Better Local Care Hampshire Multispecialty Community Provider Vanguard

Deep Dive Evaluation Report: Making Every Contact Count

July 2017

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EXECUTIVE SUMMARY

Making Every Contact Count (MECC) is a national intervention that aligns with national strategies and policies that also underpin the BLC MCP Vanguard. It is a large scale approach to behaviour change, supported by the NHS, aiming to develop the workforce in promoting a healthier lifestyle by utilising interactions that individuals have within healthcare.

Following a previous MECC pilot and working with Health Education England - Wessex Team, Gosport Borough Council implemented a pilot in 2015. The Council developed a plan to work with external partners to implement MECC across organisations locally. Since June 2016, a number of organisations have committed to participating in the programme.

At the time of writing, the delivery of MECC is at a relatively early stage, the intervention has delivered Healthy Conversation Skills training via monthly sessions and Train the Trainer training. Another session for Healthy Conversation Skills (HCS) training was scheduled in May 2017.

Project objectives include:

- Staff are trained, feel competent and confident.
- Communication systems in place to raise organisational awareness of MECC.
- Goals for MECC are clear, relevant and shared by senior management within organisations.
- There are appropriate systems and processes in place to support and monitor implementation.
- More staff have developed their confidence and competence.
- MECC is built into organisational policies and procedures, including HR processes.
- Service user experiences are improved.

Methodology

The evaluation uses a mixed method approach, including:

- Analysis of pre and post training participant feedback from 15 participants involved in MECC training in February 2017;
- A group consultation with six MECC Network Delivery Group representatives in March 2017; and
- In-depth interviews with four health sector staff involved in delivering MECC training in Gosport in March and April 2017.

Limitations

The data included in the report is from small samples due to the early stage of roll out beyond the Train the Trainer (TtT) training. The MECC in Gosport Network is relatively new and began delivering the Healthy Conversation Skills training locally in January of this year. Three training sessions have been delivered up to May 2017. For similar reasons, the evaluation does not include evidence from patients / service users who have been supported by MECC trained staff, nor does it include quantitative data from a significant sample of those trained to date. An online survey to which aims to

capture quantitative and qualitative impacts is planned and participation will be encouraged from all people who have completed HCS and representatives the Better Local Care evaluation team plan to schedule a series of site visits to conduct observational research of MECC training in action with primary care staff.

Conclusions

Evidence on the health profile of the local population found a clear need for intervention, and a strong fit against the poor health outcomes in Gosport.

At the time of writing a total of 21 participants had signed up to undertake training sessions. Questionnaires from participants (n=15) provided insight into skill and confidence levels as a result of Health Conversation Skills training. Results show:

- 11 of the 15 responses denoted a positive change in their confidence to support lifestyle changes following MECC training; and
- 11 participants out of 15 denoted a positive change in their rating of how useful conversations are in supporting individuals to make lifestyle changes.

Qualitative interviews found that users found face-to-face training particularly beneficial. It was suggested that training should be open to all receptionists in primary care.

Recommendations

- Recommendation 1: Ensure that current momentum is sustained prior to and after the summer season so that the 120 target is achieved.
- Recommendation 2: Health Education England – Wessex Team, working with the BLC Programme and the MECC in Gosport Network, should consider whether MECC training can be tailored to be delivered in 4-hour slots locally in Gosport, particularly to better meet the needs of staff in General Practice.
- Recommendation 3: Include evidence from patients / service users who have been supported by staff trained in MECC Healthy Conversation Skills

1 INTRODUCTION

RSM PACEC were appointed by Southern Health on behalf of the Hampshire MCP Vanguard to complete an evaluation of the NHS Vanguard Pilot to implement a Multispecialty Community Provider (MCP) new care model with GPs known locally as Better Local Care (BLC). The BLC aim is:

> *To improve the health, well-being and independence of people living in our natural communities of care, making Hampshire an even greater place for all our residents to live.*

At the time of project implementation, Better Local Care has four key themes:

- Improving access to care: So it's easier for people to get a same-day or urgent appointment at their GP surgery, and so people with complex health problems get more input from their GP.
- Joining up the professionals that support the same people: So doctors, nurses, social and voluntary sector workers and volunteers are part of the same extended team, making care more straightforward (especially for people with complex needs).
- Bringing specialist care nearer to you: So patients can see the professional they need, sooner: For example physiotherapists and mental health workers in local GP surgeries.
- Concentrating on prevention: to support people earlier, and help them make the right choices about their health and wellbeing, to stay independent and reduce the need to go to hospital.

The BLC Vanguard is a partnership of GPs, NHS providers and commissioners, Hampshire County Council, local councils of voluntary services, a number of local community, voluntary and charity organisations.[1]

This report is one of a series of Deep Dive Evaluation Reports which aim to evaluate some of the projects supported under Better Local Care to explore the outputs, outcomes and impacts, the successes and challenges, and importantly the learning which can be used to improve the projects in the future. This Deep Dive Evaluation Report focuses on Making Every Contact Count.

Following a previous MECC pilot and working with Health Education England - Wessex Team, Gosport Borough Council implemented a pilot in 2015. The Council developed a plan to work with external partners to implement MECC across organisations locally. Since June 2016, a number of organisations have committed to participating in the programme.

[1] http://www.southernhealth.nhs.uk/inside/better-local-care/

2 CONTEXT, NEEDS AND OBJECTIVES

Public Health England (PHE) define Making Every Contact Count (MECC) as "an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing." It is a long-term national strategy which aims to ensure that NHS staff and staff from other organisations take every opportunity to help patients and visitors make informed choices about their health related behaviours, lifestyle and health service utilisation. The PHE definition goes on to describe the inputs, outputs and outcomes that MECC is expected to require / deliver, including:

- For organisations: MECC means providing staff with the leadership, environment, training and information they need to deliver the MECC approach.
- For staff: MECC means having the competence and confidence to deliver healthy lifestyle messages, to encourage people to change their behaviour, and to direct them to local services that can support them.
- For individuals: MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.[2]

2.1 Evaluation context and purpose

In 2013, Health Education England - Wessex Team started a pilot study across three sites with staff groups in Hampshire Hospitals NHS Trust; Southern Health Foundation Trust; and Portsmouth City Council. The University of Southampton independently evaluated and reported on implementation across the three settings, concluding that the MECC approach could be successfully delivered in a variety of different settings in both the health and local authority services contexts.[3] MECC was introduced to Gosport and the wider Hampshire area to further test and evidence the feasibility and contribution of MECC for the wider public health workforce.

Tools that were developed to support the implementation of MECC for the original Wessex pilot, were tested and further developed within the Gosport pilot. MECC in Gosport has been evaluated using the HEE's MECC evaluation framework.[4][5] The 2016 Gosport evaluation report concluded that:

- The processes developed such as the Readiness to Implement tool, staff training, and staff resources, were useful tools and proved fit for purpose in identifying existing and future actions for a wider roll out, as well as the resources required.
- Staff training and the timeliness of staff training was appropriate and effective in upskilling staff, to enable them to use Open Discovery Questions and raise topics about health and wellbeing.

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[2] Public Health England (2016), Making Every Contact Count Implementation Guide, Public Health England Publications

[3] http://www.makingeverycontactcount.co.uk/media/1024/021-wessex-mecc-evaluation-report-final-110615.pdf

[4] http://www.wessexphnetwork.org.uk/media/33478/gosport-mecc-pilot-report-july-2016.pdf

[5] http://www.makingeverycontactcount.co.uk/media/1034/making_every__contact_count__mecc__evaluation_framework_march_2016.pdf

- In addition there have been unintended positive outcomes from the pilot, which will contribute towards improved practice and health outcomes for customers both within Gosport and a much wider area.

In light of this preceding work, the focus of this evaluation report is to:

- Locate the MECC intervention within the context of the BLC MCP Vanguard;
- Provide early stage data from MECC training participants; and
- Provide a evidence on the perspective of health staff via in-depth interviews.

2.2 Strategic and local policy context

As described above, one focus of this evaluation report is to set the MECC intervention within the current national and local context. This section therefore aligns MECC to the current strategic policy documentation, and sets out the rationale and local need for the intervention.

The **Five Year Forward View** sets out plans to tackle obesity, smoking, harmful drinking, reduction in the risk of long term conditions through tackling lifestyle risks, alongside other national health goals. It aims to lead a range of new approaches to improving health and wellbeing with a key focus on prevention, including empowering patients by providing better information, and supporting them to manage their own health with the help of voluntary and third sector partners. Strong partnerships with the voluntary and third sector organisations have already made a large contribution to the provision of health care in England. These have been evidenced to better reach underserved groups. The FYVF emphasises the importance of 'incentivising and supporting healthier behaviour' and taking new approaches towards changing health behaviours.

NICE estimated the annual costs of health-related behaviours; £1067m for physical inactivity, £2872m for smoking, £3614m for alcohol misuse and £6048m for obesity.[6] Prevention is key to reducing these costs and improving health and wellbeing. The Kings Fund (2014) states it is essential that patients and the general public become more engaged with adopting positive health behaviours and the call for a more person-centred, better co-ordinated approach has been embraced by various advisory bodies, advocacy groups governments and international agencies.[7] In a similar vein, **Public Health England** have identified the need for improvements against seven priorities:[8]

1. Tackling Obesity
2. Reducing Smoking
3. Reducing harmful drinking
4. Ensuring every child has the best start in life
5. Reducing dementia risk
6. Reducing tuberculosis
7. Tackling antimicrobial resistance

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[6] NICE Costing Statement, Behaviour Change: individual approaches, 2014. https://www.nice.org.uk/guidance/ph49/resources/costing-statement-69190813

[7] https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf

Making Every Contact Count (MECC) focuses on 1-3 of the above priorities through promoting the change in health-damaging behaviours. It aims to enable healthcare professionals to recognise opportunities they have to raise awareness of patients' health and wellbeing. Core elements of the training enables people to; promote mental and emotional health and wellbeing, reduce alcohol consumption, stop smoking, maintain a healthy diet and increase physical activity. The professionals delivering MECC could be those in health and social care or those who are in the community or voluntary sector.

In terms of local strategic and policy context, the MECC initiative aligns with **the Hampshire and Isle of Wight Sustainability and Transformation plan.**[9] It is outlined under one of the six core delivery programmes, 'Prevention at Scale', which aims to improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self-care.

2.3 Intervention need

The Better Local Care Value Proposition document notes that the Gosport population experience poor health outcomes. Though overall deprivation is lower than average, there are concentrated pockets within the locality, and some neighbourhoods are amongst the most deprived quintile nationally. The Value Proposition notes:

- Gosport has markedly higher rates of cardiovascular disease and cancer than the UK average.
- Children in Gosport experience the highest rates of obesity in England and of teenage conceptions.
- A child born today in Gosport has a life expectancy that is three years shorter than a child born in neighbouring Fareham.

Health services in Gosport are under pressure, affected by nationwide problems of ageing and a shortage of staff and funds. Gosport has suffered particular difficulty in recruiting family doctors to work in the area which has resulted in a capacity crisis in local General Practice.

In the Gosport area, the estimated population self-reporting as regular smokers is 12.8%. 8.4% of the total population also report having diabetes. Both figures are higher than the England average by almost 2% for diabetes and 4% for smoking.[10] Figure 2.1 overleaf gives an indication of how both variables have changes over time. Within Hampshire, Gosport holds the highest percentage of population with long standing health conditions, at 58.3%, this is over the England average by more than 4%.[11] The Joint Strategic Needs Assessment for the Gosport and Fareham CCG (2015)[12] stated that the main causes of premature death for adults were cancer, heart disease and respiratory disease. The Shared Priorities Plan 2016-17 for the Gosport Health & Wellbeing Partnership identifies the development of MECC across organisations to improve health and wellbeing of the local population. As part of the four core areas of Hampshire's Health and Wellbeing Strategy, methods of prevention are key to 'ageing well' and 'staying well'.

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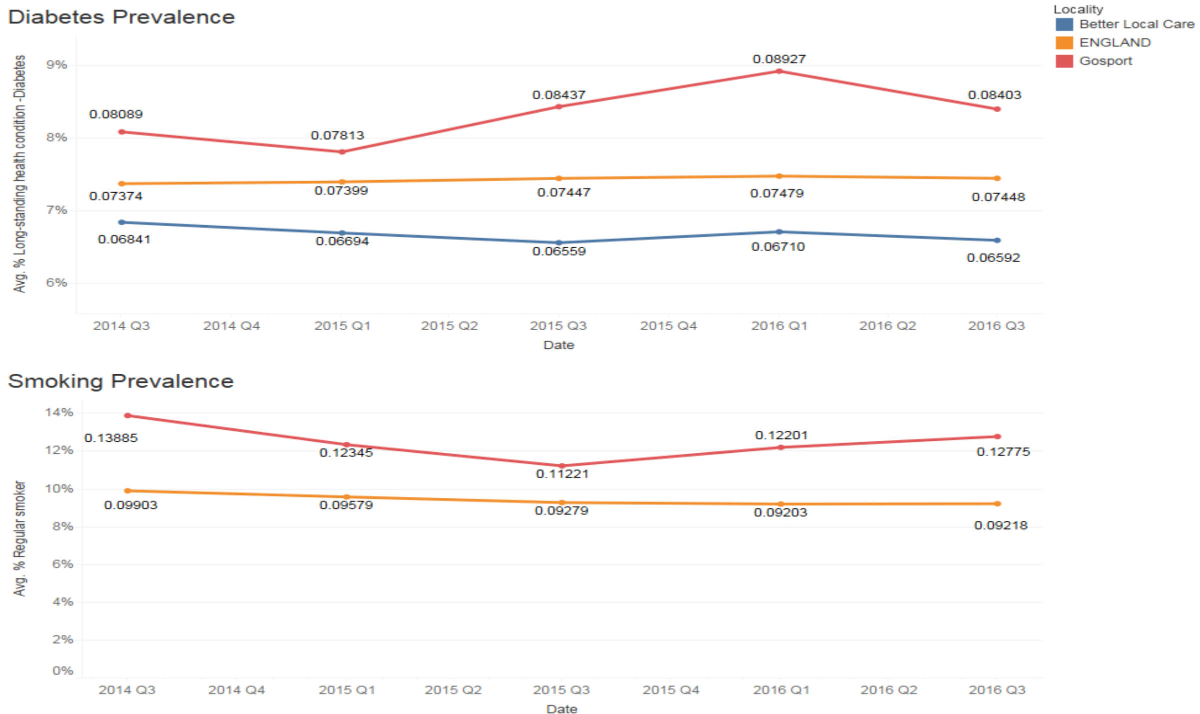
[9] Hampshire and Isle of Wight Health and Care System STP delivery plan
[10] GP Patient Survey Data, 2016
[11] PHE FingerTips data (2014-15)
[12] https://www.farehamandgosportccg.nhs.uk/Downloads/Joint%20Strategic%20Needs%20Assessment%202015%20-%20Fareham%20and%20Gosport%20CCG.pdf

Figure 2.1: Diabetes and Smoking Prevalence over time



Source: NHS Fingertips, RSM PACEC

2.4 Objectives

MECC in Gosport aims to train 120 people from a range of sectors within its first year of delivery (January – December 2017). Beyond hitting this target, the objectives for MECC are presented in the Table below.

Table 2.1: MECC Objectives

Term	Objective
Short-term	• Staff are trained, feel competent and confident. • Communication systems in place to raise organisational awareness of MECC. • Goals for MECC are clear, relevant and shared by senior management within organisations. • There are appropriate systems and processes in place to support and monitor implementation.
Medium-term	• More staff have developed their confidence and competence. • MECC is built into organisational policies and procedures, including HR processes. • Service user experiences are improved.
Long-term	• MECC is embedded within organisational policies and procedures. • MECC is coordinated across the whole organisation. • MECC is demonstrated to save costs.

Source: Adapted from NHS England MECC Implementation Guide & Toolkit

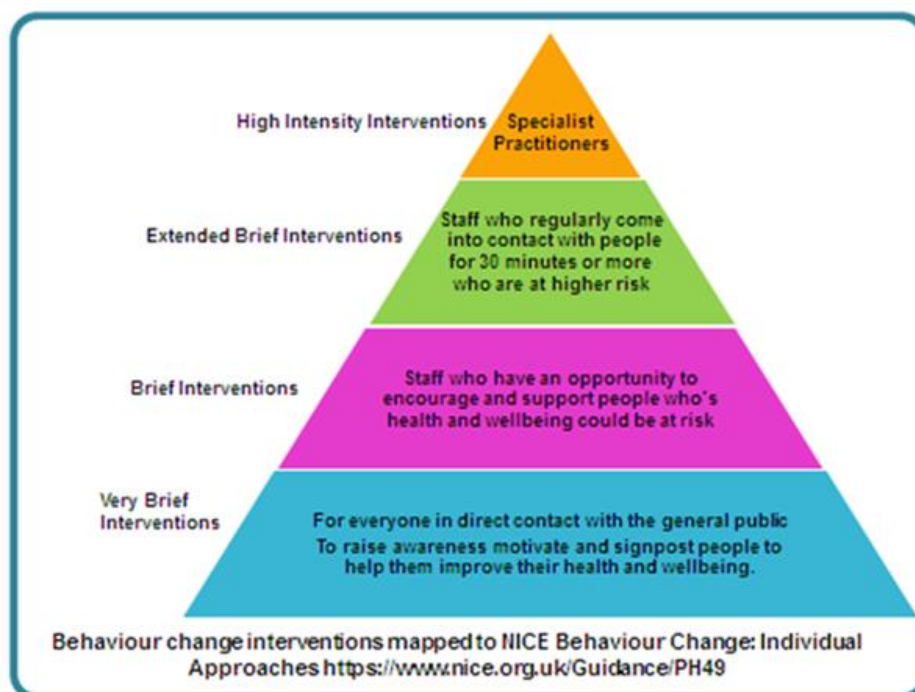
Context, needs and objectives: in summary
• Pockets of high social disadvantage and poor health, particularly public health within Gosport evidence the need for high frequency positive health messages that the MECC intervention is designed to deliver; • MECC is a national evidence based HEE intervention; • MECC aligns with national and local strategies and policies that also underpin the BLC MCP Vanguard; and • MECC is referenced in the 2017 / 19 CQUIN Supplementary Guidance as a primary mechanism through which to deliver Alcohol Identification and Brief Advice, and Very Brief Advice on Smoking.

3 MODEL AND ACTIVITY TO DATE

As set out in the introduction to this report, MECC is a large scale approach to behaviour change, supported by the NHS, aiming to develop the workforce in promoting a healthier lifestyle. It utilises interactions that individuals have within healthcare and enables the delivery of information relating to health and wellbeing. The type of engagement varies within healthcare, it can range from very brief to intermediate / high intensity interventions, as shown in Figure 3.1 below.

MECC aims to promote health and reduce health inequalities through training staff to deliver a very brief and / or brief intervention. The first level (very brief) behaviour change intervention can be delivered to anyone and uses the 'ask, advise, assist' method. Brief interventions are delivered to those who are 'at risk', and involve an additional, more structure assessment.

Figure 3.1: Behaviour change interventions



Source: Behaviour Change interventions mapped to NICE Behaviour Change: Individual approaches (PH49)[13]

3.1 Implementation

Following a previous MECC pilot and working with Health Education England - Wessex Team, Gosport Borough Council implemented a pilot in 2015 with staff working within housing teams. An evaluation of the pilot has been used to create a set of recommendations for organisations who wish to participate in rolling out MECC. The Council has developed a plan to work with external partners to implement MECC across organisations locally, building on existing partnership working to improve health and wellbeing of the local population. To facilitate this, an event was held in June 2016 to provide

[13] Accessed via: http://www.wessexphnetwork.org.uk/media/30266/mecc-presentation.pdf

information about MECC. A number of organisations have committed to participating in the programme.

3.1.1 Implementation Guide[14]

The HEE MECC Implementation Guide provides detailed guidance on planning and implementing a MECC intervention, which involves 8 steps as detailed Figure 3.2 in below.

Figure 3.2: Eight steps in planning and implementing MECC

Source: HEE Implementation Guidance

3.1.2 Train the Trainer programme

Wessex PHN have provided support to the development of the Gosport pilot through guidance on implementation and training. A 'Train the Trainer' (TtT) programme is provided which consists of three sessions, MECC 1 and MECC 2 (3 hours each) and a final Train the Trainer session (6 hours). Once trained, the individuals deliver a Healthy Conversation Skills course.

A MECC in Gosport Network Group has been set up to coordinate activity for developing MECC in the area. Organisations/teams have identified individual leads to act as a 'MECC Champion' and/or staff to complete the MECC Train the Trainer programme from several organisations including;

- Gosport Borough Council (Housing Services and Corporate Policy);
- Gosport Voluntary Action;

[14] http://www.wessexphnetwork.org.uk/media/26775/mecc-implementation-guide.pdf

- Rowner Community Trust;
- Hampshire County Council (Library Service);
- Places for People Leisure;
- Y Services;
- Fareham & Gosport Clinical Commissioning Group; and
- Bury Road Medical Centre.

3.2 Activity to date

Despite the relatively early stage of MECC delivery in Gosport, at the time of writing, the intervention has completed Train the Trainer training, and has delivered Healthy Conversation Skills training over a series of monthly sessions.

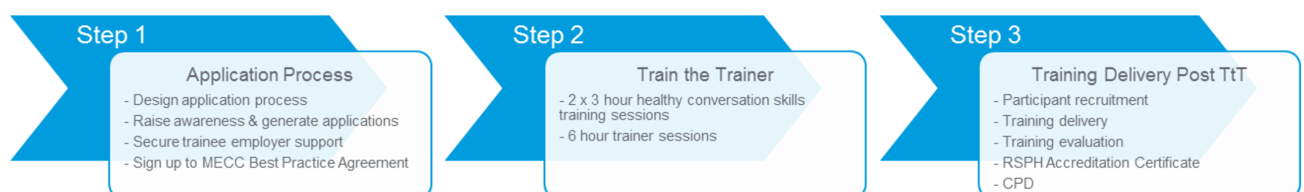
3.2.1 Producing MECC trainers

As part of the MECC in Gosport Network, 11 public and community sector stakeholders undertook Train the Trainer training after becoming involved in the network. They represent organisations or teams from across sectors and include:

- Gosport Borough Council x 3 (Housing Service, and Corporate Policy & Community Safety Section);
- Hampshire County Council Library Service x 1;
- Voluntary sector or charitable organisations x 3;
- Fareham & Gosport Clinical Commissioning Group x 1 (individual holds the same remit across the South East Hampshire CCG); and
- Places for People Leisure x 3 (leisure centre provider in Gosport).

Two other representatives from Hampshire County Council (Public Health, and the Culture, Communities and Business Services teams) have joined the MECC in Gosport Network having previously been MECC Train the Trainer trained. They're delivering HCS sessions as part of the Gosport Network as well as within their own wider Hampshire roles.

Figure 3.3: Train the trainer model



Source: Wessex MECC implementation[15]

[15] Accessed via: http://www.wessexphnetwork.org.uk/media/30266/mecc-presentation.pdf

3.2.2Cascading MECC training

MECC trainers in turn deliver “Healthy Conversation Skills” (HCS) training to front line public and community service practitioners to make the most of the time they spend with service users / patients. The HCS training breaks down delivering the conversation into four key skills[16]:

1. To ask Open Discovery Questions rather than make suggestions, giving information or advising patients.[17]

2. The above skill will allow the trainee to identify barriers and find solutions, focusing on listening to the client.

3. Introducing the concept of SMARTER planning: to support someone to create a Specific, Measurable, Action-oriented, Realistic, Timed, Evaluated and Reviewed goal.

4. Discussion and reflection on current practice, following a problem solving approach.

To date, 39 people have completed HCS training in Gosport via the Gosport MECC Network. The training has been delivered to mixed delegate groups so that people have the opportunity to network and gain knowledge of other sectors and roles.

The profile of participants to date has been varied, including staff and volunteers from across sectors including local council services, primary care, commissioned sexual health service, voluntary sector groups supporting older people, an armed forces charity, and a mental health support charity.

Further training sessions were planned on a monthly basis throughout the second quarter of 2017. At the time of writing a total of 21 participants had signed up to two of the three training sessions.

If the training sessions in April and May were delivered as planned, MECC in Gosport will have trained half of the target of 120, well within the first half of the year. Consultation with MECC Network members did however suggest that fewer sessions are likely to be planned during the summer months, and it is therefore important that current momentum is sustained prior to and after the summer season so that the 120 target is achieved.

[16] http://www.wessexphnetwork.org.uk/media/22802/Wessex-MECC-Evaluation-Report-Final-110615.pdf

[17] A question that allows for an open response

4 OUTPUTS AND OUTCOMES

As noted in previous sections, MECC in Gosport is still in the relatively early stages of delivery. As such, this section draws on a combination of credible evidence of MECC results from other recent evaluations, as well as the initial data from MECC in Gosport participants. This combined evidence will provide a basis for discussions on future service roll out.

4.1 MECC results in secondary evidence

Several MECC evaluations have been completed to date, however the majority are summative in nature and stop short of tracking impact on either front-line staff or more importantly service users in the medium or longer term.

Nevertheless, evidence does exist in recent evaluation reports regarding the results of MECC training. Some of the pertinent findings, drawing largely on an academic study led by the Herbert Simon Institute for Public Policy & Management at the Manchester Business School, are set out in the sub-sections below.[18]

4.1.1 Positive results of MECC training in other studies

- The response to MECC was reported as being very positive, including within NHS bodies as well as fire and rescue services, childrens' services, schools, private leisure centres, community pharmacies and others.
- Many participants cited the advantage of engaging non-professional staff in the delivery of health advice. They felt that talking to a person such as a hospital porter or a receptionist did not throw up the same barriers based on social status that talking to a health professional would.
- *"Some of the most effective people I've worked with on MECC training are those who have not been trained or registered. These people are the ones that live in [the local area] and the ones that the patients listen to."*
- The training at Level 1 was well received. It was seen as pitched at the right level and not too heavy on facts and more about building the social skills and confidence for people to try out the healthy conversation.
- There were some findings regarding impact on clients' behaviour: *"We have had a 70% greater take up of the Smoking Cessation Service when we had trained them on the wards."*
- The MECC initiative has the potential to deliver a significant and additional public health resource at low cost and with an extensive spread across a variety of contexts and health issues. MECC has taken hold in a wide variety of contexts owing to its simple, non-technical, behaviour-based approach.

[18] http://www.makingeverycontactcount.co.uk/media/1063/article-on-mecc-evaluation-2013.pdf

4.1.2 Potential barriers to achieving positive MECC outcomes

- To enable MECC to be sustainable, the support services need to be in place. In some cases, these services were constantly changing: "*It's about having the range of training and not just the brief interventions but that we also have somewhere to refer people on to. When they do need support we don't have a full set of services for people to be passed into particularly in the future when we are 'making every contact count".* MECC will only be as effective as the extent to which onward referral services exist.
- Although there was an impressive uptake from a wide range of organisations, some (cultural) barriers remained. In some cases, objections from staff groups and the unions were based on the perception that MECC was asking them to 'do more' than they were already doing and that this was in the context of an already increasing workload.

4.1.3 Limitations to the existing evidence base

- In most cases, assessment of impact was at an early stage. Knowledge of the impact of MECC was confined to the impact of training on staff in the various services in which it had been delivered.
- Further larger scale research studies are required to scale up the extent of the range of stakeholders and organisations studied and to assess more directly the medium and longer term impact on the users of this innovative approach to public health.

4.2 Early stage findings from MECC in Gosport participants

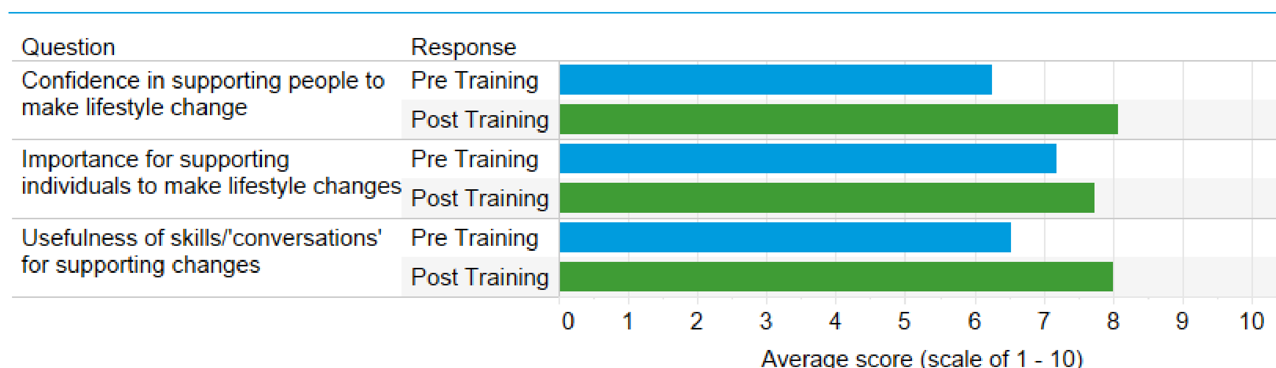
Consultation with MECC Network representatives suggested that the programme of HCS training was progressing well. The sub-sections below detail early findings from MECC participant feedback data and in-depth interviews with MECC participants.

4.2.1 Findings from participant feedback data

Figure 4.1 overleaf charts the change in participant's perceived confidence and skills regarding the following three attributes:

- Confidence in supporting individuals to make a lifestyle change
- Perceived importance of supporting individuals to make a lifestyle change
- Utility of conversation skills in supporting individuals to make a lifestyle change

Figure 4.1: Pre and post training average scores for confidence and skills (n=15)



Source: MECC in Gosport monitoring data, PACEC

In total there were 15 full (pre and post) responses to the MECC trainee competency questionnaire. The questionnaire was ranked on a scale of one to ten, with ten being the highest possible outcome and one the lowest.

Figure 4.1 above illustrates the change in participant ratings regarding their confidence to support individuals in making lifestyle changes before and after MECC training.

- On average, participants gave a rating of 6.4 [95% CI (5.7, 7.2)] before MECC training, and a rating of 8.1 [95% CI (7.4, 8.7)] having completed MECC training;
- 11 of the 15 participants denoted a positive change in their confidence to support lifestyle changes following MECC training;
- The difference in pre and post training scores ranged from -1 (one participant) to +5. The median change in pre and post confidence levels was 1.8 [95% CI (0.9, 2.7)].

MECC participants were also asked to rate how important they believe it is for them to support individuals to make lifestyle changes.

- On average, participants gave a rating of 7.4 [95% CI (6.6,8.3)] before MECC training and a rating of 7.7 [95% CI (6.9, 8.6)];
- 7 participants denoted a positive change in their rating of how important it is to support individuals to make a lifestyle change. This is unsurprising given that MECC trainees are first and foremost providers of either public or community services, and therefore predisposed to attaching relatively high degrees of importance to supporting members of the public generally;
- The difference in pre and post ratings ranged from -3, to +4. The median change in the importance attached to supporting individuals to make a lifestyle change was 0.

Lastly, MECC training participants were asked about how useful they felt 'conversations' were in supporting individuals to make lifestyle changes. Note that the questions asked pre and post training are not exactly the same (the pre question asks about the usefulness of 'conversations' generally and the post question asks about the usefulness of the healthy conversations training) but the sentiment is very similar and therefore valid for comparison.

- On average, participants gave a rating of 6.5 [95% CI (5.8,7.5)] before MECC training and a rating of 8.1 [95% CI (7.42,8.84)] after MECC training;
- 11 participants denoted a positive change in their rating of how useful conversations are in supporting individuals to make lifestyle changes;
- The difference in pre and post ratings ranged from -2, to +5. The median change ratings regarding the utility of conversations in supporting lifestyle change was 2.

4.2.2 Findings from in-depth participant interviews

In-depth interviews with MECC in Gosport trainees were broadly aligned with the findings set out above. Key questions for interviewees included what specific element of training increases confidence; their involvement in MECC; benefits to health sector staff; the impact on patients/service users in Gosport; limitations to the impact; and challenges to get uptake within primary care. The trainees interviewed had positive views of the benefit that MECC training provided them as individuals

in their roles, and had positive views more generally regarding the benefits that MECC training could have for delivery staff, service users and patients were it to be widely adopted. These views are best expressed using trainees own language, for example:

- "I think they should open it up to at least all receptionists in the health service. Gives you the opportunity to think from the patient's point of view. It gives you the confidence to be able to approach people differently as well, and to get a better outcome."
- "At the end of the day I think anyone who deals with the public would probably benefit from this type of training. Although it probably needs to be tailored more towards nurses or doctors (those with a poor bedside manner)."
- "I think that the research shows that just giving someone a leaflet doesn't encourage them to take up a service. If we can give the patient a bit more detail, and talk to them about their decision, and then signpost, rather than just signpost then they are more likely to take it up."
- "I think it quite often saves time – you can bring them down fairly quickly because they understand that you're listening to them, and you get to the issues quicker. MECC guides you into asking those questions."

Interviewees were asked to describe what in particular it was about MECC training that derived these benefits. Responses consistently pointed to both the content, but also the format of MECC training:

- "The role play aspect of training is particularly beneficial. That was good because we had people from different organisations. You got to see an insight into how other organisations deal with things e.g. Council Environmental Department who deal with people who hoard stuff e.g. someone has left a fridge in the middle of the road, there were also people from the library who gave examples and I found that really interesting."
- "I think you get more out of this type of training face to face, particularly the role plays and the interaction with the people in the room."

Group consultation with the MECC in Gosport Network highlighted that to date (albeit at an early stage) it has been more difficult to engage primary care staff. Interviewees were therefore asked whether they could suggest any reasons for lower levels of engagement by primary care staff. Suggestions included the availability of alternative provision within Gosport GP practices in the past, and logistical issues, as described below:

- "In the practice we do have training for dealing with difficult patients, but MECC isn't just about patients, it's about everybody. The Practice I worked in before had the Medical Defence Union provided free training, the trainer was bought in. Under Southern Health a lot of their training is online, so I'm not sure the practice training will be available in future."
- "It requires a bit more organizing to get practice staff there. If you're going to make it worthwhile for practices you'd need to do it on a bigger scale. Four times a year practices have target afternoons which is an opportunity for in house training – you would have to arrange it around that and it would be a good opportunity to get that in. You would have to tailor it so that it could be completed in a 4-hour slot."
- "There has been a good take up from different sources, but I'm wondering whether that is going to continue and whether it is wide enough. At the end of the day it comes down to organisational decisions on whether cost is beneficial. There is a risk there, while not theoretically costing

anything, it is still going to be 6 – 7 hours pay per member of staff which is not insignificant in a small business."

Lastly, interviewees were asked about how their skills and confidence in supporting individuals to make lifestyle changes would have been different in the absence of MECC training. Again, the majority of responses mirrored participant feedback data, for example:

- "It would have taken me a lot longer to feel comfortable in my new [patient experience] job role, particularly with the more verbally aggressive people. MECC helped me understand that when people are ill they can get emotional, but there's no need to be rude or nasty. For me to be able to understand what they want, it's better for them not to be in a high emotional state."

In summary, secondary evidence suggests MECC is positive within NHS bodies, fire rescue services, schools, private leisure centres, community pharmacies and others. Potential barriers to achieving positive MECC outcomes include staff attitudes towards changing behaviours in practice and having support services in place. At this early stage, findings indicate the majority of surveyed participants had a positive change in their confidence and rating how useful conversations are in supporting individuals following MECC training. Interviewees found that the face to face training involved was particularly beneficial, and the element allowed interaction with other people from different organisations. The interviewees indicated MECC training would be beneficial for anyone who deals with the public, one interviewee specifically suggested the training should be open to all receptionists in the health service, allowing them to think from the patients' perspective. Challenges to high levels of engagement by primary care staff include the organisation to get primary staff to the MECC training. Providing training on a bigger scale and in-house when practices have target afternoons could be a good opportunity to improve levels of engagement

5 CONCLUSIONS AND RECOMMENDATIONS

Making Every Contact Count (MECC) is a national intervention that aligns with national and local strategies and policies that also underpin the BLC MCP Vanguard. Evidence on the health profile of the local population found a need for intervention, and a strong fit against the Hampshire and Isle of Wight Sustainability and Transformation plan.

5.1 Performance towards participation targets

The MECC Network has successfully delivered TtT training to relevant staff in the public and community sectors. This training has been cascaded to just under one third of the Year 1 target participant number within the first quarter of the year. As such, the MECC in Gosport Network is on track to meet its participation target.

5.2 Preliminary short-term outcomes for MECC training participants

Both questionnaires provided by participants prior to, and post-MECC training offer insight into skill level, and overall confidence in influencing positive change in patient lifestyle. Comparing the data collected pre-training and post-training there has been an evident increase in trainee confidence, skill level, and belief in participant ability to influence lifestyle.

- 11 out of 15 participants denoted a positive change in their confidence to support lifestyle changes following MECC training; and
- 11 out of 15 also denoted a positive change in their rating of how useful conversations are in supporting individuals to make lifestyle changes.

Qualitative interviews found that the face-to-face element involved in the training was particularly beneficial. It was suggested that training should be open to all receptionists in health care.

5.3 Engaging more primary care staff

Research undertaken to inform the evaluation report suggested that there may be a gap in training provision for practice staff that become part of the Willow Group come from April onwards. There was some uncertainty among evaluation interviewees about whether 'difficult patient' training previously provided by the Medical Defence Union would continue to be available in future under Southern Health.

5.4 Capturing evidence of medium-term impact

The evaluation does not include evidence from patients / service users who have been supported by MECC trained staff. In fact there is a relative dearth of evidence regarding the medium and longer-term benefits of MECC to either front line staff, or more importantly to patients and service users. While this evidence can be considered difficult to capture, it is not impossible and should be considered as part of future evaluation activity.

5.5 Recommendations

- Recommendation 1: Ensure that current momentum is sustained prior to and after the summer season so that the 120 target is achieved.
- Recommendation 2: Health Education England – Wessex Team, working with the BLC Programme and the MECC in Gosport Network, should consider whether MECC training can be tailored to be delivered in 4-hour slots locally in Gosport, particularly to better meet the needs of staff in General Practice.
- Recommendation 3: Include evidence from patients / service users who have been supported by staff trained in MECC Healthy Conversation Skills.