.g. placing people into breakout groups and being available to respond to any technical queries from participants or facilitators.

Number of questions for prioritisation

The online setting also meant that the number of questions for discussion and prioritisation was more limited compared with a face-to-face workshop to ensure discussion was not rushed and all participants could contribute meaningfully and comfortably. Both online workshops discussed 18 questions in total, compared with a typical face-face workshop where around 25 questions are considered. They had both intended to take 15 questions to the workshop but increased to 18 as in both cases this was a natural cut-off point for the interim ranking results.

One- or two-day format

Most face-to-face JLA workshops take place over a single day. Working for a full day online can be intense and tiring, however, both PSPs decided to run their workshops over a single day. An alternative option would be to divide the workshop across two (ideally consecutive) days. In deciding to run it in one day, both Steering Groups considered the needs of the participants, including the burden on patient/carer participants, as well as the availability and capacity of their health professionals, for whom taking time off for one day may have been more feasible than two part-days. In both cases, care was taken to design an agenda which allowed for enough screen and comfort breaks.

Materials sent in advance

Workshop participants were sent materials in advance of the day. The aim was to ensure that they were well prepared, were familiar with the purpose and format of the day as well as being aware of what was expected of them. The items sent in advance were: a workshop participant guide; the agenda; a pre-workshop ranking exercise; a quick view sheet of the questions; a copy of each question on paper that could be cut out and moved around during discussions by the participant if needed, and biographies of all participants. These materials were emailed and posted in hard copy.

Two videos were also sent out in advance. The first was a video from the JLA Adviser explaining the JLA, the purpose and format of the workshop and preparation activity required. The second was from the lead of the PSP who provided an explanation of how the questions for discussion had been derived. The advantage of pre-prepared videos meant that the workshop day could focus on discussions rather than explanations and participants could watch and digest the information in their own time at a pace that suited them.

Support for participants

Consideration was given to the kind of support participants might need to take part in the online workshops. The support that the PSPs offered included training in using the online platform, provision of guidance on how to take part, technical support on the day and provision of workshop papers in electronic and hard copy. Duty of care was also considered, given that questions for prioritisation can include sensitive and upsetting topics. It is harder in an online setting for the facilitators to detect if an individual needs support. Provision was made for emotional support via telephone or email during or after the workshop, with an appropriate member of the PSP team.

Planning time

The experience of planning and delivering online workshops of this nature shows that they are at least as time-consuming and resource-intensive as the delivery of an in-person workshop. Each PSP carefully considered the practical implications of effectively delivering the workshop and worked closely with their JLA Adviser to map out their approach, including recruitment, briefing sessions, delivery and follow-up.

Limitations of the online workshop approach

It was clear that the online setting presents some challenges and limitations compared with a face-to-face workshop. The ability to participate in a virtual workshop may be difficult for some, while for others the online format may be more inclusive as it allows some individuals to be involved who otherwise would not be able to travel to a face-to-face meeting.

There are possible technical and logistical limitations to working online, for example, participation requires an appropriate device, sufficient connectivity, and access to a quiet, private space.

The online setting also means that some nuance is lost in terms of dialogue and discussion compared with in-person working. For example, facilitators do not necessarily have the same opportunities to notice visual clues from participants about particular questions or decisions. There is also less opportunity with this format for the nuanced discussion that might happen between participants in a room. Participants do not have an opportunity to network and develop an ease with each other during the breaks.

The online format also means that it is likely that fewer questions can be discussed overall compared with working in a face-to-face setting. This means less opportunity for a broader range of topics to be included in the workshop, although the JLA method encourages all PSPs to publish their long list of questions that have been identified and prioritised in the earlier stages of the PSP process.

The final session of the JLA workshop brings all participants together to present, discuss and review the final Top 10. For these two online workshops, although the Top 10 was presented, this discussion opportunity was removed as it was recognised that an online setting for large group discussions is very challenging. Rather than allowing time for discussion in plenary, participants were encouraged to provide comments and reflections about the final Top 10 after the event in a subsequent online survey.

The JLA will continue to work closely with its PSPs to review these limitations and understand their impact.

Feedback from participants

Following both the Occupational Therapy PSP and the Diabetes and Pregnancy PSP workshops a debriefing session took place involving the chair, four facilitators and the PSP leads and administrative support. Detailed notes were taken from these to help inform future workshops.

In addition, the JLA sent a feedback survey to all participants. The questionnaire asked opinions on a range of issues including the information received in advance of the workshop, the support provided, and overall experience of the workshop. There were also questions relating specifically to the online format, e.g. use of technology, the ability of the participants to interact with others, and appropriateness of the length of the workshop and breaks.

In total, 44 people took part in the online final priority setting workshops. On the day, there were 19 participants for the Occupational Therapy PSP (9 patients and carers, 10 health and care professionals) and 25 participants for the Diabetes and Pregnancy PSP (12 patients and carers, 13 health and care professionals).

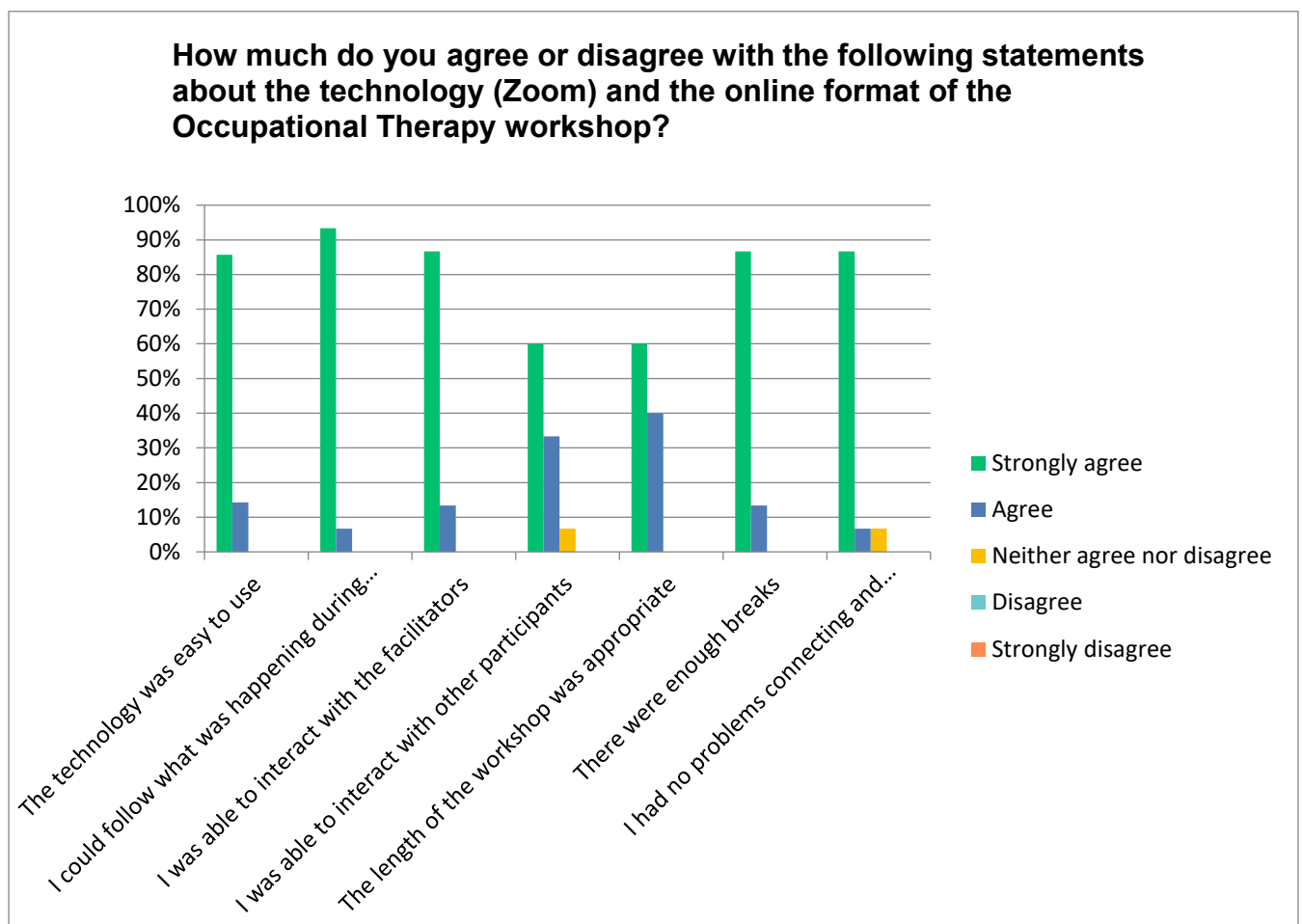
Overall, 15 survey responses were returned from the Occupational Therapy workshop (3 people with experience of accessing occupational therapy services, 4 carers, 8 occupational therapists) and 20 from Diabetes and Pregnancy workshop participants (11 patients and carers and 10 health professionals – respondents were allowed to select both categories).

Survey responses

The tables below show the results from the participant survey.

How much do you agree or disagree with the following statements about the technology (Zoom) and the online format of the Occupational Therapy workshop?

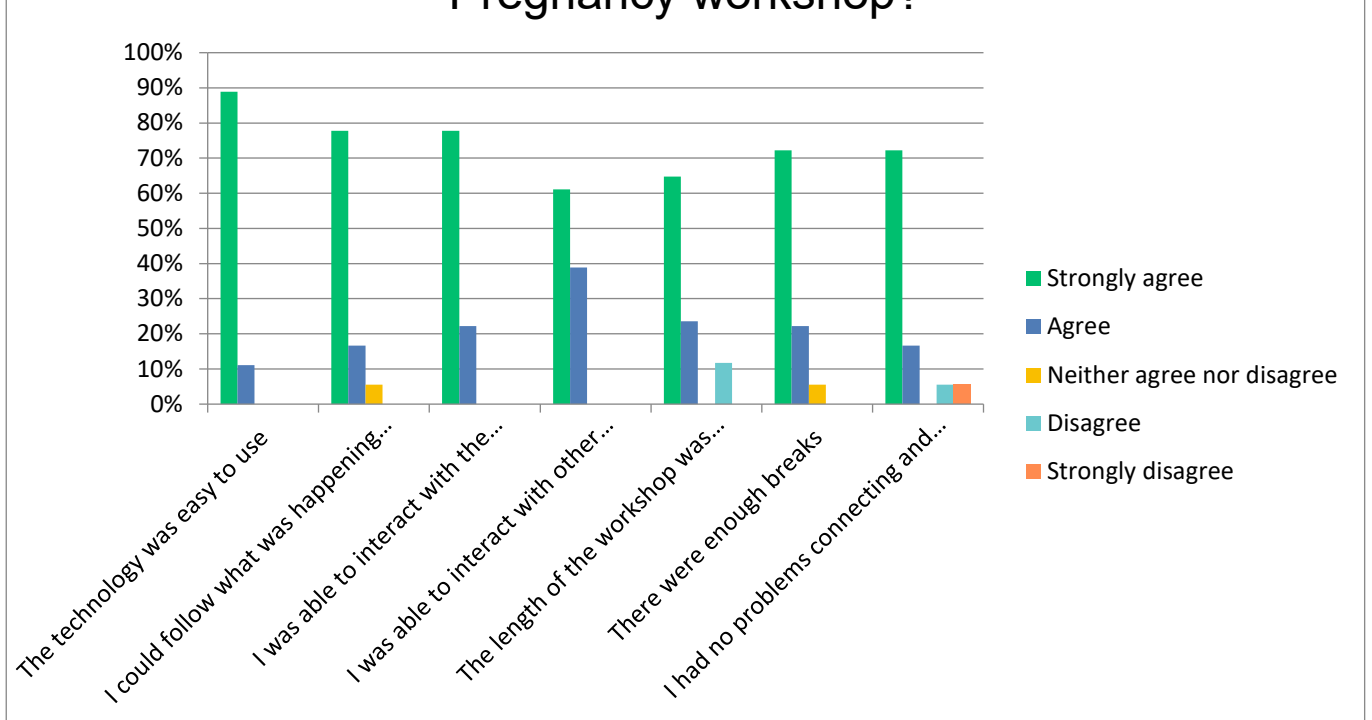
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Total answered
The technology was easy to use	86%	12	14%	2	0%	0	0%	0	0%	0	14
I could follow what was happening during the workshop	93%	14	7%	1	0%	0	0%	0	0%	0	15
I was able to interact with the facilitators	87%	13	13%	2	0%	0	0%	0	0%	0	15
I was able to interact with other participants	60%	9	33%	5	7%	1	0%	0	0%	0	15
The length of the workshop was appropriate	60%	9	40%	6	0%	0	0%	0	0%	0	15
There were enough breaks	87%	13	13%	2	0%	0	0%	0	0%	0	15
I had no problems connecting and participating via Zoom	87%	13	7%	1	7%	1	0%	0	0%	0	15



How much do you agree or disagree with the following statements about the technology (Zoom) and the online format of the Diabetes and Pregnancy workshop?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total answered
The technology was easy to use	89% 16	11% 2	0% 0	0% 0	0% 0	18
I could follow what was happening during the workshop	78% 14	17% 3	6% 1	0% 0	0% 0	18
I was able to interact with the facilitators	78% 14	22% 4	0% 0	0% 0	0% 0	18
I was able to interact with other participants	61% 11	39% 7	0% 0	0% 0	0% 0	18
The length of the workshop was appropriate	65% 11	24% 4	0% 0	12% 2	0% 0	17
There were enough breaks	72% 13	22% 4	6% 1	0% 0	0% 0	18
I had no problems connecting and participating via Zoom	72% 13	17% 3	0% 0	6% 1	6% 1	18

How much do you agree or disagree with the following statements about the technology (Zoom) and the online format of the Diabetes and Pregnancy workshop?



Feedback from participants

The majority of participants in both workshops had no problem with technology, with almost all respondents saying they found the technology easy to use. Most participants also said that they were able to follow what was happening during the workshop and felt that they were able to interact appropriately with the facilitator.

Workshop length and breaks

There was a mixed reaction to the length of the workshop, with some participants feeling that the day was quite long, but others appreciating the timings and breaks.

Although the process was fair and undertaken well, I did feel it was a little too long and could have been cut a little shorter but all in all a great run workshop... Was a well-run workshop. The workshop was a little too long in my mind but, unhelpfully, not sure what could have changed. (Patient/carer, Diabetes and Pregnancy PSP)

I felt breaks were too long, would have preferred the day to be shorter, as over two hours were breaks. (Healthcare Professional, Diabetes and Pregnancy PSP)

I feel it was very well organised and executed. The session timing and breaks were well thought out as I find online working much more mentally and emotionally tiring than face-to-face. (Healthcare Professional, Diabetes and Pregnancy PSP)

I was very impressed with the way the day had been scheduled and very much appreciated the long breaks and lunch, as I struggle when having to sit for any length of time. (Service user, Occupational Therapy PSP)

Overall Online Format

The online format was generally well received, although some respondents acknowledged the lack of opportunity to informally connect with other workshop participants, compared to a face-to-face workshop.

Even without considering this is a new format for the organisers to have to cope with, the workshop was superbly organised and came together successfully. (Patient/carer Diabetes and Pregnancy PSP)

The workshop was well organised, worked well virtually and was well supported by the facilitators. (Healthcare Professional, Diabetes and Pregnancy PSP)

The online format made this workshop accessible to me, I would not have been able to travel for this but could join in online...What I missed from a face to face workshop was the opportunity to chat further to participants at lunch time & on breaks. (Carer, Occupational Therapy PSP)

Provision of Supporting Materials

Participants were sent materials in advance, including an introductory video from the JLA Adviser explaining the JLA and the format of the day. Generally, these were very well received and appreciated by the participants.

I felt that the guidance we were given before the workshop was very helpful especially as the meeting was going to be done remotely. At the meeting we were told that there was no hierarchy and everyone was equal and their points made valid. For me I think this could have been made clearer before the meeting. (Patient/carer Diabetes and Pregnancy PSP)

Katherine's [JLA Adviser] video made me feel very at ease. Warm and welcoming and alleviated any fears I may have. It really made you feel very welcome. Goher's [PSP lead] video was very informative - loved the data slides and the slides with circles indicating stages of the project... Printed packs - great! They arrived in plenty of time. Really helpful to have the cut-out questions. I didn't need them on the day, but I did use them in my prep. (Patient/carer, Diabetes and Pregnancy PSP)

Paper versions of all the materials were sent in advance of the workshop to ensure participants were well prepared, and they could use these if it would be helpful on the day. There was a mixed response, with some people finding them very helpful but others feeling that it was wasteful.

It was good to be able to reference the questions on paper while on zoom. (Patient/carer Diabetes and Pregnancy PSP)

All extremely thorough and comprehensive communication around the day... Particularly [useful] as I'm currently working from home so printing is a bit more difficult. (Healthcare Professional, Occupational Therapy PSP)

while helpful, it did seem a waste of paper. (Healthcare Professional, Diabetes and Pregnancy PSP)

General feedback about the workshop

Overall participants provided very positive feedback about the workshops stating they were enjoyable, well facilitated and well organised.

It was a very well-run workshop and the facilitators were excellent. Our facilitator was very fair and ensured everyone got a turn to comment. Overall, this was a great day and it felt great to be contributing to the wider project. (Patient/carer, Diabetes and Pregnancy PSP)

I think it was an interesting day with fair and balanced debates throughout. The range of participants was excellent and led to some very interesting discussions and sharing of views and knowledge. The process was fair and consistent the whole way through and I think the outcome reflects this well. (Patient/carer, Diabetes and Pregnancy PSP)

Great organisation and inclusivity for the group and the event. (Healthcare Professional, Diabetes and Pregnancy PSP)

It's been a privilege and a pleasure to be involved in this work, thank you for all your efforts to ensure the process is fair and democratic. (Healthcare Professional, Occupational Therapy PSP)

The workshop really expanded on the knowledge of how individuals feel using the service and their insight into what they perceived as an occupational therapists role. It has made me look at practicing differently in the future. (Healthcare Professional, Occupational Therapy PSP)

Conclusion

Overall, the experience from the first two online JLA priority–setting workshops demonstrated that the format worked well and a Top 10 was achieved by group consensus. The JLA principles were upheld and the characteristics which make the JLA workshop model successful in setting priorities (encouragement of open dialogue, participation, trust, fairness, exchange of views, teamwork, and neutral facilitation) were maintained in an online setting.

However, there are limitations to the online approach, including the loss of nuanced discussion that happens between participants when they are physically in the same room, and the reduced scope for a final plenary session to discuss the final Top 10. To compensate for this, it is recommended that an opportunity be provided after the workshop for participants to share comments and reflections on the Top 10 priorities, and on the questions that fall outside the Top 10.

The online format requires considerable planning and preparation, but overall the method appears to be robust and outputs from the workshop credible.

More JLA PSP online final priority setting workshops are planned and each will be assessed, and new learning will be applied. For example, one JLA PSP workshop has now been held across two half-days. The JLA Guidebook will be updated to include guidance on using the online version of the priority-setting workshop.

We are pleased to be able to share our experiences here and we welcome feedback and questions. Please email jla@southampton.ac.uk if you would like to contact the team.